



AGENDA
LAMBTON COUNTY COUNCIL

Wednesday, September 6, 2023 at 9:30 am
Council Chambers, Wyoming

Page

1. Roll Call

2. Land Acknowledgement

We acknowledge that this land on which we are gathered today is part of the ancestral land of the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg. It is through the connection of the Anishinaabeg with the spirit of the land, water and air that we recognize their unique cultures, traditions, and values. Together as treaty people, we have a shared responsibility to act with respect for the environment that sustains all life, protecting the future for those generations to come.

3. Disclosures of Pecuniary of Interest

If any.

4. IN-CAMERA SESSION - 9:00 A.M.

Recommendation

That the Warden declare that County Council go in-camera to discuss the following:

- a) to review the Lambton County Council (Closed Session) minutes dated July 5, 2023 pursuant to s. 239 (2)(c) of the *Municipal Act, 2001*.
- b) to receive a report on the potential acquisition of property in the City of Sarnia, pursuant to s. 239(2)(c) of the *Municipal Act, 2001*.

5. OPEN SESSION

Regular Meeting called to order at 9:30 a.m.

6. Silent Reflection

7. Rise and Report Motions of the In-Camera Session

If any.

8. DELEGATIONS

11 - 31

- a) Jacob Hanlon of Food Cycle Science would like to present Food Cycle Science's Municipal Food Waste Diversion program. Food Cycle Science is currently partnered with over 90 Canadian Municipalities, helping divert residential food waste from local landfills.
- b) Nathan Colquhoun, Storyboard Solutions would like to speak to County Council regarding affordable housing through a new lens and empowering the citizens to come up with solutions on their own properties rather than trying to come up with centralized large building projects to solve the crisis.

32 - 43

- c) Jason Vaillant, General Manager, Bluewater Association for Safety, Environment and Sustainability (BASES) would like to speak to Council in regards to the restructuring of BASES. For decades, Lambton County's Emergency Management Coordinator (CEMC) has participated in local committees, projects, and initiatives related to mutual aid procedures involving municipalities and industry. Much of this work has been advanced through the CAER (Community Awareness/Emergency Response) organization. This spring, the Bluewater Association for Safety, Environment, and Sustainability (BASES) announced that, as part of its strategic planning process, it would be combining the work of CAER, the Sarnia-Lambton Environmental Association (SLEA) and the Industrial Education Cooperative (IEC) – its other two dependent organizations – into a single entity. As key stakeholders and partners in this process, BASES would like to engage Lambton County and the local municipalities to strengthen existing relationships and processes as we restructure our organization to address the current and future needs of industry.

44 - 595

- d) Jennifer Vansteenkiste, Executive Director, Women's Interval Home would like to speak to County Council regarding Intimate Partner Violence.

9. Minutes of Council (Open Session)

596 - 602

- a) Reading and adoption of the Lambton County Council (Open Session) minutes dated July 5, 2023

10. CORRESPONDENCE

- A) Correspondence to Receive and File

Recommendation

That the following correspondence items be received and filed:

603 - 605

- a) CC 09-04-23 Elgin County Council passed the following resolution at their meeting July 11, 2023 recommending that the Minister of Education consider addressing concerns regarding the child care shortage in Petrolia, Lambton and across the province, and passed the following resolution (see attachment for full resolution):

Moved by: Councillor Couckuyt
Seconded by: Councillor Leatham

RESOLVED THAT Elgin County Council supports the resolution from the Council of the Town of Petrolia recommending amendments to the current regulations for licensed home-based childcare operators to increase allowable spaces.

Motion Carried.

606 - 610

- b) CC 09-06-23 The Corporation of the Town of Parry Sound passed a resolution to support The Township of Archipelago's resolution regarding Ontario Bill 23 (More Homes Built Faster Act) submitted to and approved in June 2023 by the Great Lakes and St. Lawrence Cities Initiative, with respect to the following calls for action (see attachment for full motion):

Moved by: J. Beleskey
Seconded by: G. Ashford

THAT the Province of Ontario continue working with municipalities and municipal organizations on the implementation of Bill 23 and other housing initiatives to identify a range of solutions that will address the lack of attainable and affordable housing in the province.

THAT the Province of Ontario create a permanent, predictable and dedicated infrastructure program to ensure that municipalities can service lands for housing and address growth pressures on existing water and road systems.

THAT the Province of Ontario take a regional approach to the implementation of Bill 23 and other housing policy initiatives to respond to the varying needs of urban, suburban, rural and

Norther communities in addressing attainable housing needs and environmental protection.

Motion Carried.

611 - 612

- c) CC 09-08-23 An email from Amelia Humphries, Clerk, The City of Woodstock dated July 25, 2023 advising that Woodstock City Council passed the following resolution (see attachment for full motion):

Now, therefore be it resolved that the City of Woodstock supports the call of the Association of Municipalities of Ontario for the Government of Ontario to introduce legislation to strengthen municipal Codes of Conduct and compliance with them in consultation with municipal governments;

And further be it resolved that the legislation encompass the Association of Municipalities of Ontario's recommendations for:

- Updating municipal Codes of Conduct to account for workplace safety and harassment
- Creating a flexible administrative penalty regime, adapted to the local economic and financial circumstances of municipalities of Ontario
- Increasing training of municipal Integrity Commissioners to enhance consistency of investigations and recommendations across the province
- Allowing municipalities to apply to a member of the judiciary to remove a sitting member if recommended through the report of a municipal Integrity Commissioner
- Prohibit a member so removed from sitting for election in the term of removal and the subsequent term of office.

613 - 614

- d) CC09-09-23 An email from Amelia Humphries, City Clerk, City of Woodstock, dated July 25, 2023 advising that the Woodstock City Council passed the following resolution (see attached for full resolution):

Now, therefore be it resolved that the City of Woodstock call on the federal and provincial governments to act on the following seven measures:

1. Acknowledge that homelessness in Ontario is a social, economic, and health crisis;
2. Commit to ending homelessness in Ontario;
3. Work with the Association of Municipalities of Ontario (AMO) and a broad range of community, health, Indigenous, and economic partners to develop,

resource, and implement an action plan to achieve this goal;

4. Creation of a multi-sectoral task force to guide development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;
5. Expanding access to opioid agonist therapy for opioid use disorder through a range of settings (e.g mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;
6. Providing a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use and disorders; and
7. Increasing investments in evidence informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.

615 - 616

- e) CC 09-10-23 An email from Ashlea Carter, Deputy Clerk, Town of Fort Erie, dated July 26, 2023 regarding a resolution passed by Council regarding controls on Airbnb, VRBO and other which affect municipal rentals (please see attachment for full resolution):

That: Council requests the Government of Ontario to establish a regulatory framework requiring digital platforms such as Airbnb and VRBO to:

1. Require owners using the digital platforms to comply with municipal planning and licensing regulations, and
2. Prevent advertising of properties that are not registered with the relevant municipality, and
3. Provide a contact with the platform to ensure ongoing and effective communications for provincial and municipal officials and further

That: The Province of Ontario work with municipalities to address situations in which long-term housing stock has been lost to corporate ownership of short-term rental properties and further

617 - 619

- f) CC 09-12-23 An email dated August 8, 2023 from Sean Fraser, Minister of Housing, Infrastructure and Communities in response to a letter sent by Warden Marriott on August 2, 2023 regarding municipal financial assistance - affordable and

supportive housing. Minister Fraser has noted comments regarding the need for additional affordable and supportive housing in Lambton County and stated that Budget 2022 and the 2022 Fall Economic Statement announced significant investments to make housing more affordable and Budget 2023 proposes new measure to build on this progress.

620 - 621

- g) CC 09-13-23 An email from Allison Quinn, Acting Clerk, Municipality of Powassan, dated August 14, 2023 regarding a resolution that was passed by Council in support of calling on the Government of Ontario to strengthen Municipal Codes of Conduct and the Association of Municipalities of Ontario's recommendations as such (full motion attached):

THAT the Municipality of Powassan Council supports the call of the Association of Municipalities of Ontario for the Government of Ontario to introduce legislation to strengthen municipal Codes of Conduct and compliance with them in consultation with municipal governments; and

THAT the legislation encompasses the Association of Municipalities of Ontario's recommendations for:

- Updating municipal Codes of Conduct to account for workplace safety and harassment
- Creating flexible administrative penalty regime, adapted to the local economic and financial circumstances of municipalities across Ontario
- Increasing training of municipal Integrity Commissioners to enhance consistency of investigations and recommendations across the province
- Allowing municipalities to apply to a member of the judiciary to remove a sitting member if recommended through the report of a municipal Integrity Commissioner
- Prohibit a member so removed from sitting for election in the term of removal and the subsequent term of office, and;

THAT this legislation be prioritized for the fall of 2023 given the urgency of this issue

622

- h) CC 09-14-23 A letter dated August 22, 2023 from Paul Ashdown, resident of Camlachie requesting a revisit to correspondence sent to OPP and The Town of Plympton-Wyoming in regard to imposing speed limits on Egremont Road, between O'Brien Line and Mandaumin Road. Mr. Ashdown feels that there is an ongoing and growing

disrespect/indifference to the speed limit on this portion of the road.

B) Correspondence from Member Municipalities

623

- a) CC 09-03-23 An email from Mandi Pearson, Clerk, Town of Petrolia regarding a resolution passed for the reinstatement of previous legislation that permitted municipalities to apply for and retain surplus proceeds from tax sales in their jurisdictions. (Please see attachment for full resolution)

Moved: Liz Welsh Seconded: Debb Pitel

THEREFORE BE IT RESOLVED THAT the Council of the Corporation of the Town of Petrolia supports the Town of Essex & Township of Parry Sound in the call for reinstatement of previous legislation that permitted municipalities to apply for and retain surplus proceeds from tax sales in their jurisdictions.

11. Board of Health (Lambton Public Health)

A) Correspondence to Receive and File

624 - 625

- a) CC 09-15-23 A letter from Dr. Charles Gardner, President, Association of Local Public Health Agencies (alPHa) dated August 23, 2023, expressing gratitude for the Public Health Funding and Capacity Announcement made at the Association of Municipalities of Ontario conference. alPHa states one of its foundational positions is that, regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure the total funding envelope is stable, predictable, protected, and sufficient for the full delivery of all public health programs and services.

626 - 627

- b) CC 09-16-23 A letter from Cynthia St. John, President, Association of Ontario Public Health Business Administrators (AOPHBA) dated July 7, 2023, regarding the importance of sustainable and stable funding for public health. AOPHBA also expresses interest in collaborating with the government on the strengthening of public health and offering collective wisdom and experience to create a strong, effective, and efficient public health system.

628

- c) CC 09-17-23 A letter from Matthew Newton-Reid, Board Chair, Emily Williams, Secretary and Treasurer and Dr. Alex Summer, Medical Officer of Health, Middlesex-London Health Unit (MLHU) dated August 2, 2023, regarding the significant funding shortfalls expected. MLHU asks that the Ministry return the funding to the previous 75:25 Provincial/Municipal

allocation, provide an increase to base funding sufficient to reflect ongoing accountability for managing COVID-19 as a Disease of Public Health Significance, and increase funding to address inflationary pressures.

- 629 - 630 d) CC 09-18-23 A letter from David Marshall, Chair, Board of Health, Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) dated July 3, 2023, regarding its concerns about significant funding shortfalls anticipated for 2024. HKPRDHU urges the provincial government to demonstrate their ongoing support for public health by increasing the provincial contribution to mandatory programs and continuing Mitigation funding or alternatively reverse the 70/30 Provincial/Municipal allocation decision made in 2019.
- 631 - 632 e) CC 09-19-23 A letter from Stacy Wight, Board of Health Chair and Dr. Glenn Corneil, Acting Medical Officer of Health/CEO, Timiskaming Health Unit dated August 1, 2023, regarding a request for an air quality monitoring station in the Timiskaming Health Unit region. The recent smoke from Quebec, Ontario and western Canada wildfires has identified that there is a significant gap in monitoring stations in Northern Ontario.
- 633 - 635 f) CC 09-20-23 A letter from Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Sudbury & Districts Public Health dated June 28, 2023, regarding the passing of a resolution endorsing Bill 103 - Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023, together with an email from Krislyn Fernandes, Administrative Coordinator to Dr. Elizabeth Richards, Medical Officer of Health for the City of Hamilton dated August 28, 2023 informing Boards of Health of the City of Hamilton's endorsement of this correspondence (attached).
- 636 g) CC 09-21-23 A letter from Sylvia Jones, Deputy Premier and Minister of Health dated August 22, 2023, indicating funding amounts for the Board of Health for Lambton Public Health for the 2023-2024 funding year. The Ministry of Health has indicated they will provide up to \$70,000 in additional base funding and up to \$169,000 in one-time funding.

B) Information Reports

- 637 - 639 a) Information Report dated September 6, 2023 Regarding Community Outreach Nursing Initiative.
- 640 - 645 b) Information Report dated September 6, 2023 Regarding Harm Reduction - Community Sharps Disposal Update.
- 646 - 650 c) Information Report dated September 6, 2023 Regarding Infectious Diseases Prevention and Control Program Update.

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651 - 654 d) Information Report dated September 6, 2023 Regarding 2023/24 Respiratory Season Planning and Preparedness.

12. Items Not Requiring a Motion

655 - 658 a) Seniors' Advisory Committee Minutes dated June 27, 2023.

13. Reports Requiring a Motion

A) CULTURAL SERVICES DIVISION

659 - 670 a) Report dated September 6, 2023 Regarding Climate Change Adaption Strategy.

B) FINANCE , FACILITIES AND COURT SERVICES DIVISION

671 - 672 a) Report dated September 6, 2023 Regarding 2024 New Capital Grant Requests.

14. Committee Minutes

673 - 677 a) Committee A.M. minutes dated August 16, 2023.

678 - 681 b) Committee P.M. minutes dated August 16, 2023.

15. Items Tabled from Previous Meetings

None at this time.

16. Notice of Motion

17. Other Business

18. Notice of By-Laws

a) #26 of 2023 - A By-Law of The Corporation of the County of Lambton to confirm the resolutions and motions of Lambton County Council which were adopted up to and including September 6, 2023.

19. First and Second Reading of By-Laws

a) #26 of 2023.

20. Third and Final Reading of By-Laws

a) #26 of 2023.

21. ADJOURNMENT

Recommendation

That the Warden declare the meeting adjourned and that the next regular meeting of County Council be held on Wednesday, October 4, 2023 with the In-Camera Session to commence at 9:00 a.m.

22. O Canada!

23. NOTE

- a) The 2023 Councillor's BBQ is being hosted by the Municipality of Brooke-Alvinston on September 6th. Details can be found on the attached invitation.

682



FOODCYCLER™ MUNICIPAL SOLUTIONS

The Future of Food Waste.



ABOUT US

Food Cycle Science

- **Canadian company** based out of Ottawa, ON
- Founded in Cornwall in 2011 – Company is 100% focused on **Food Waste Diversion Solutions**
- Products available in North America through **FoodCycler Municipal / Vitamix** and internationally through network of distributors & OEM partners
- **Finalists** in Impact Canada/AAFC's **Food Waste Reduction Challenge**
- **Globe & Mail** Canada's **Top Growing Companies** (2021 & 2022)
- **Deloitte Fast 50 CleanTech** award winners (2021)
- **Approved supplier** with Canoe Procurement Group of Canada

Sage

Breville

Vitamix

canoe
APPROVED SUPPLIER

Government of Canada
Canada

Deloitte
Technology Fast50

Sobey's

impact
canada

fieldless

BGIS

100
Municipal Partnerships
Across Canada

THE OUTDOOR LEARNING STORE
OUTDOORLEARNINGSTORE.COM

ecoschools
écoécoles
CANADA

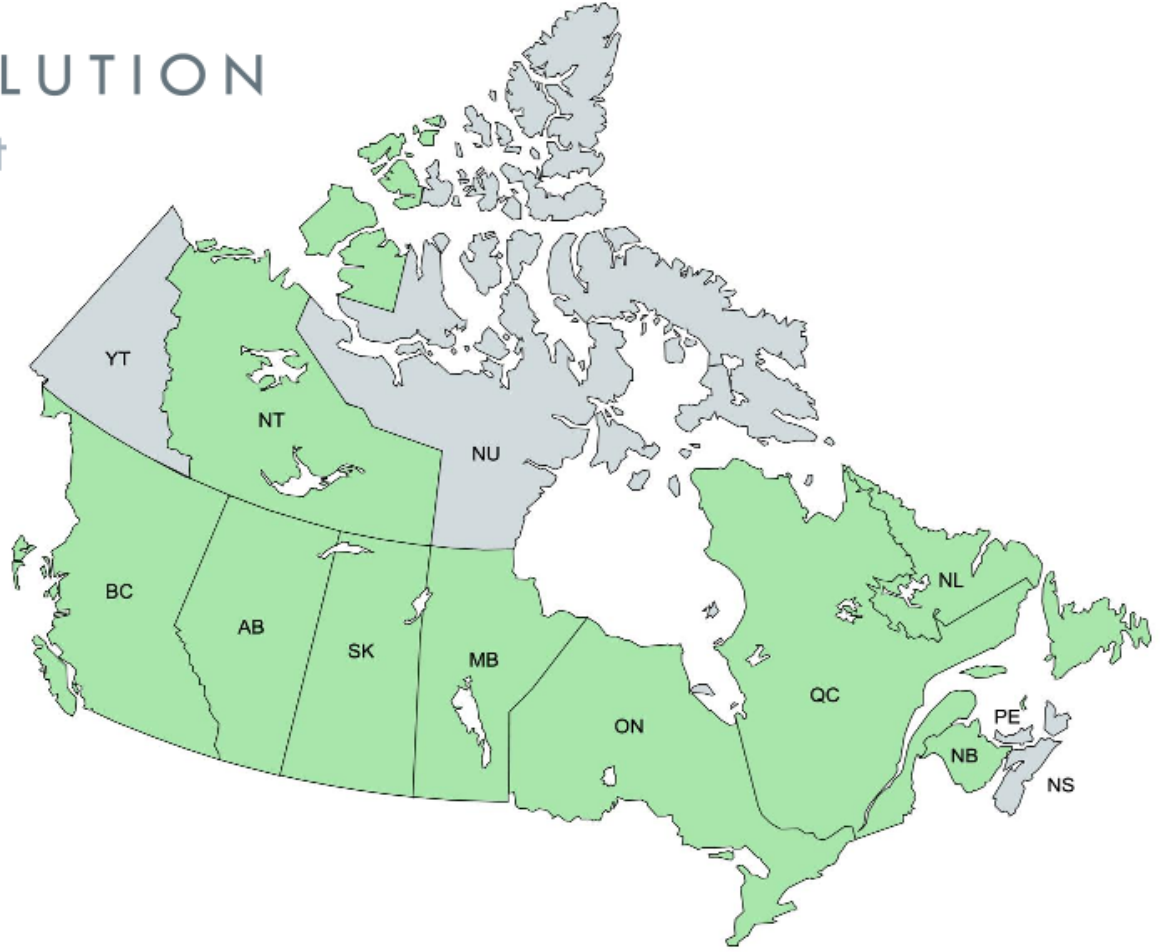
TRUSTED CANADIAN SOLUTION

Coast to Coast to Coast

100
Canadian
Municipal
Partnerships

○ **8 Provinces**

○ **1 Territory**



THE PROBLEM – FOOD WASTE

- **63%** of food waste is avoidable
- Household waste is composed of **25-50%** organic waste
- Food waste weight is up to **90%** liquid mass (which is heavy)
- The average Canadian household spends **\$1,766** on food that is wasted each year
- Each year food waste in Canada is responsible for **56.6 Million tonnes of CO2** equivalent of GHG



MUNICIPAL IMPACT

Waste is a municipal responsibility

LANDFILL + WASTE COSTS

- ~**25-50%** of household waste is organic waste
- Landfills are filling up fast, creating cost and environmental issues
- Hauling, transfer, and disposal services are a major cost factor and environmental contributor

ENVIRONMENT

- Landfilled organic waste produces methane, which is **25 times** more harmful than CO2
- 1 tonne of food waste is equivalent to 1 car on the road for one year



COMMUNITY

Food in the garbage:

- More frequent collection or trips to the disposal site
- Unpleasant odours
- Animals, pests & other visitors



Removing food waste from garbage:

- Volume is reduced by up to 50%
- Less frequent collection, fewer trips to disposal site, save on bag tags
- Keeps odours out, makes garbage much less “interesting” for animals

HAVEN'T WE SOLVED THIS ALREADY?



GREEN BINS

- Major **capital expenditure** to invest in **processing & collection infrastructure**
- **Contamination** is an ongoing challenge
- **GHG emissions** and **safety concerns** from collection vehicles
- **Participation rates** are often lower than desired, particularly in **multi-residential dwellings**

BACKYARD COMPOST

- **Space, ability, and know-how** are limiting factors
- Most users **do not compost in winter** or inclement weather
- May **attract pests/animals** or create unpleasant **odors**
- **Participation rates** are relatively low and stagnant
- Can produce **methane** if done incorrectly

LANDFILL

- **Easiest solution** and often perceived as the most cost-effective in the short term
- Waste is typically **out of sight and out of mind** for consumers
- High levels of GHG emissions, particularly **methane**
- Long-term **environmental hazard** requires monitoring / maintenance
- **Landfill capacity** is quickly running out

THE SOLUTION? THE FOODCYCLER



AGENDA ITEM #a)

THE FOODCYCLER PRODUCT FAMILY

**FOODCYCLER™
FC-30**



**FOODCYCLER™
Eco 5**



2.5 L	VOLUME CAPACITY	5.0 L
30.5 L	UNIT VOLUME	28.9 L
4-8 HOURS	PROCESSING TIME	6-8 HOURS
0.8 kWh	POWER CONSUMPTION PER CYCLE	1.3 kWh
2 REFILLABLE FILTERS	ODOUR CONTROL	1 REFILLABLE FILTER
BACK	VENT LOCATION	TOP

90% FOOD WASTE REDUCTION

Full bucket of wet,
smelly food waste

2.5L / 5L



Handful of dry, sterile, odourless
& nutrient-rich by-product

100 g / 200 g



4-8 HOURS
(Overnight)

0.8-1.5 kWh
(Equivalent to a laptop)

\$0.10-\$0.15 per cycle
(\$2-4 per month)

FOODILIZER™ : BENEFICIAL USES

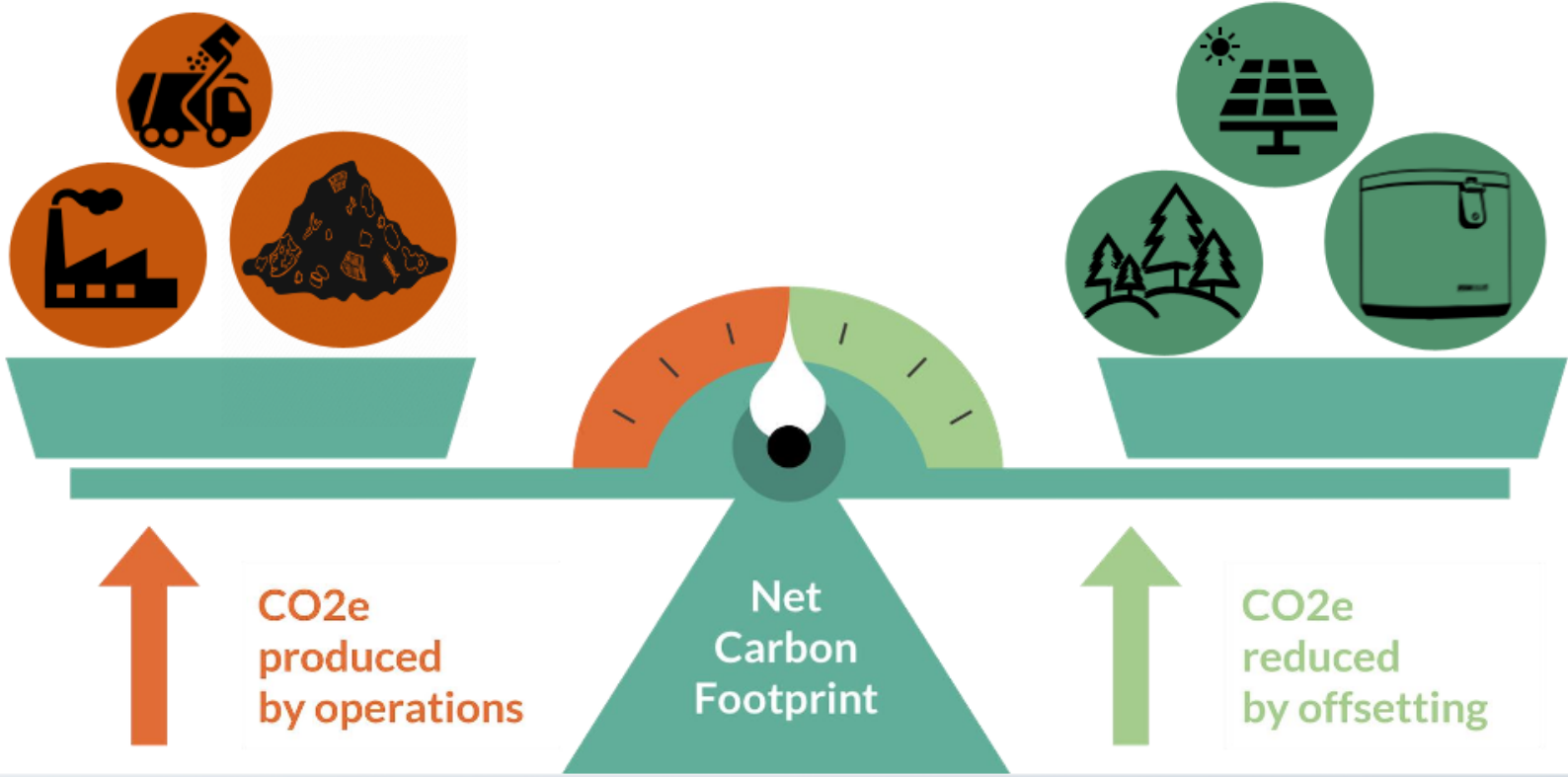
The FoodCycler by-product is a dry, sterile, odourless and nutrient-rich biomass with many beneficial uses and practical applications:

- Add to garden soil
- Add to backyard composter/tumbler/green cone
- Integrate to existing Leaf & Yard waste systems
- Pelletize/briquette as home heating alternative
- Drop off at compost site
- Drop off to a local farm
- Drop off to a community garden
- Add to Green Bin (where available)



IMPACT: ENVIRONMENT

The Path to Net Zero

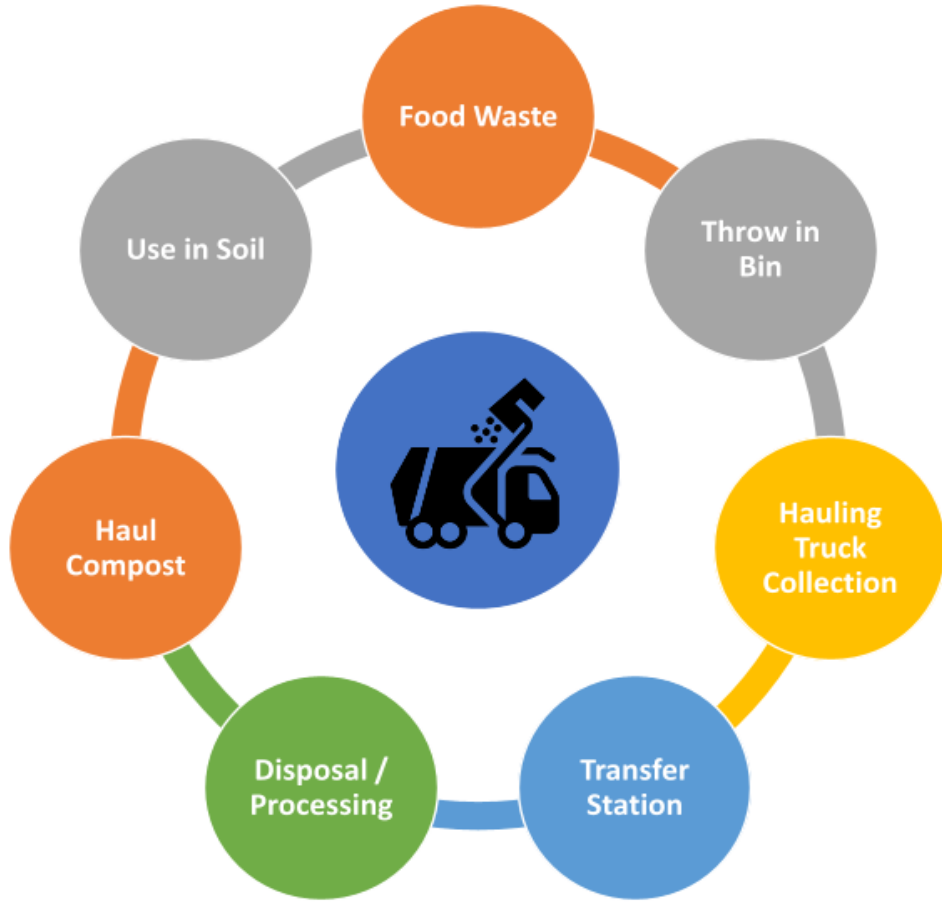


CO2e
produced
by operations

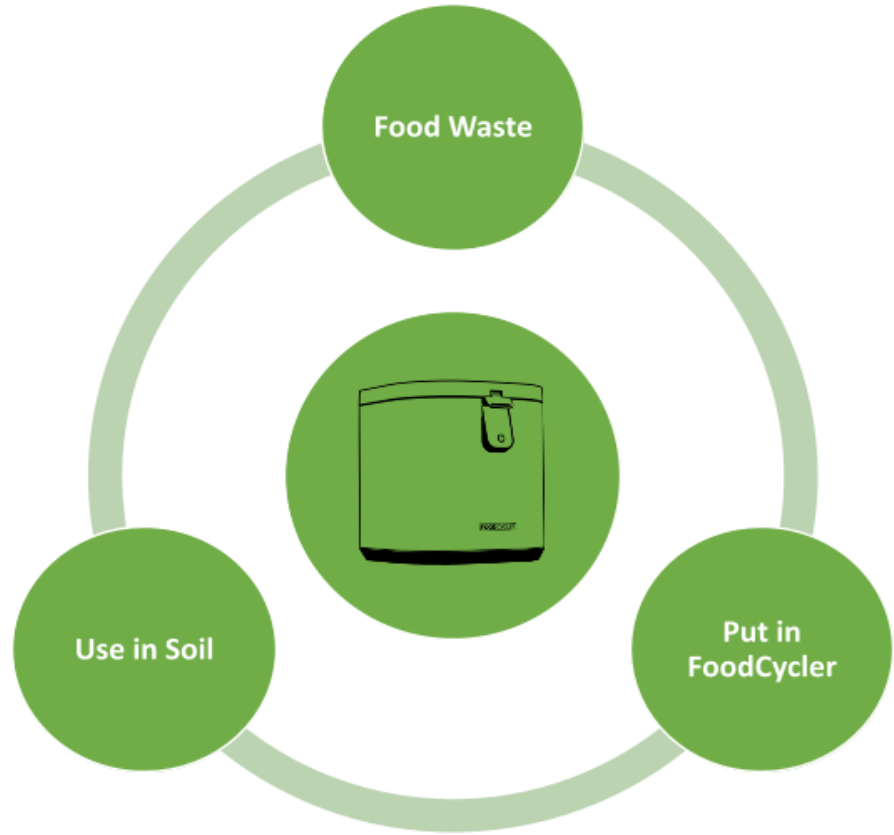
Net
Carbon
Footprint

CO2e
reduced
by offsetting

IMPACT: ECONOMIC



Traditional Waste Management



FoodCycler



IMPACT: PRESSURE Regulatory + Social

THE TIME IS NOW

- Constituents want **solutions** to reduce their environmental impact
- Waste is perceived as a government problem and **regulations** are coming
- Food waste is “low-hanging fruit” to achieving higher **diversion** and addressing the environmental impact of waste



"I've received a number of positive messages from residents saying, "sign me up, where can I get mine." I'm 100 per cent in favor of it."

Deputy Mayor Lyle Warden, (South Glengarry ON)

"We were extremely happy with this program and loved that it made us aware of our daily waste."

Pilot participant in South Glengarry

"It's a great tool to reduce household waste. Appreciate that the municipality is being innovative and piloting different solutions."

Pilot participant in Hornepayne

"It alleviates a lot of the concerns that people might have with backyard composting. The time commitment, the location, pests and animals..."

**Kylie Hissa, Strategic Initiatives Officer
(Kenora, ON)**

THE FOODCYCLER PILOTS

The results are in.

Completed pilots in:

6000+
Households

50+
Municipalities



Participation Rate **98%**

- 98% of pilot participants will continue using the FoodCycler after the pilot period

Recommendation Rate **96%**

- 96% of users would recommend the FoodCycler to friends/family/neighbours

User Experience Rating **4.6/5**

- 4.6 out of 5 star rating for the overall user experience of the FoodCycler

Net New Diversion **300 kg**

- Each participating household is estimated to divert approximately 300 kg of food waste per year

Awareness + Prevention **77%**

- 77% of pilot participants resolved to waste less food as a result of increased awareness

FOOD WASTE REDUCTION CHALLENGE

Impact Canada Finalists

Federal Funding

- ✓ Semi-Finalists in Stage 1 received **\$100,000**
- ✓ Finalists in Stage 2 received **\$400,000**
- Finalists will compete in Stage 3 to win one of two Grand Prizes of up to **\$1,500,000**

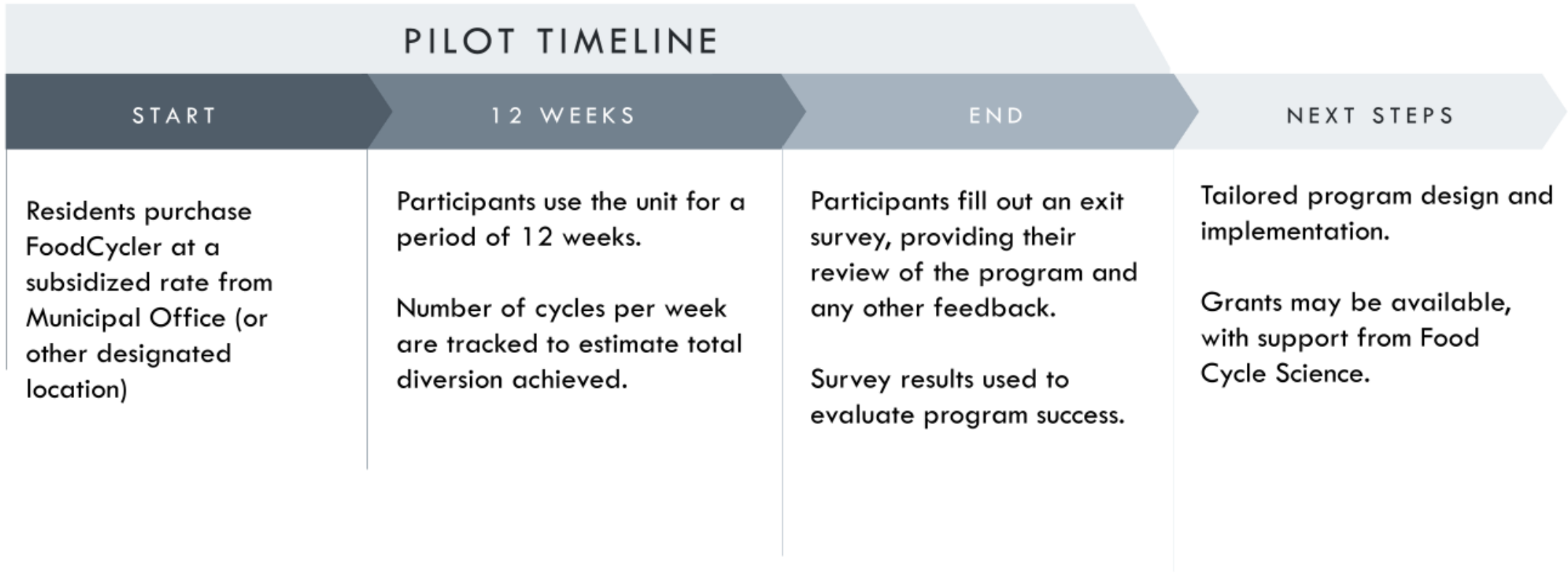
IN PARTNERSHIP WITH:



PILOT PROGRAM

12 Weeks from Start to Finish

PILOT TIMELINE



FUNDED PILOT PROGRAM OPTIONS

Municipal Subsidy Model



FOODCYCLER™
FC-30

- \$ 500
- \$ 200
- \$ 50
- \$ 100
- \$ 150

RETAIL PRICE

MUNICIPAL DISCOUNT

IMPACT CANADA INVESTMENT

* MUNICIPAL SUBSIDY *

RESIDENT COST

- \$ 815
- \$ 265
- \$ 150
- \$ 100
- \$ 300



FOODCYCLER™
Eco 5

FUNDED PILOT PROGRAM OPTIONS

Pilot Scope Recommendations

Municipality Population	Pilot Scope	Municipal Investment
< 2,500 Residents	50 Households	\$5,000
2,500 – 10,000 Residents	100 Households	\$10,000
10,000 – 20,000 Residents	200 Households	\$20,000
> 20,000 Residents	250+ Households	\$25,000+

- Plus shipping costs and applicable taxes



PARTNERSHIP BENEFITS

Why pilot with us?

- Opportunity to trial a food waste diversion solution at a **cost well below market prices**
- Immediate impact of reduced residential waste volumes thus **increasing diversion rates**
- **Reduced costs** associated with waste management (collection, transfer, disposal, and landfill operations)
- The **reduction of greenhouse gas (GHG)** emissions from transportation and decomposition of food waste in landfills
- Extend the **life of your landfill(s)**
- Opportunity to support **Canadian innovation** and clean tech
- Opportunity to provide **residents** with an innovative solution that reduces waste and fights climate change, at an affordable price
- Obtaining **data** that could be used to develop a **future organic waste diversion program**



Next Steps:

- 🍃 Receive presentation as information.
- 🍃 If interested in partnering, refer to Staff for a recommendation to Council.





THANK YOU!
ANY QUESTIONS?

Jacob Hanlon

Municipal Program Coordinator

Email: jacbh@foodcyclr.com

Phone: 613-316-4094

The Municipal Solutions Team

municipal@foodcyclr.com



BASES: Sarnia-Lambton's Industry Partner

Presentation to Lambton County Council

September 6, 2023

BASES | Strategic Plan | 2023-2026

AGENDA ITEM #C)

Methodology

Phase 1: Pre-workshop research, briefings, interviews and planning with BASES Executive Committee and staff.

Phase 2: Workshop with staff to introduce process, explore findings, discuss priorities

Phase 3: Stakeholder audit interviews

Phase 4: Workshop with Executive Committee to explore findings, discuss priorities and develop strategic framework.

Phase 5: Draft strategic plan. Presentation to Executive Committee and staff.



Phase 6: Finalize and implement strategy



Analysis and conclusions from research

- The purpose of BASES is unclear to almost everyone.
- BASES appears to have an extremely low level of brand visibility and awareness in the community; the brands of the three legacy organizations are strong but very narrow.
- There is a high level of confidence in the competence of BASES people and the partnership model BASES employs.
- The governance and structure of BASES are inefficient and constrain the effectiveness and potential impact of the organization.
- The community expects BASES to have a larger communication and community engagement role than it currently plays.
- The three legacy programs operate in silos that suboptimize output and impact.
- Sarnia-Lambton expects more from BASES and staff is ready for change.



Vision

Sarnia-Lambton is Canada's leading manufacturing community for worker safety, emergency preparedness and environmental monitoring.

Mission

We partner to continuously improve worker safety, emergency preparedness and environmental monitoring, and to build trust between industry and the whole Sarnia-Lambton region.

Strategy

Collaborate with partners who share our vision while working to enhance connections with the community, develop a culture of continuous improvement and support a vibrant, prosperous region.



Strategic Pillars

Collaboration

Building alignment and bringing together industry, labour, contractors and partners, focusing on continuous improvement, and delivering services that benefit Sarnia-Lambton.

Efficiency and Effectiveness

Creating a strong and sustainable association with efficient and transparent governance, able to advance priorities, partner effectively, deliver cost-effective support services, and adapt to change.

Connection

Building public awareness, understanding and support, and enhancing industry reputation through information sharing, engagement, listening, and relationship building, and by telling the industry story through a common voice and brand.



Principles

Better together within BASES and Sarnia-Lambton

We will work collaboratively for a stronger organization and community.

Transparency and public trust

We will deal openly and honestly at all times to build trust and enhance reputation.

Continuous improvement and learning

We will look for opportunities to learn and improve – individually and as an organization.

Industry leadership

We will demonstrate leadership on safety, preparedness and monitoring in the region and across Canada.

Engaged with communities

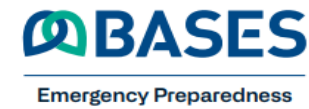
We will build relationships through inclusive engagement with local First Nations, the Sarnia-Lambton community, partners and stakeholders.



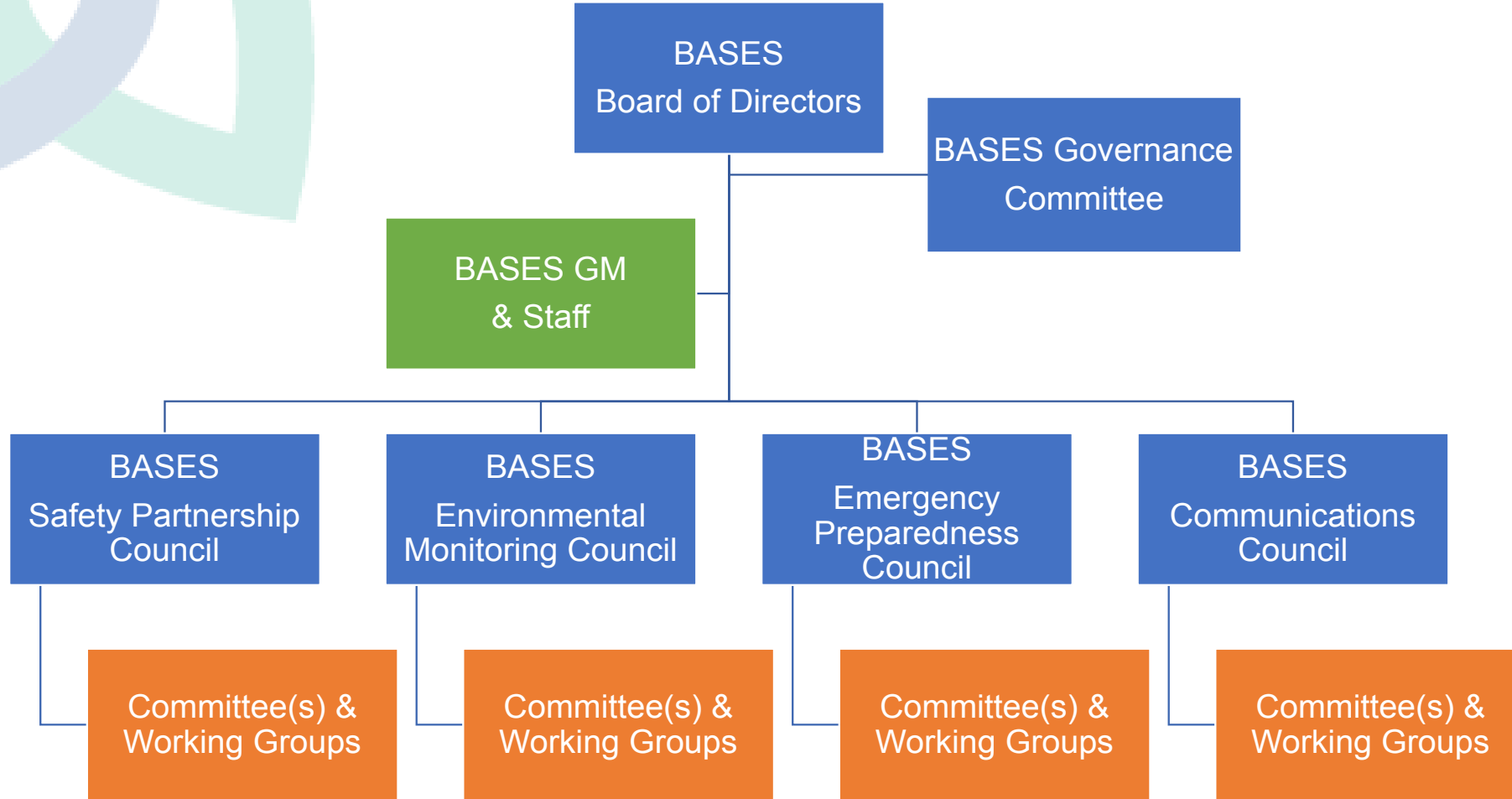
Branding Concept



Sarnia-Lambton's Industry Partner



Future BASES Organizational Structure



The Case for Change

Current State	Future State
<ul style="list-style-type: none"> • Collaboration & partnerships are keys to our success 	<ul style="list-style-type: none"> • Collaboration & partnerships are keys to our success
<ul style="list-style-type: none"> • Creating value for members & partners 	<ul style="list-style-type: none"> • Maximize value for members & partners
<ul style="list-style-type: none"> • Org structure & governance built for historical needs 	<ul style="list-style-type: none"> • Org structure & governance built for needs of the future
<ul style="list-style-type: none"> • 4 brands, operated in silos 	<ul style="list-style-type: none"> • 1 brand, integrated operations as “Sarnia-Lambton’s Industry Partner”
<ul style="list-style-type: none"> • Key outputs are safety partnership, environmental monitoring & emergency preparedness 	<ul style="list-style-type: none"> • Key outputs are safety partnership, environmental monitoring, emergency preparedness & community engagement
<ul style="list-style-type: none"> • Strong connections & proud history related to legacy organizations 	<ul style="list-style-type: none"> • Build on strong connections & history while evolving
<ul style="list-style-type: none"> • Minor focus on communicating externally and telling our story 	<ul style="list-style-type: none"> • BASES perceived as the voice and face of industry in Sarnia-Lambton



Recommendations

1. Develop a transition plan to rollout the strategic plan across the organization and begin implementation across program areas.
 - a. Document and communicate the vision, mission, principles and strategic pillars to BASES staff, members and targeted stakeholders.
 - b. Engage BASES team to develop culture and practices that will enable the strategy.
2. Analyse and assess governance, administration and structure alternatives that will support implementation of the strategic plan.
3. Develop and map operational plans against the three program areas, establish KPIs and a plan/do/review cycle.
4. Develop an internal and external communications and engagement plan to support the priorities, with the community reputation goals and metrics built in.



Recommendations

5. Conduct a lead/follow/monitor exercise to set external priorities.
6. Develop an engagement plan to re-enlist labour in the mission, vision, and principles of BASES.
7. Map member and BASES engagement with First Nations to identify priority opportunities to engage more effectively.
8. Conduct a public opinion survey in Sarnia-Lambton to collect baseline information on the public opinion environment facing BASES.
9. Establish community reputation goals and metrics for industry and BASES, based on the member/stakeholder audit and the public opinion survey, and a data gathering cycle.



Next Steps

- Meet individually with reps from Lambton County, City of Sarnia, St. Clair Township and Village of Point Edward on specifics related to transition
- Launch event for all key stakeholders - October
- Develop comms plan to establish BASES as “Sarnia-Lambton’s Industry Partner”
- Prepare to convert 3 legal entities into 1
- Business continuity plan – financial, legal



Intimate Partner Violence, An Epidemic



Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam

were killed by their former intimate partner, resulting in an inquest into their deaths



Intimate partner violence is about power and control



Intimate partner violence is preventable, yet in Canada...



1 in 3 women will experience IPV in their lifetime



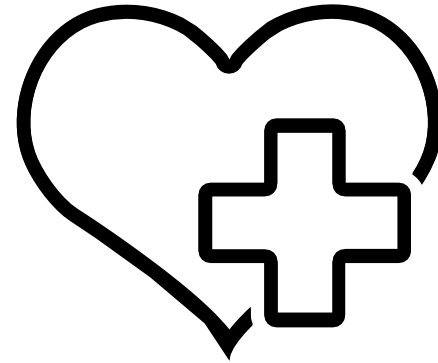
Approximately every 6 days, a woman is killed by a current or previous intimate partner



Intimate partner violence is linked with:



Homelessness and social housing needs



Chronic health conditions



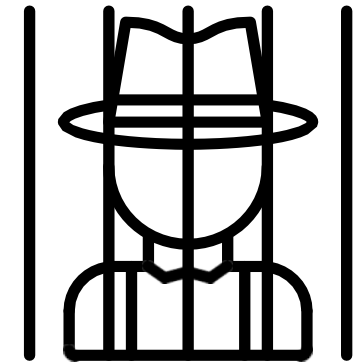
Human trafficking



Food insecurity

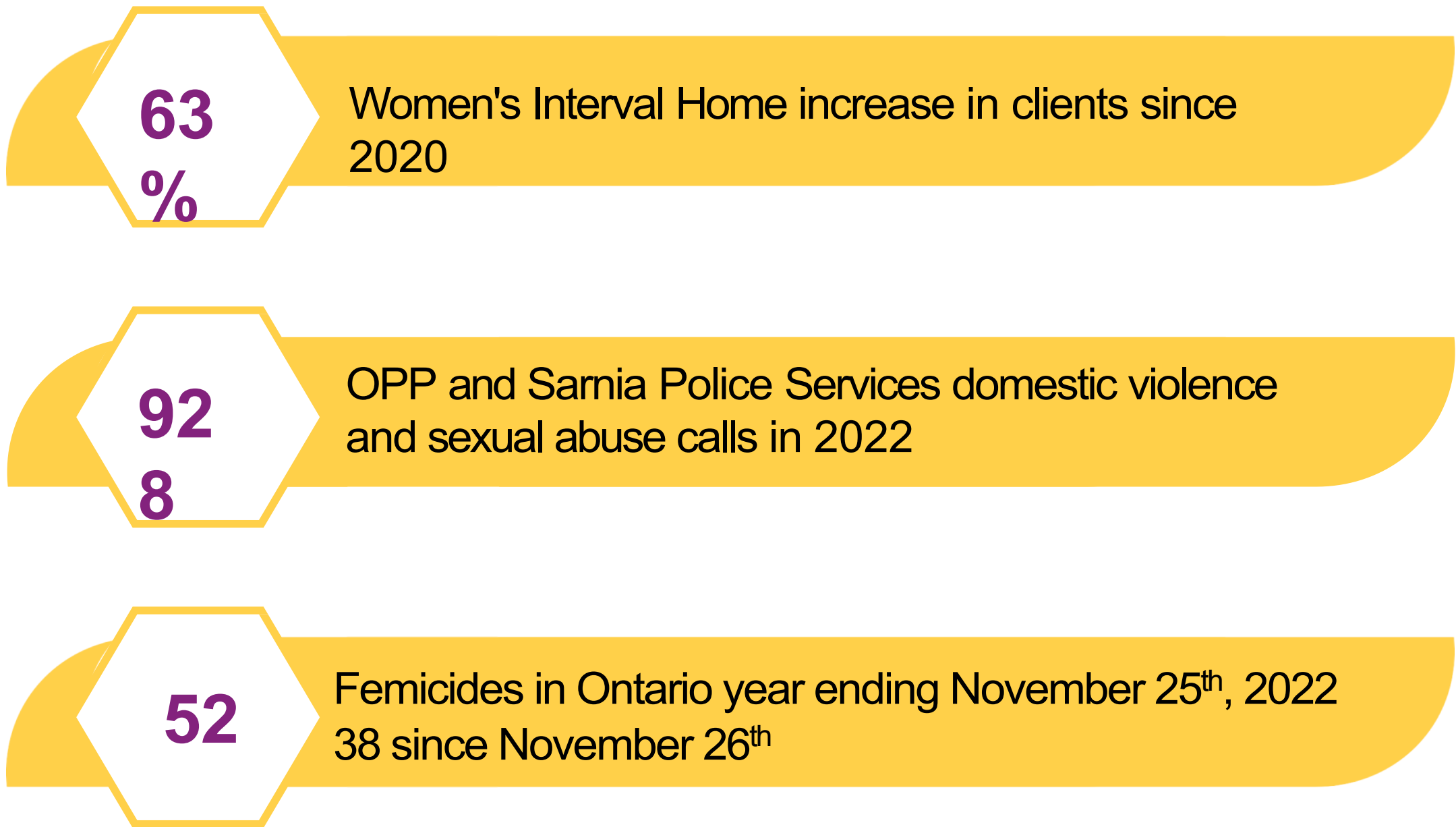


Decreased first responder capacity

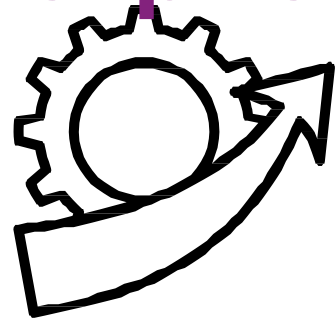


Pressure on the judicial system

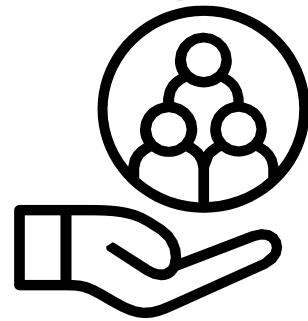




Declaring intimate partner violence an epidemic will help increase awareness of the problem locally. The more folks understand signs and consequences, the more prepared we will all be to:



Strengthen prevention efforts



Protect and support victims



Hold perpetrators accountable



End the cycle of violence



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**Thank you for your
time and attention.**





August 25, 2023

To:
Deputy Warden White & Sarnia-Lambton Council members
789 Broadway Street, Wyoming, ON

From:
Coordinating Committee on Violence Against Women
*****slccvaw.com/
ccvawsarnialambton@gmail.com

We are writing as a coalition of frontline service providers and Gender Based Violence (GBV)/Violence Against Women (VAW) advocates to draw your attention to the increasing rates of GBV/VAW in our city and county and to ask that you **officially declare intimate partner violence (IPV) an epidemic in the City of Sarnia and Sarnia-Lambton.**

This request stems from the increase in requests for service, the increase in severity of the cases we are seeing, and the notable increase in femicides in Sarnia-Lambton and Ontario since the start of the pandemic. UN Womenⁱ has identified the global impact of COVID-19 on people experiencing GBV as the shadow pandemic. It will take all levels of government, service providers, and community members to address this issue, but the **first step is formally naming IPV an epidemic; the second step is to include representation from the Coordinating Committee of Violence Against Women (CCVAW) on the Lambton County Community Safety and Well-Being Plan and to include gender as a sixth pillar of concern.**

Across Ontario in 2022, 52 women were murdered. That is one femicide per week throughout the year. **Seven femicides occurred over the course of the pandemic in Sarnia-Lambtonⁱⁱ.** Last year, the Gender Based Violence/Violence Against Women shelter in Sarnia, the Women's Interval Home (WIH), provided residential shelter for 103 people identifying as women or non-binary and 59 children, provided non-residential counselling to an additional 206 people identifying as women or non-binary and 69 children, answered 1619 crisis calls and created 187 unique safety plans. **The number of clients receiving counselling by WIH 2022 increased 63 percent from 2020.**

In the fall of 2022, 86 recommendations came from the Renfrew County Inquest (Attachment #1) that examined the murder of Anastasia Kuzyk, Carol Culleton and Nathalie Warmerdam. One of those recommendations was that the province of Ontario declare IPV an epidemic. To date, the provincial government has not done so but the acknowledgement and necessary work is being done at the municipal level across the province. In December 2022, Lanark County Council was the first to declare IPV an epidemic, and to date 40 municipalities and townships have followed suit. Considering the seven

femicides in Sarnia-Lambton and the 63 percent increase in service needs over that last 2 years, we ask that Sarnia-Lambton also declare IPV an epidemic.

Sarnia-Lambton has incredibly strong GBV/VAW advocates and professionals. We know that the solution to this crisis begins first with an acknowledgment of the scale of the crisis, and second with investments in non-police-based prevention efforts, system coordination, and addressing the root causes of poverty, which forces survivors to choose between safety from their abuser and having a roof over their heads. Despite this well researched and established knowledge regarding GBV/VAW, nothing is mentioned in the County of Lambton Community Safety and Well-Being Plan. In fact, gender disaggregated data is not included in the final report, leaving the community blind to the issues facing women. We are asking that **representation from CCAW be included as a member of the Advisory Board for County of Lambton Community Safety and Well-Being Plan and that gender be established as the sixth pillar** to prioritize GBV/VAW along with other gender specific concerns facing our communities. Further, since gender disaggregated data was collected in 2020, we ask that the report demonstrating gender concerns be published.

Sarnia Police Services have reported that IPV calls are within their top four calls in 2022. The change needed can be brought about by investing in community services. It is Sarnia-Lambton's responsibility to ensure community well-being for all and to prioritize these investments at the municipal level and advocate with GBV/VAW organizations to ensure the safety of those most affected by IPV at the provincial and federal levels. It is a great start to prioritize gender as a sixth pillar in the Community Safety and Well-being Plan to highlight GBV/VAW, but continued engagement with and investment in the community on this issue will be critical to ensure the safety of those experiencing GBV/VAW in our County of Sarnia-Lambton.

It is critical that we use an intersectional approach to any collaborative effort, as we know that IPV and femicides disproportionately target Indigenous, Black, and racialized communities. Several of the femicides throughout Ontario fell within this group. Working with and funding grassroots organizations and organizations serving equity-deserving groups should be prioritized. These grassroots organizations often have a deep understanding of the cultural and systemic factors that contribute to GBV/VAW and can provide culturally responsive and trauma-informed support to survivors. Building capacity within these organizations can also help to create sustainable solutions to ending GBV/VAW, including preventative strategies that address the root causes of violence.

We ask that Sarnia-Lambton Council take meaningful action on issue.

*Declaring IPV an epidemic in Sarnia-Lambton, naming the disproportionate impact of GBV/VAW and femicide on Indigenous, Black, and racialized people.

*Designating Gender as the sixth pillar in the County of Lambton Community Safety and Well-Being Plan and republish the Community Well-Being Report reflecting the 2020 gender data collected.

*Committing to ongoing meaningful engagement with frontline agencies and grassroots networks through the Community Safety and Well-Being Plan.

*Advocating at all levels of government to declare IPV an epidemic and prioritize and fund community-based, non-police based GBV/VAW prevention efforts.

Respectfully,

Jennifer Vansteenkiste, jennifer@womensintervalhome.com Women's Interval Home of Sarnia and Lambton Inc.

Victoria Miceli, victoria.miceli@clas.clcj.ca Community Legal Assistance Sarnia

Selena Joseph, ed@victimservices.on.ca Victim Services Sarnia-Lambton

Holly Brunklaus, holly.brunklaus@familycounsellingctr.com Family Counselling Centre

Chantel Butterfield, Chantel@sascs.ca Sexual Assault Survivor's Centre

Tracy Rogers, cvawsarnialambton@gmail.com Sarnia-Lambton Coordinating Committee on Violence against Women and Children

i *****unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19

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Sarnia-Lambton Coordinating Committee on
Violence Against Women

Sarnia-Lambton
Community Snapshot
2022



15% increase
in domestic violence/sexual violence
crisis line phone call
(Women's Interval Home)

249

Crisis line calls
(Sexual Assault Survivor's Centre of Sarnia-Lambton)



128,154 Population of Lambton County

12,815 Residents living in poverty

6,030 Indigenous population

31,455 Seniors Age 65 +

12,195 Immigrants

\$23.15 2022 living wage

292 incidents of intimate partner violence
87 incidents of sexual violence
(Victim's Services Sarnia-Lambton)



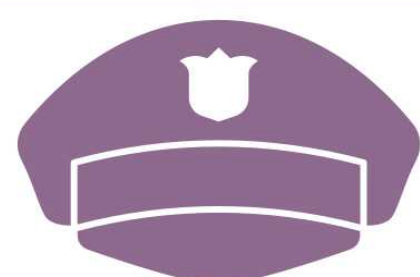
936
adults accessing GBV
counselling

(Sexual Assault Survivor's
Centre of Sarnia-Lambton; Family Counselling Centre;
Women's Interval Home)

93
child accessing GBV
counselling

(Family Counselling Centre;
Women's Interval Home)

404 incidents of domestic violence
68 incidents of sexual violence
(Sarnia Police Services)



411 incidents of domestic violence
45 incidents of sexual violence
(Lambton County OPP - April to December 2022)

The Sarnia-Lambton Coordinating Committee on Violence Against Women is a collective of agencies and community members in Sarnia-Lambton dedicated to ending all forms of gender based violence against women, Two Spirit, trans, non-binary, and gender non-conforming folks



Sarnia-Lambton Coordinating Committee on
Violence Against Women

Sarnia-Lambton
Community Snapshot
2022



(Bluewater Health
Sexual
Assault/Domestic
Violence
Treatment Centre)

56
Domestic
Violence initial
visits

46
Sexual Assault
initial visits

6
Pediatric Sexual
Assault initial
visits

Gender-based violence is violence directed at someone because of their gender, gender expression, gender identity, or perceived gender. This includes intimate partner violence, sexual assault, coercive control, and more

- **44% of women reported experiencing intimate partner violence in their life time.**
- **Indigenous women are more likely to experience some form of intimate partner violence in their lifetime.**
- **Transender and gender diverse people are significantly more likely than cisgender people to experience physical or sexual assault.**
- **Women in rural areas are twice as likely to experience intimate partner violence**

(Government of Canada)



78

**clients accepted into the Partner
Assault Response (PAR) Program**

(Family Counselling Centre - April 2022 to March 2023)

Top 5 Criminal Offences

- 1 Failure to comply with release order other than to attend court
- 2 Failure to comply with probation order
- 3 Mischief under \$5,000
- 4 **Assault - spousal**
- 5 Theft under \$5,000



(Sarnia Police Service)



25
public education
sessions

626
attendees at public
education sessions

The Sarnia-Lambton Coordinating Committee on Violence Against Women is a collective of agencies and community members in Sarnia-Lambton dedicated to ending all forms of gender based violence against women, Two Spirit, trans, non-binary, and gender non-conforming folks



Intimate Partner Violence IS an Epidemic

The jury in the Renfrew Inquest put forth numerous recommendations, including the declaration of intimate partner violence (IPV) as an epidemic. While the provincial government accepted or partially accepted many of these recommendations, they rejected the specific recommendation to declare IPV as an epidemic, reasoning that “intimate partner violence would not be considered an epidemic as it is not an infectious or communicable disease.” However, this rationale is deeply flawed, and presently over 40 municipalities and townships have rejected this flawed logic and declared IPV an epidemic. We encourage council representatives of Sarnia-Lambton to make the same decision.

According to the Merriam-Webster definition, an epidemic can be described as “affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time,” an “outbreak of disease that spreads quickly and affects many individuals at the same time,” and “an outbreak or product of sudden rapid spread, growth, or development.”¹ While IPV may not meet the definition of an epidemic as an “outbreak of disease,” it certainly meets the criteria of affecting a disproportionately large number of individuals within a population.

The **scale and prevalence** of IPV alone should warrant the declaration of an epidemic. Statistics reveal that almost half (44%) of all Canadian women have experienced IPV in their lifetimes², and nearly two-thirds of people in Canada (64%) personally know a woman who has experienced abuse.³ Over a hundred women and girls lose their lives to violence in Canada each year, which demonstrates the extensive reach and impact of this problem. In fact, in Ontario alone, 52 women were killed by their current or former intimate partners, or family member, between November 2021 and November 2022⁴. **Since the commencement of the pandemic, seven femicides have occurred in Sarnia-Lambton.** Like many diseases, IPV has no boundaries, impacting individuals from all backgrounds, communities, and social groups. However, across Canada, IPV does disproportionately affect women, Indigenous women, women living with disabilities, visible minority women, and those who identify as LGBTQ2.⁵

Recognizing IPV as an epidemic aligns with global perspectives and leaders in health. The World Health Organization has classified violence against women as a “**global health problem of epidemic proportions**,”⁶ and the United Nations Secretary-General has referred to violence against women and girls as the **world’s longest, deadliest pandemic**⁷. It is not only international bodies recognizing this, as over

40 municipalities and townships in Ontario have already declared IPV an epidemic, acknowledging that it is a complex social and public health issue. It is time for Sarnia-Lambton to do the same.

Similar to how diseases affect various systems in the body, IPV has multidimensional impacts and consequences for survivors, and these impacts extend beyond the individual. IPV disrupts the social fabric of families, social networks, and communities. In 2009, the Department of Justice estimated the **costs associated with IPV in Canada exceed \$7.4 billion dollars each year**, noting that this “is a Conservative estimate.”⁸ These costs encompass justice system expenses (police, courts, prosecution, legal aid, corrections, civil protection orders, child protection system, etc.), victim costs (medical attention, lost wages, lost education, stolen/damaged property, pain and suffering), and third-party costs (social services, losses to employers, negative impacts on children and other government expenditures).⁹

Additionally, the cyclical and intergenerational transmission of IPV cannot be ignored. Children who are exposed to IPV have an increase risk of developing psychological, social, and behavioural problems such as mood and anxiety disorders, PTSD, and substance abuse^{10,11}. They may also face school-related issues¹² and are at an increased risk of experiencing emotional abuse, sexual abuse, physical abuse, neglect¹³ and, in some cases, death¹⁴. Furthermore, just as with a disease, exposure can lead to further transmission, as children who are exposed to IPV are at risk of perpetuating violence in adulthood^{15,16,17,18,19}, which emphasizes the need to address this issue comprehensively.

The initial recommendation to declare IPV an epidemic is based on the understanding that epidemic status extends beyond the realm of infectious diseases. It acknowledges the pervasive and widespread impact of IPV on individuals, families, and communities. By disregarding the recommendations and using a narrow definition of an epidemic, the province is overlooking the severity and urgency of IPV as a public health crisis. IPV is often deemed a “private matter” because it happens behind closed doors. Declaring IPV as an epidemic will help to bring it out of the shadows and into public conversations.

Understanding the parallels between IPV and disease epidemics underscores the urgency of addressing IPV as a public health issue. It necessitates a comprehensive response encompassing prevention, intervention, support services, and community education and awareness to effectively combat the pervasiveness and multidimensional impact and cycle of IPV.

Just as Ontario was the first province in Canada to address domestic violence in the workplace by amending the Occupational Health and Safety Act, let us take the lead once again. The County of Lambton recognized the importance of this training and in 2016, trained over 1200 staff in “Make it Our Business” recognizing the warning signs of IPV and what to do about it. Together, by declaring IPV an epidemic in Sarnia-Lambton, we will work towards making Ontario the trailblazer in formally recognizing and addressing IPV as an urgent public health crisis.

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Office of the
Chief Coroner
Bureau du
coroner en chef

Verdict of Coroner's Jury
Verdict du jury du coroner

The Coroners Act – Province of Ontario
Loi sur les coroners – Province de l'Ontario

We the undersigned / Nous soussignés,

	of / de	Renfrew, ON
	of / de	Griffith, ON
	of / de	Petawawa, ON
	of / de	Pembroke, ON
	of / de	Chalk River, ON

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de :

Surname / Nom de famille		Given Names / Prénoms	
CULLETON / KUZYK / WARMERDAM		Carol / Anastasia / Nathalie	
aged	66/36/48	held at	1 International Drive, Pembroke, Ontario
à l'âge de		tenue à	
from the	6 th day of June	to the	28 th day of June 20 22
du		au	
By	By Leslie Reaume	Coroner for Ontario	
Par		coroner pour l'Ontario	

having been duly sworn/affirmed, have inquired into and determined the following:
avons fait enquête dans l'affaire et avons conclu ce qui suit :

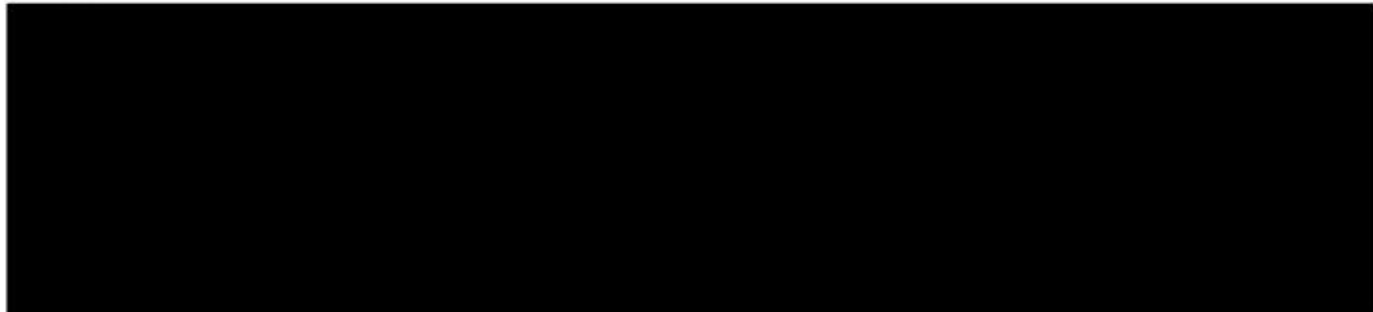
Name of Deceased / Nom du défunt
Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam

Date and Time of Death / Date et heure du décès
September 22nd, 2015. Time of death could not be determined.

Place of Death / Lieu du décès
Combermere, ON (Carol Culleton) / Wilno, ON (Anastasia Kuzyk) / Foymount, ON (Nathalie Warmerdam)

Cause of Death / Cause du décès
Upper Airway Obstruction (Carol Culleton)
Shotgun wound of the chest and neck (Anastasia Kuzyk)
Shotgun wound of the chest and neck (Nathalie Warmerdam)

By what means / Circonstances du décès
Homicide



Original signed by jurors / Original signé par les jurés

The verdict was received on the 28th day of June 20 22
Ce verdict a été reçu le (Day / Jour) (Month / Mois)

Coroner's Name (Please print) / Nom du coroner (en lettres moulées) LESLIE REAUME	Date Signed (yyyy/mm/dd) / Date de la signature (aaaa/mm/dd) JUNE 28/22
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Coroner's Signature / Signature du coroner

We, the jury, wish to make the following recommendations: (see page 2)
Nous, membres du jury, formulons les recommandations suivantes : (voir page 2)



Office of the
Chief Coroner
Bureau du
coroner en chef

**Verdict of Coroner's Jury
Verdict du jury du coroner**

The Coroners Act – Province of Ontario
Loi sur les coroners – Province de l'Ontario

**Inquest into the death of:
Enquête sur le décès de :**

Carol CULLETON, Anastasia KUZYK and Nathalie WARMERDAM

**JURY RECOMMENDATIONS
RECOMMANDATIONS DU JURY**

(see attached recommendations)

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Culleton, Kuzyk & Warmerdam Inquest
JURY RECOMMENDATIONS

To the Government of Ontario:

The Government of Ontario should:

Oversight and Accountability

1. Formally declare intimate partner violence as an epidemic.
2. Establish an independent Intimate Partner Violence Commission dedicated to eradicating intimate partner violence (IPV) and acting as a voice that speaks on behalf of survivors and victims' families, raising public awareness, and ensuring the transparency and accountability of government and other organizations in addressing IPV in all its forms. The Commissioner should have sufficient authority to ensure meaningful access to any person, document or information required to accomplish the Commission's mandate. The Commission should be provided with adequate and stable funding to ensure effectiveness.
3. Engage in meaningful consultation with IPV stakeholders and experts in the field, to determine the mandate and responsibilities of the IPV Commission, which may include:
 - a. Driving change towards the goal of eradicating IPV in Ontario,
 - b. Evaluating the effectiveness of existing IPV programs and strategies, including the adequacy of existing funding,
 - c. Analyzing and reporting on all IPV-related issues with a view to improving awareness of IPV issues and potential solutions,
 - d. Advocating for survivors and their families having regard to addressing the systemic concerns of survivors navigating the legal system.

Consideration should be given to the United Kingdom's Domestic Abuse Commissioner model in developing the mandate of the Commission.

4. Create the role of a Survivor Advocate to advocate on behalf of survivors regarding their experience in the justice system.
5. Immediately institute a provincial implementation committee dedicated to ensuring that the recommendations from this Inquest are comprehensively considered, and any responses are fully reported and published. The committee should include senior members of relevant ministries central to IPV and an equal number of community IPV experts. It should be chaired by an independent IPV expert who could speak freely on progress made on implementation.

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JURY RECOMMENDATIONS

6. Amend the *Coroners Act* to require the recipient of an inquest recommendation to advise the Office of the Chief Coroner if a recommendation is complied with or to provide an explanation if it is not implemented.

System Approaches, Collaboration and Communication

7. Ensure that IPV issues are addressed using an all-of-government approach across ministries, and cooperate and coordinate with federal, provincial, and territorial partners in seeking to end IPV.
8. Require that all justice system participants who work with IPV survivors and perpetrators are trained and engage in a trauma-informed approach to interacting and dealing with survivors and perpetrators.
9. Explore incorporating restorative justice and community-based approaches in dealing with appropriate IPV cases to ensure safety and best outcomes for survivors.
10. Encourage that IPV be integrated into every municipality's community safety and well-being plan.
11. Study the feasibility of, and implement if feasible, justice sector participants having access to relevant findings made in family and civil law proceedings for use in criminal proceedings, including at bail and sentencing stages. The study would, in part, inquire into the following:
 - a. The process to identify relevant findings and for sharing those findings with other justice participants,
 - b. Which justice participants should have access to the findings made by a civil or family court,
 - c. What documents from civil and family law proceedings should be shared with justice sector participants, and how to facilitate sharing of such documents,
 - d. What permissible uses could be made of the documents and findings in a criminal proceeding,
 - e. Models in other jurisdictions that identify relevant IPV cases in different courts.
12. Ensure that survivors and those assisting survivors have direct and timely communication with probation officers to assist in safety planning.
13. Require all police services to immediately inform the Chief Firearms Officer (CFO) of IPV-related charges after they are laid, and provide any relevant records, including Firearms Interest Police information.

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14. Create a “Universal RMS” records management system accessible by all police services (including federal, provincial, municipal, military and First Nations) in Ontario, with appropriate read/write access to all IPV stakeholders, including Probation, CFO, Crown’s offices, Ontario Court of Justice, Superior Court of Justice, correctional institutions and parole boards. Police services that wish to use their own RMS are to update IPV information into the Universal RMS.
15. Require primary actors involved in a major incident to conduct a formal de-brief and write a report identifying lessons learned and recommendations for improvement, if appropriate.
16. Review policies to ensure the timely, reliable, consistent, and accurate dissemination of information, including the use of emergency alerts and media releases, where the police are aware of circumstances that could put the public in danger, and that the focus is on safety when developing policies regarding what information to share with whom and when. Consideration should be given to disseminating information through alternative methods where cellular service is not consistently available.
17. Establish clear guidelines regarding the flagging of perpetrators or potential IPV victims in police databases, immediate dispatch and police access to the identities and contact information of potential targets, and how to notify those targets.

Funding

18. Recognize that the implementation of the recommendations from this Inquest, including the need for adequate and stable funding for all organizations providing IPV support services, will require a significant financial investment and commit to provide such funding.
19. Create an emergency fund, such as the “She C.A.N Fund”, in honour of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam to support women living with IPV who are taking steps to seek safety. This fund should include the following:
 - a. Easy, low-barrier access for IPV survivors seeking to improve their safety,
 - b. Referral to the fund through IPV service providers,
 - c. Small grants of up to \$7000,
 - d. It should have no impact on Ontario Works or Ontario Disability Support Plan payments,
 - e. Consideration for the needs of rural and geographically remote survivors of IPV,

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- f. Funding to be provided on an annualized basis, with adequacy assessed and considered after the first three years,
 - g. Inject a significant one-time investment into IPV related support services.
20. Realign the approach to public funding provided to IPV service providers with a view to removing unnecessary reporting obligations with a focus on service. Draw on best practices in Canada and internationally, and adopt and implement improved, adequate, stable, and recurring funding that incorporates the following:
- a. IPV services are core programming and should receive annualized funding like other public services,
 - b. Service providers provide one annual report for all funders across government to account for the funds received, articulate results and highlight key challenges, learnings, and accomplishments,
 - c. Recognition that, in remote and rural areas, funding cannot be the per-capita equivalent to funding in urban settings as this does not take into account rural realities, including that:
 - i. IPV is more prominent in rural areas,
 - ii. Economies of scale for urban settings supporting larger numbers of survivors,
 - iii. The need to travel to access and provide services where telephone and internet coverage is not available,
 - iv. The lack of public transit,
 - v. The cost of transportation for survivors and service providers.
 - d. Consideration of the remoteness quotient used to calculate funding in other social services, such as education and policing,
 - e. Enhanced funding for IPV service providers, including shelters, sexual assault support centres, victim services, and counselling services, considering urban and rural realities,
 - f. Designated funding for transportation for those receiving IPV-related support services where public transportation is inadequate or unavailable, such as in Renfrew County,
 - g. Funding to ensure mental health supports for IPV service providers, as well as timely access to trauma supports immediately following a traumatic event,
 - h. Funding for services provided to survivors that allows for the hiring and retention of skilled and experienced staff so that they are not required to rely on volunteers and fundraisers in order to provide services to survivors,
 - i. Funding for mobile tracking system alarms and other security supports for survivors of IPV,
 - j. Funding for counselling for IPV survivors,

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k. Funding for services dedicated to perpetrators of IPV.

21. Develop a plan for enhanced second-stage housing for IPV survivors.

22. Fund for “safe rooms” to be installed in survivors’ homes in high-risk cases.

Education and Training

23. Develop and implement a new approach to public education campaigns to promote awareness about IPV, including finding opportunities to reach a wider audience in rural communities. These messages should promote broad recognition of how to seek support, risk factors, and warning signs of IPV, community and bystander engagement, be accessible in multiple languages and in multiple formats, and ensure that rural residents can identify themselves in the messaging and materials.

24. Complete a yearly annual review of public attitudes through public opinion research, and revise and strengthen public education material based on these reviews, feedback from communities and experts, international best practices, and recommendations from the Domestic Violence Death Review Committee (DVDRC) and other IPV experts.

25. Use and build on existing age-appropriate education programs for primary and secondary schools, and universities and colleges. Such programs should include: violence prevention, recognizing healthy and abusive relationships, identifying subtle indicators of coercive control, understanding risk factors (such as stalking, fear caused by IPV, strangulation, threats to kill), managing and processing feelings, dispute resolution, community and bystander obligations, the need for safety planning and risk management, and the unique experiences in rural and urban settings.

26. Ensure teachers are trained to deliver the IPV-related curriculum and utilize IPV professionals regularly to provide support for the delivery of primary, secondary, and post-secondary programming.

27. Develop a roster of resources available to support classroom teachers in the delivery of primary, secondary, and post-secondary programming where local IPV professionals are not available.

28. Review existing training for justice system personnel who are within the purview of the provincial government or police services.

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29. Provide professional education and training for justice system personnel on IPV-related issues, which should include:
- a. Annual refresher courses,
 - b. Risk assessment training with the most up-to-date research on tools and risk factors,
 - c. Trauma-informed practices, including an understanding of why survivors may recant or may not cooperate with a criminal investigation, best practices for managing this reality, and investigation and prosecution of perpetrators,
 - d. Crisis management training,
 - e. The availability and use of weapons prohibition orders in IPV cases,
 - f. Meaningful screening of sureties,
 - g. Greater use of court-ordered language ensuring alleged and convicted offenders will not reside in homes that have firearms,
 - h. Indicators of IPV including coercive control, and awareness of risk factors for lethality (including destruction of property, especially by fire, harm to pets, strangulation, criminal harassment, stalking, sexual violence, and threatening police),
 - i. Unique rural factors,
 - j. Firearm risks, including the links between firearm ownership and IPV,
 - k. Opportunities for communities, friends, and families to play a role in the prevention and reporting of IPV.

30. Provide specialized and enhanced training of police officers with a goal of developing an IPV specialist in each police detachment.

31. Track whether mandated IPV-related professional education and training is completed by all justice system personnel.

Measures Addressing Perpetrators of IPV

32. Establish a province-wide 24/7 hotline for men who need support to prevent them from engaging in IPV.

33. Provide services aimed at addressing perpetrators of IPV that should include:

- a. An approach that is not one-size-fits-all,
- b. A variety of group-based interventions augmented with individual counseling and case management sessions to assess and manage risk and to supplement services, as needed, to address individual needs,
- c. Peer support and appropriate circles of support,

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- d. Prioritizing the development of cross-agency and cross-system collaborative services,
 - e. Service models in the areas of substance use and abuse, general criminal behaviour, mental health, fathering, and culturally specific services,
 - f. The ability to respond immediately with risk management services in collaboration with IPV service providers,
 - g. Being accessible by clients voluntarily and via referral, and not just through the criminal justice system,
 - h. Programs are funded at a level that anticipates an increased stream of referrals,
 - i. Make in-custody IPV programs available in the community as well so that offenders can complete programs started in custody,
 - j. Conducting audits of PARs and other perpetrator intervention programs for efficacy, consistency, and currency,
 - k. Increasing program availability and develop flexible options for IPV perpetrators on remand, serving sentences, and in the community.
34. Recognize the specialized knowledge and expertise of IPV service providers involved in perpetrator intervention and support the development of workforce capacity within the sector by developing and providing competency-based training opportunities. Service contracts should include funding for supervision and ongoing professional development, and mental health support.
35. Address barriers and create opportunities and pathways to services for IPV perpetrators that can be accessed in the community. Referrals to service providers should be made as early as possible and should be repeatedly and persistently offered to both engage perpetrators and reinforce the need for perpetrators to be accountable for their abusive behaviours.
36. Improve the coordination of services addressing substance use, mental health, child protection, and IPV perpetration, and encourage cross-agency service provision and case management.
37. As new services are funded, include aims and outcomes associated with building an underlying network of specialized services to address IPV perpetration and developing messaging around its availability.
38. Ensure that IPV-related public education campaigns address IPV perpetration and should include men's voices, represent men's experiences, and prompt men to seek

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help to address their own abusive behaviours. They should highlight opening the door to conversations about concerning behaviours.

39. Endeavour to minimize destabilizing factors for perpetrators of IPV that increase risk, correlates of IPV, and barriers for survivors to leave violence. Specific consideration should be given to financial instability, housing insecurity, and mental health issues, including addictions treatment options, and how these factors and potential solutions are affected by rural contexts.

Intervention

40. Explore amending the *Family Law Act*, following meaningful consultation with stakeholders, including survivors and IPV service providers, to provide authority to order counselling for the perpetrator where IPV findings are made by the family court.
41. Investigate and develop a common framework for risk assessment in IPV cases, which includes a common understanding of IPV risk factors and lethality. This should be done in meaningful consultation and collaboration with those impacted by and assisting survivors of IPV, and consider key IPV principles, including victim-centred, intersectional, gender-specific, trauma-informed, anti-oppressive, and evidence-based approaches.
42. Co-train justice system personnel and IPV service providers on the risk assessment framework and tools so that there is a common understanding of the framework and tools for those who support or deal with survivors.
43. Ensure that survivor-informed risk assessments are incorporated into the decisions and positions taken by Crowns relating to bail, pleas, sentencing, and eligibility for Early Intervention Programs.
44. Clarify and enhance the use of high-risk committees by:
 - a. Strengthening provincial guidelines by identifying high-risk cases that should be referred to committee,
 - b. Identifying and including local IPV service providers that are in a position to assist with case identification, safety planning, and risk management. Consideration should be given to including IPV service providers supporting perpetrators,

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- c. Ensuring that involved IPV service providers at high-risk committees are given the necessary information to facilitate their active participation, subject to victim consent where applicable.

45. Establish policies making clear that, absent exceptional circumstances, those assessed as high risk or where the allegations involve strangulation should not qualify for early intervention. Crowns should also consider a history of IPV whether or not convictions resulted when determining whether early intervention is appropriate.

Safety

46. Study the best approach for permitting disclosure of information about a perpetrator's history of IPV and the potential risk to new and future partners who request such information, with a view to developing and implementing legislation. In doing so, study Clare's law in the United Kingdom and similar legislation in Saskatchewan, Alberta and Manitoba, Bill 274 (*Intimate Partner Violence Disclosure Act, 2021*), and any other relevant legislation and policy. In the interim, develop a draft policy that can address this issue.

47. Set up IPV Registry for repeat IPV offenders similar to the *Sex Offender Information Registry Act* registry.

48. Explore the implementation of electronic monitoring to enable the tracking of those charged or found guilty of an IPV-related offence and enable the notification of authorities and survivors if the individual enters a prohibited area relating to a survivor. In determining the appropriateness of such a tool in Ontario, monitor the development of programs utilizing such technology in other provinces, with specific consideration given to:

- a. Coverage of cellular networks, particularly in remote and rural regions,
- b. Storage rules and protocols for tracking data,
- c. Appropriate perpetrator programs and supports needed to accompany electronic monitoring,
- d. Whether the tool exacerbates risk factors and contributes to recidivism,
- e. Understanding any impacts after an order for such technology expires,
- f. Frequency and impact of false alarms,
- g. The appropriateness of essential services being provided by private, for-profit partners.

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49. Start grassroots “Safe Spaces” program that businesses can participate in where survivors can feel safe and ask for information (i.e. pamphlets and handouts from women’s shelters, VWAP and men’s programs).
50. In referrals made by the OPP to Victim Services, ensure adequate information is provided, including relevant history, safety concerns and known risk factors.
51. Ensure that OPP conduct a study on improving tactical response timelines as it applies to rural environments generally and in IPV cases in particular.
52. Expand cell service and high-speed internet in rural and remote areas of Ontario to improve safety and access to services.
53. Set up satellite offices for police officers to work safely and comfortably to spread police resources more evenly over wide rural areas (i.e. consider asking schools and municipal governments to provide office space).
54. Enhance court supports for IPV survivors and develop an IPV-focused model for criminal courts similar to the Family Court Support Worker Program. Consideration should be given to the independent legal advice program for survivors of sexual violence as a model for IPV survivors.
55. Encourage Crowns to consult with the Regional Designated High-Risk Offender Crown for any case of IPV involving a high-risk offender that may meet the criteria for Dangerous or Long-term Offender designations.
56. Crowns should actively oppose variation requests to have firearms returned for any purpose, such as hunting.
57. Strengthen annual education for Crowns regarding applications for Dangerous and Long-term Offender designations in high-risk IPV cases.
58. Commission a comprehensive, independent, and evidence-based review of the mandatory charging framework employed in Ontario, with a view to assessing its effect on IPV rates and recidivism, with particular attention to any unintended negative consequences.
59. Conduct study of judges’ decisions in IPV cases and track in longitudinal studies for recidivism, violence escalation, and future victims.

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60. Review and amend, where appropriate, standard language templates for bail and probation conditions in IPV cases, and develop a framework for identifying the appropriate conditions based on level of risk in collaboration with stakeholders, including judges, justices of the peace, police, probation, crown attorneys, the CFO, and community providers with subject matter expertise in IPV risk management. The following factors should be considered:
- a. Enforceability,
 - b. Plan for removal or surrender of firearms and the Possession and Acquisition License (PAL),
 - c. Residence distance from victims,
 - d. Keeping probation aware,
 - e. Safety of current and previous victims,
 - f. Possibility of a "firearm free home" condition,
 - g. Past disregard for conditions as a risk factor.
61. Require that primary actors advise the CFO in a timely manner of expected and changed residential addresses of individuals who have been placed under weapons conditions.
62. When evaluating the suitability of a prospective surety in IPV cases, Crowns should make inquiries as to whether residential sureties have firearms in their home or a PAL.
63. Develop a process, in consultation with the judiciary, to confirm that release conditions are properly documented.
64. Ensure that Probation Services reviews and, if necessary, develops standardized protocols and policies for probation officers with respect to intake of IPV offenders and with respect to victim safety.
65. Review the mandate of Probation Services to prioritize:
- a. Condition compliance,
 - b. Victim safety,
 - c. Offender rehabilitation.
66. Require that probation officers, in a timely manner, ensure:
- a. There is an up-to-date risk assessment in the file,

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- b. Probation conditions are appropriate for the level of risk of the client and written in a way they can enforce, and, if not, request a variation,
- c. They contact the survivor to inform her of the offender's living situation, any conditions or limitations on his movement or activities, and what she should do in the event of a possible breach by the offender,
- d. Regular contact with survivors to receive updates, provide information regarding the offender's residence and locations frequented, and any changes to such circumstances, and seek input from survivors and justice system personnel before making decisions that may impact her safety,
- e. Improved supervision of high-risk perpetrators released on probation, including informed decision-making when applying or seeking to modify conditions that impact the survivor's needs and safety,
- f. Risk assessments and risks of lethality are taken into account when making enforcement decisions.

67. Ensure existing policy and guidelines require probation officers to follow through on enforcement of non-compliance by requiring delivery and documentation of clear instructions regarding expectations to supervised offenders in a way that allows for direct and progressive enforcement decisions. This should be a focus for performance management and quality assurance processes.

68. Ensure collaboration between corrections and probation staff to improve rehabilitation and risk management services. Consideration should be given to two-way information sharing including of case notes, and opportunities to order treatment in institutions for those with existing probation orders who are on remand.

To the Chief Firearms Officer:

The Chief Firearms Officer should work with appropriate decision-makers to:

69. Review the mandate and approach of the CFO's Spousal Support line to:

- a. Change its name to one that better reflects its purpose. It should be clear that it is broadly accessible and not limited to a particular kind of relationship,
- b. Be staffed 24 hours a day and 7 days a week,
- c. Be publicized to enhance public awareness, and become better known among policing partners possibly through All Chiefs' bulletins.

70. Create guidelines for staff in making decisions regarding whether to issue, review, revoke, or add conditions to PALs to ensure consistency among staff and through

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time. Particular attention should be paid to red flags and risk factors around IPV, including where there is no conviction.

71. Require that a PAL is automatically reviewed when someone is charged with an IPV-related offence.
72. Require PAL applicants and holders to report to the CFO in a timely manner any change in information provided in application and renewal forms submitted to the CFO, including when an individual with weapons restrictions comes to reside in their home.
73. Amend PAL application and renewal forms to require identification as a surety.

To the Office of the Chief Coroner

The Office of the Chief Coroner should:

74. Ensure that the DVDRC reviews its mandate with a view to enhancing its impact on IPV and provide the DVDRC with improved supports.
75. Ensure DVDRC annual reports are published online in a timely manner.
76. Ensure that DVDRC reports and responses to recommendations are publicly available and will continue to be available without charge.
77. Consider adopting Femicide as one of the categories for manner of death.

To the Information and Privacy Commissioner of Ontario

The Information and Privacy Commissioner of Ontario should:

78. Working together with the DVDRC, justice partners and IPV service providers, develop a plain language tool to empower IPV professionals to make informed decisions about privacy, confidentiality, and public safety.

To the Government of Canada

The Government of Canada should:

79. Explore adding the term “Femicide” and its definition to the *Criminal Code* to be used where appropriate in the context of relevant crimes.
80. Consider amendments to the Dangerous Offender provisions of the *Criminal Code*, or the inclusion of a new classification of Offender under the *Criminal Code*, that

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better reflects the realities of IPV charges and takes into account risk factors for serious violence and lethality in an IPV context.

81. Undertake an analysis of the application of s. 264 of the *Criminal Code* with a view to evaluating whether the existing factors adequately capture the impact on survivors. Consider the removal of the subjective requirement that the action causes the victim to fear for their safety.
82. Consider finding alternate means for survivors to attend and testify in court, such as by video conferencing.
83. Implement the National Action Plan on Gender-based Violence in a timely manner.
84. Establish a Royal Commission to review and recommend changes to the Criminal Justice system to make it more victim-centric, more responsive to root causes of crime and more adaptable as society evolves.
85. Include “coercive control”, as defined in the *Divorce Act*, as a criminal offence on its own or as a type of assault under s. 265 of the *Criminal Code*.

To the Parties to this Inquest

The Parties to this Inquest should:

86. Reconvene one year following the Verdict to discuss the progress in implementing these recommendations.

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

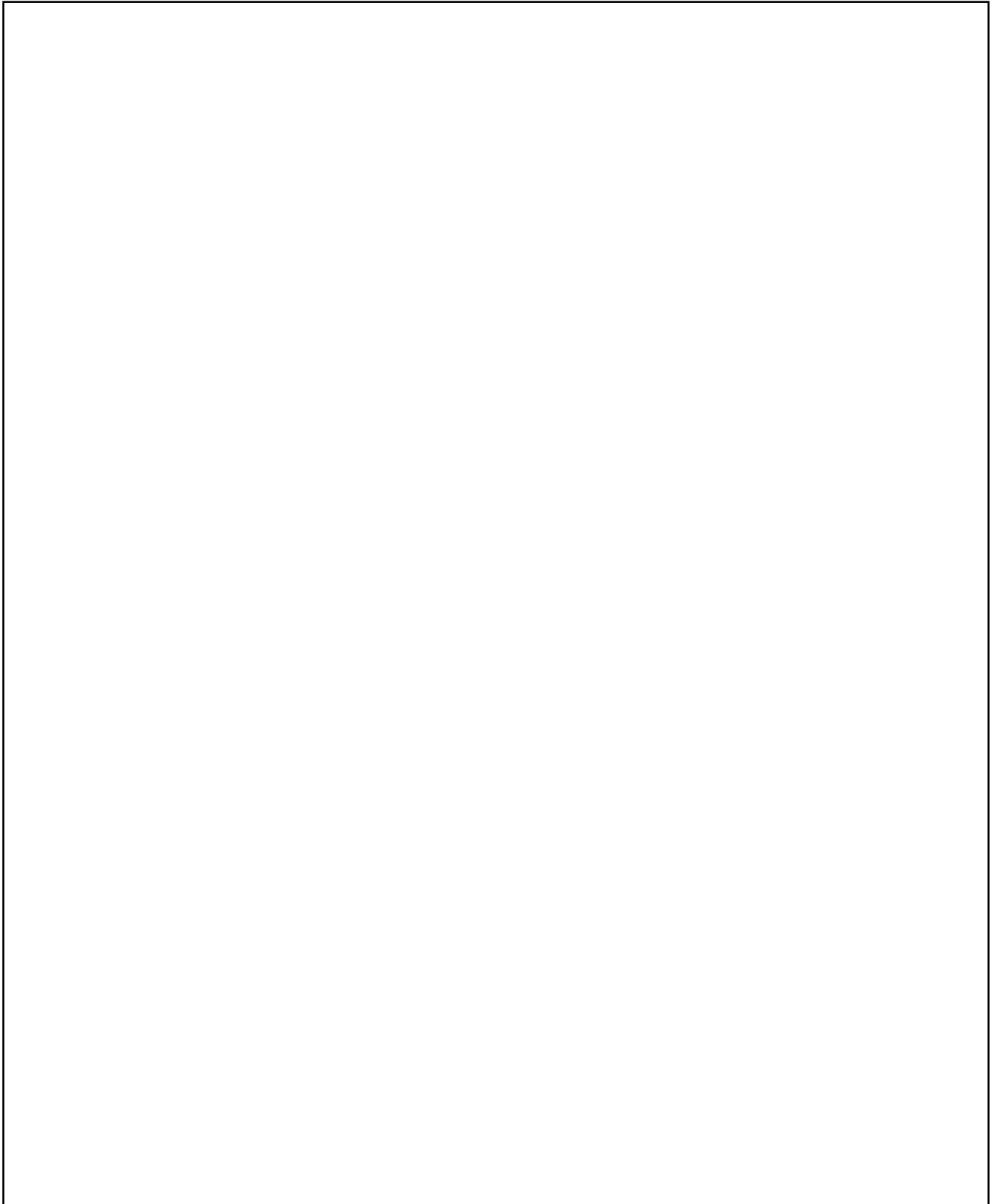
**MASS
CASUALTY
COMMISSION**

Turning the Tide Together

**FINAL REPORT OF THE
MASS CASUALTY COMMISSION**

Volume 3
Violence

Turning the Tide Together



**MASS
CASUALTY
COMMISSION**

Turning the Tide Together

**FINAL REPORT OF THE
MASS CASUALTY COMMISSION**

March 2023

Volume 3
Violence

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

Honourable J. Michael MacDonald
Commissioner, Chair

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

Dr. Kim Stanton
Commissioner

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

Turning the Tide Together:
Final Report of the Mass Casualty Commission
Volume 3: Violence

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Le rapport final de la Commission des pertes massives. Volume 3: Violence.

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

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

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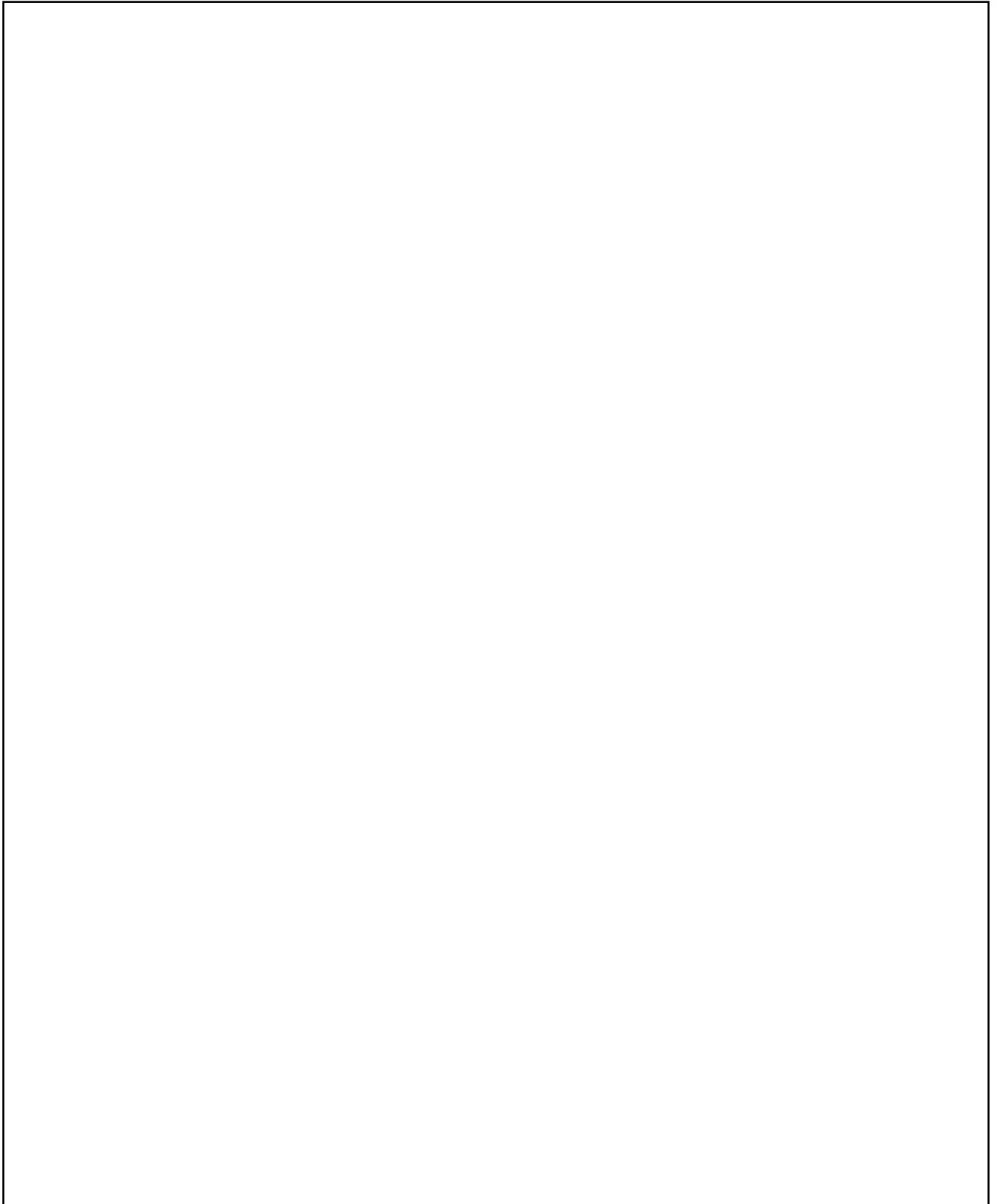
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Navigating This Report

Mental Health and Wellness

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

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

Report Structure

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

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

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

Volume 1 Context and Purpose

Volume 2 What Happened

Volume 3 Violence

Volume 4 Community

Volume 5 Policing

Volume 6 Implementation - A Shared Responsibility to Act

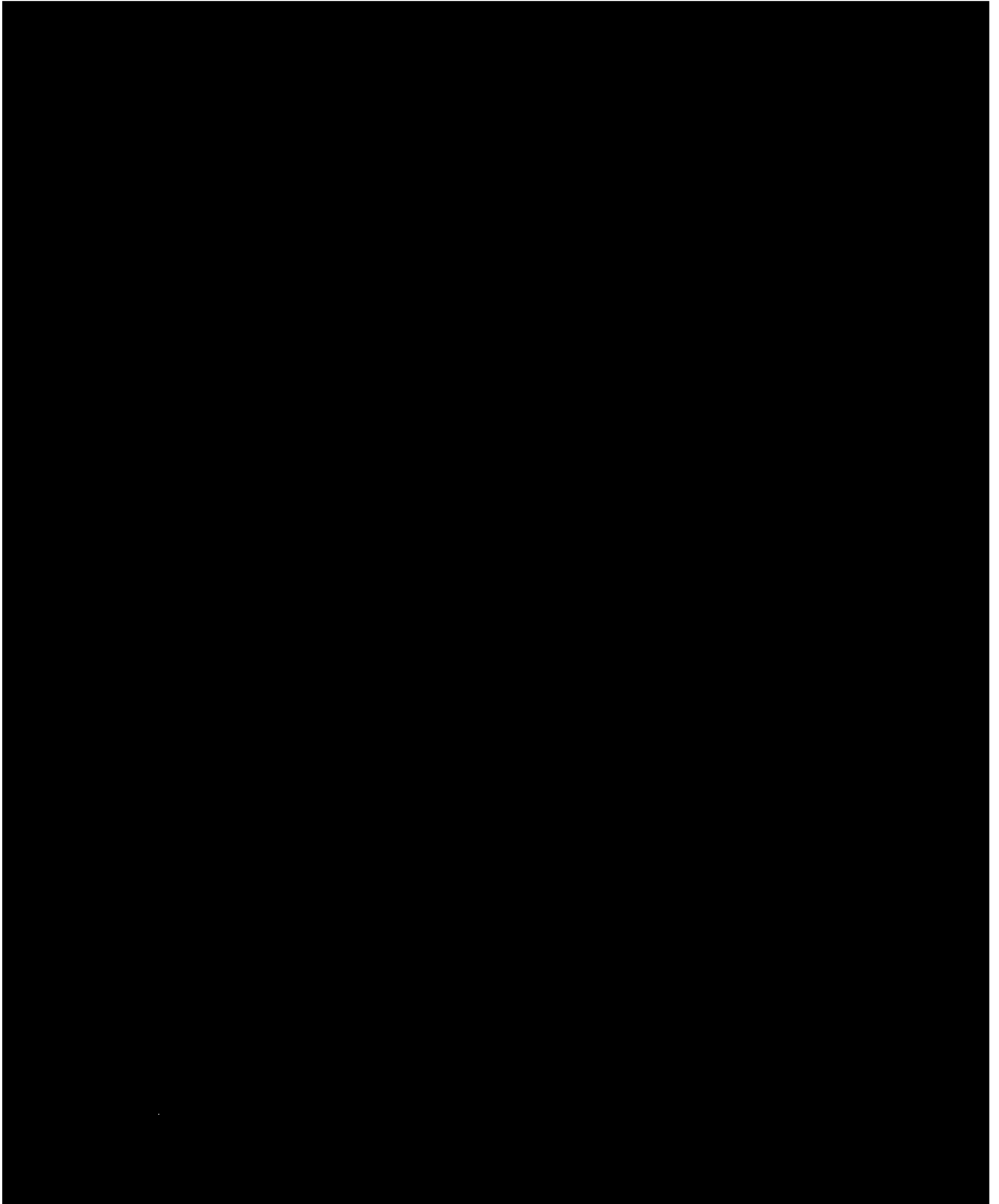
Volume 7 Process, and Volume 7 Appendices

Annex A: Sample Documents

Annex B: Reports

Annex C: Exhibit List

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



We remember

Tom Bagley

Kristen Beaton, who was expecting a child

Greg and Jamie Blair

Joy and Peter Bond

Lillian Campbell

Corrie Ellison

Gina Goulet

Dawn and Frank Gulenchyn

Alanna Jenkins and Sean McLeod

Lisa McCully

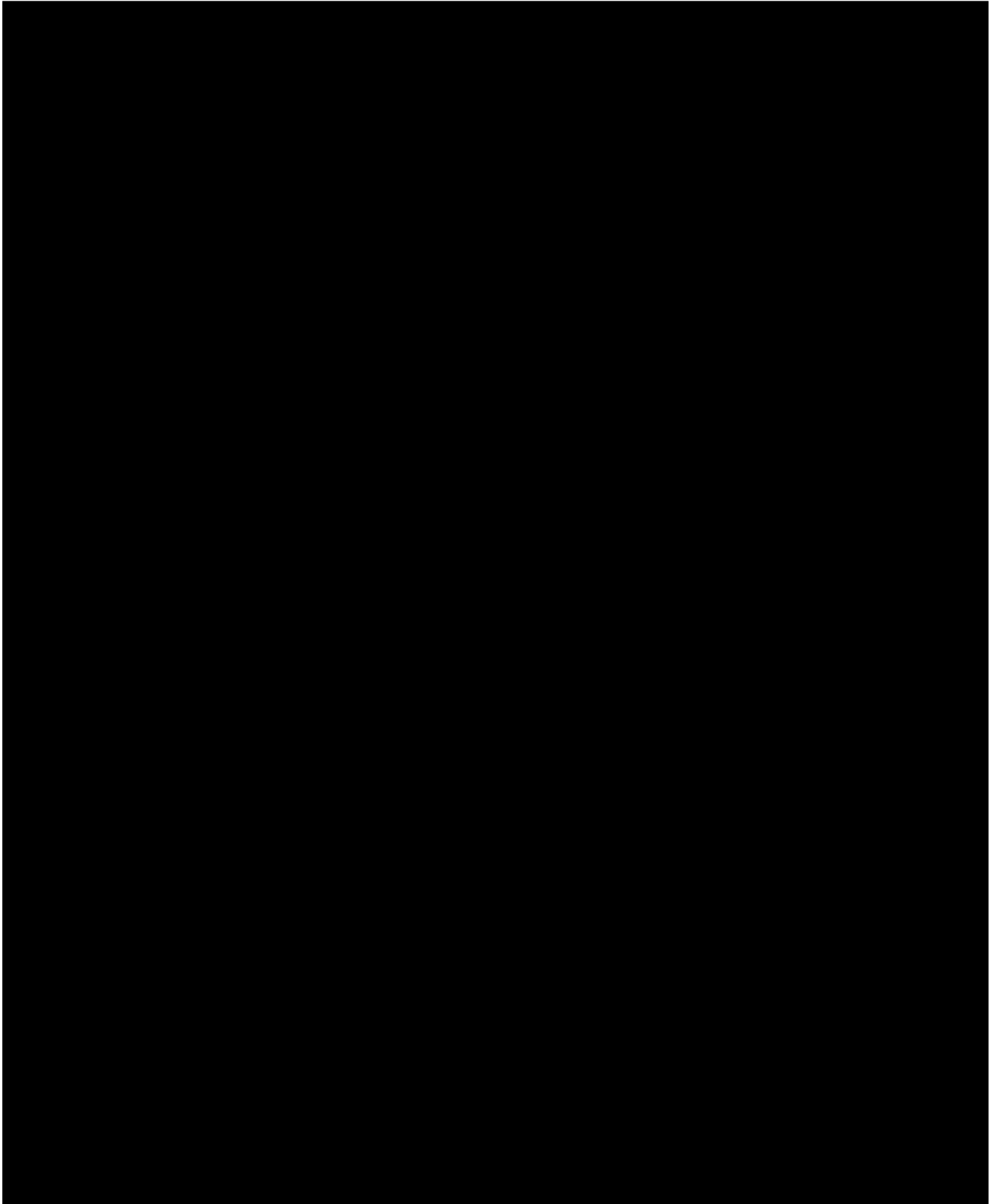
Heather O'Brien

Jolene Oliver, Aaron Tuck, and Emily Tuck

Constable Heidi Stevenson

E. Joanne Thomas and John Zahl

Joey Webber



Introduction to Volume 3

Volume 2 sets out a narrative overview of what happened leading up to, during, and in the immediate aftermath of the Nova Scotia mass casualty on April 18 and 19, 2020. In addition, it contains our first set of main findings with respect to the perpetrator's actions and the responses of individuals and the community, the RCMP, and other police and emergency response agencies.

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

The first three specific issues set out in our mandate relate to violence:

- (i) contributing and contextual factors, including the role of gender-based and intimate partner violence;
- (ii) access to firearms;
- (iii) interactions with police, including any specific relationship between the perpetrator and the RCMP and between the perpetrator and social services, including mental health services, prior to the event and the outcomes of those interactions.

As we explain in Volume 7, Process, we consider the policy dimensions of the firearms issue to fit predominantly within our community pillar, which is addressed in Volume 4. However, the circumstances of the perpetrator's illegal acquisition,

Introduction to Volume 3

smuggling, and possession of firearms, and the ends to which he used them, fit squarely within the theme of violence, so we address these matters in this volume. The Orders in Council also require us to examine a range of policy issues connected to the mass casualty, including three linked to the theme of violence and the means by which the perpetrator committed the mass casualty:

- (vii) police policies, procedures and training in respect of gender-based and intimate partner violence;
- (ix) policies with respect to the disposal of police vehicles and any associated equipment, kit and clothing;
- (x) policies with respect to police response to reports of the possession of prohibited firearms, including communications between law enforcement agencies.

Volume 3 sets out our factual findings with respect to these areas of our mandate and considers them in the context of what we have learned about the perpetrator, mass casualties, and the prevention of mass casualties. We identify lessons to be learned on the issues of gender-based and intimate partner violence, police paraphernalia, and firearms. In Volumes 4 and 5 we return to these issues and analyze them in various community, education and training, and policy and institutional contexts, and we propose recommendations for further action.

Overview of Volume 3

In Volume 2, we concluded that over many years, the perpetrator's pattern of violent and intimidating behaviours and illegal acquisition of firearms gave rise to numerous red flags and missed opportunities for prevention and intervention. We focused on the perpetrator's long history of violence and coercive control in his relationship with his common law spouse, Lisa Banfield. We found that in the last six weeks before the mass casualty, the perpetrator further isolated her from her family as his behaviour became erratic and increasingly concerning to her. It is clear that the mass casualty began with his violent assault on her. Despite this history, **the RCMP did not treat Ms. Banfield as a surviving victim of the mass**

TURNING THE TIDE TOGETHER • Volume 3: Violence

casualty; that is, as an important witness who required careful debriefing and who would need support services. In Volume 2, we made four main findings that covered these points, and we build on that foundation in this volume:

- Over many years, the perpetrator's pattern of violent and intimidating behaviours and illegal acquisition of firearms gave rise to numerous red flags and missed opportunities for prevention and intervention.
- In the six weeks before the mass casualty, the perpetrator further isolated his common law spouse from her family as his behaviour became erratic and increasingly concerning to her
- The mass casualty began with the perpetrator's violent assault of his common law spouse, Lisa Banfield.
- The RCMP did not treat Lisa Banfield as a surviving victim of the mass casualty; that is, as an important witness who required careful debriefing and who would need support services.

Part A focuses on the perpetrator. It contains an overview of violence within his family, his history of using violence and coercion, and his financial history and misdealings. The chapter also describes how the perpetrator acquired the means to carry out the mass casualty: his acquisition of firearms and police paraphernalia, including the replica RCMP cruiser he constructed. We summarized these facts briefly in the first chapter of Volume 2, and we provide a fuller account of our findings in this volume. The next section examines how numerous red flags about the perpetrator came to the attention of both police and the Denturist Licensing Board. We address previous police and other interventions with the perpetrator and describe their outcome. Finally, we consider the perpetrator's relationships with individual police officers.

Part B provides an overview of what we have learned about mass casualties. It begins by identifying a lack of common definition of these events and the problems caused by this lack of clarity. It also identifies trends in the frequency and recent instances of mass casualties in Canada and in other countries. One focus is whether mass casualties can be predicted. **We conclude that, rather than prediction, the focus should be on prevention and effective intervention.** The remaining sections examine recent psychological and sociological insights into the perpetrators of mass casualties. We examine attempts to create a psychological profile of the perpetrators of mass casualties and determine that efforts are better focused on identifying concerning patterns of behaviour that warrant supportive

intervention strategies. We consider **whether mass casualties can be predicted and whether they can be prevented by looking at some of the tools used to assess risk. A focus on preventing mass violence, by studying patterns of behaviour and addressing root causes of such violence through a public health approach, is more promising than trying to predict it. Risk assessment tools are not useful for predicting rare events such as mass casualties and can perpetuate biases and stereotypes, so their value must be carefully considered.**

In Part B, we also examine the use of psychological autopsies by police. These autopsies are a form of psychological assessment that considers the role that psychological factors play in a death. We consider the scientific value of these tools, the concerns and best practices related to them, and evaluate the RCMP's psychological autopsy of the perpetrator against these standards.

We conclude that, while no person or institution could have predicted the perpetrator's specific actions on April 18 and 19, 2020, his pattern and escalation of violence could have and should have been addressed. Many red flags about his violent and illegal behaviour were known by a broad range of people and had been brought to the attention of police and others over a number of years. It was entirely predictable that he would continue to harm people until effective intervention interrupted his patterns of behaviour. No effective action was taken to interrupt the perpetrator's violence and acquisition of the means to commit the mass casualty. Within the broader lens of understanding the irrefutable connection among gender-based violence, family violence, and mass casualties we establish in Chapter 8, it is clear that strategies to prevent mass casualties must focus on ensuring the safety and well-being of all community members.

Mass casualties occur infrequently, but women, children, and other marginalized people and communities experience violence every day. Our perceptions of where the real danger lies is misconceived, and we ignore the hard truth of the "everydayness" – the commonness and seeming normalcy – of violence between intimate partners and within families and the ways in which this violence spills out to affect other people too. Gender-based violence is also ubiquitous and underreported in Canada. Instead of taking these forms of violence more seriously, we focus on mass violence and on rarer and seemingly random instances of violence between strangers. **For far too long, we have misperceived mass violence as our greatest threat without considering its relationship to other more pervasive forms of violence. We do so at the expense of public safety and community well-being.**

TURNING THE TIDE TOGETHER • Volume 3: Violence

The evidence shows clearly that those who perpetrate mass casualties often have an unaddressed history of family violence, intimate partner violence, or gender-based violence. Many mass casualties begin, as this one did, with an act of family violence. The societal and cultural misapprehension that these forms of violence are distinct from one another is mirrored in most institutional practices and priorities, notably in policing, the media, and the delivery of public services. The inescapable conclusion is that ensuring the safety and security of everyone will assist us to minimize the risk of mass casualties.

In Part C, we build a framework for preventing mass casualties with a focus on insights derived from seeing mass casualties as an escalation of gender-based violence, including intimate partner violence, and from acknowledging their connection to family violence. Within this context, we revisit Lisa Banfield's experience and examine the ways she was revictimized in the aftermath of the mass casualty. We connect Ms. Banfield's experience to larger patterns of societal and institutional failures to listen to and address the needs of survivors. In drawing the overarching lessons to be learned, we delineate our collective failures to protect women from gender-based violence. In searching to explain these failures, we look at the state of our knowledge about risk factors, barriers to reporting, the ineffectiveness of many current interventions, and our growing knowledge about coercive control. **Our conclusion is that failures to protect women, girls and Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and additional sexually and gender diverse (2SLGBTQI+) people from gender-based violence cannot be attributed to a lack of knowledge.** In the conclusion to Volume 3, we set out the parameters of a path forward to prevent mass casualties through a fundamental reorientation of our responses to gender-based, intimate partner, and family violence.

Our mandate is to inquire into the April 2020 mass casualty and the related causes, context, and circumstances that surround it. The focus on one mass casualty incident is notable in light of both historical patterns of violence and the ongoing reality of violence in the lives of many members of our communities, both rural and urban. The disproportionate impact of this ongoing violence on Indigenous peoples and members of the African Nova Scotian communities has been further compounded by law enforcement (both over- and under-policing these communities) and by a lack of culturally responsive and effective public services. Throughout our work, as we learned how the perpetrator targeted members of marginalized communities in Nova Scotia, we realized it provided but one example of the ways in which historical patterns of violence are sustained and amplified.

Introduction to Volume 3

We recognize this reality while at the same time we acknowledge both the limitations and the gravity of the Commission's mandate. It is our sincere hope that lessons learned and solutions recommended may assist in addressing other manifestations of violence within Canadian society. We have attempted to pay attention to this wider frame of reference in our work and, in particular, by being mindful of the potential for unintended negative consequences of our recommendations for members of marginalized communities. Our mandate requires us to be concerned with the safety of all communities – and with all members of these communities. We can meet this requirement only by paying close attention to the needs of the most marginalized and by working with them to develop inclusive safety plans, supports, and strategies to meet the needs of everyone concerned.

Talking About Violence

Violence is not easy to talk about. Words matter, and it is important to be clear in the words, phrases, and concepts we use when we talk about violent behaviour and its consequences. These words and concepts matter because they help us to organize ideas and make distinctions between different forms of violence and the dynamics that underpin them. Most important, they help to ensure clear communication based on shared understandings. It is for these reasons that we preface this volume with definitions of the main terms we consider essential to understanding how and why the mass casualty happened.

These particular words and concepts have developed and changed over time. In the last five decades, Canadian society has shifted from using narrower terms such as wife battering and wife assault to more inclusive ones, such as family violence, domestic violence, and intimate partner violence. Within the justice system, different terms are still used in various jurisdictions and in legislation. Over the course of our work, we have reviewed research and consulted with experts to select the terminology and concepts set out here and used throughout our Report.

TURNING THE TIDE TOGETHER • Volume 3: Violence

Interrelationship of Types of Violence
Interrelationship of Types of Violence

Types of Violence

Gender-Based
Violence

Family
Violence

Domestic
Violence

Intimate Partner
Violence

Intimate Partner Violence

Psychological
Abuse

Sexual
Coercion

Coercive
Control

Physical
Aggression

Coercive Control

Surveillance

Threats to
victim or
others

Financial
Control

Isolation

Control
through fear

There is also no consensus on how to define a mass casualty incident as a category of violence. At the outset of our work, we chose to refrain from using the term “mass shooting” because the events of April 18 and 19, 2020, and their aftermath resulted not only in the gun-related deaths of 22 people, one whom was expecting a child, but in other types of harms as well. For the Commission, the term “mass casualty” is contextualized by these events and encompasses the lives taken, which is central to our work, and extends outward to other injuries and ongoing grief and trauma. We discuss this issue in greater depth and make a recommendation for a definition of mass casualty in Part B.

Gender-Based Violence

Gender-based violence is defined by the United Nations High Commissioner for Refugees as follows:

[H]armful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. Gender-based violence can include sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. This can take many forms, such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called “honour crimes.”¹¹

Decades of research have established a strong connection between traditional concepts of masculinity and violence. Most incidents of gender-based violence are perpetrated by men against women. However, the concept is broader and extends to “violence experienced due to a person’s gender or how they express it.”¹²

Family Violence

Family violence is considered to be any form of abuse, mistreatment, or neglect that a child or adult experiences from a family member or from someone with whom they have an intimate relationship. It includes experiences of physical, sexual, and psychological intimate partner violence, parent-to-child violence, sibling violence, and child-to-parent violence.

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Domestic Violence

Statistics Canada initially defined domestic violence as violence perpetrated by a husband against a wife based on the former emphasis on wife battering and wife assault. Today the concept is more inclusive and applies to married and former spouses as well as to common law and formerly common law relationships and to heterosexual and same-sex relationships. Statistics Canada recently updated its definition of domestic violence and intimate partner violence to include dating relationships. The type of violence considered domestic violence has also grown to encompass emotional, physical, and sexual abuse. It includes chemical abuse – meaning misusing medication, preventing access to medication, or forcing medication. In addition, it can include religious or spiritual abuse, which happens when someone uses these beliefs to hurt, harass, humiliate, frighten, or control their partner.

Intimate Partner Violence

The term “intimate partner violence” is more specific than “gender-based violence” and is sometimes used interchangeably with “domestic violence” to describe harmful behaviours occurring between current or former intimate partners. However, it is a different and broader term in that intimate partner violence applies specifically to intimate relationships, whether or not the partners are currently living together. Intimate partner violence includes all types of intimate relationships, including couples, serious or casual, exclusive or non-exclusive, short and long term. The World Health Organization defines intimate partner violence as “behaviour by an intimate partner or ex partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. It can occur among heterosexual or same-sex couples, and does not require sexual intimacy.”⁶ By contrast, “domestic violence” refers to violence within a family and may affect children, siblings, parents, and/or others who reside in the home in addition to an intimate partner.

In their expert report prepared for the Commission, Dr. Carmen Gill and Dr. Mary Aspinall differentiated between intimate partner violence and domestic violence. They wrote:

Considering the wide range of relationship dynamics that contain various degrees of sexual intimacy or geographical proximity, the term “intimate partner violence” more fully encapsulates all affected individuals and does not restrict our perceptions to only considering those who are legal spouses and/or residing in the same household.⁴

Coercive Control

Coercive control is a form of violence in intimate partner relationships. In an expert report prepared for the Commission, Dr. Katreena Scott defines coercive control as follows:

[A] pattern of behaviours to assert control over a person through repeated acts that disempower the other partner in a number of possible ways including through fear for the safety of self or others, removal of rights and liberties or fear of this removal, by isolating them from sources of support, exploiting their resources and capacities for personal gain, removing the victim’s rights and liberties, depriving them of the means needed for independence, resistance, and escape, and regulating their everyday behaviour.⁵

The Violence Continuum

Traditionally, family violence, domestic violence, and intimate partner violence were considered “private violence,” based on the relationship between perpetrator and victims and on the place where violence happens. These types of violence typically occur between people who know each other, often “behind closed doors.” However, as is true in the case of the perpetrator and Ms. Banfield, even this generalization is a stereotype. Intimate partner, domestic, and family violence are frequently witnessed by friends and community members. In Ms. Banfield’s case, she was assaulted by the perpetrator in front of others on at least two occasions: at Sutherland Lake and in Portapique. Canadian society and our justice system have a history of responding to private violence in ways distinct from forms of violence that are considered more public, including violence between strangers. Examples of what we tend to think of as public violence include other types of assaults, violence linked to property crimes, gang wars, mass casualty incidents, or acts of

TURNING THE TIDE TOGETHER • Volume 3: Violence

terror. Gender-based violence occurs both inside the home and in public spaces, between people who know each other well and those who are unknown to each other. For example, some people may think of sexual assault of a spouse or partner as private violence, and sexual assault of a stranger as public violence.

Individuals and groups that study gender-based violence, family violence, domestic violence, and intimate partner violence have shown that these forms of violence are a public concern and that the division between public and private violence is illusory and problematic. It is more accurate to consider the various categories or types of behaviour and dynamics on a “violence continuum.” A continuum is a whole consisting of many parts – “a continuous series of elements that differ by such tiny differences that they do not seem to differ from one another” at all. By using the term violence continuum, we signify that gender-based, intimate partner, family, and domestic forms of violence have far more in common with one another, and with stranger violence and mass violence, than they differ from one another.

These insights are relatively new and have not been fully integrated into the ways most people talk about and address violence. For example, many people continue to perceive violence that occurs outside relationships as more dangerous, more serious, or harder for an individual victim to predict or prevent. As a result, they give this form of violence greater weight in our public safety systems. In Part B, we explain why it is critical to reject the distinction between private and public violence both in our terminology and in our actions.

Context and Intersections: Disproportionate Impact

As we will discuss, violence is a gendered phenomenon, in that it is mainly perpetrated by men and it has a disproportionate impact on women. We therefore refrain from using the gender neutral term of “survivors” (or “victims”) except where quoting another source or where required for clarity. Throughout this Report, we use the term “women” as a simple moniker to denote the much more nuanced and complex diversity of women, girls and Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and additional sexually and gender diverse (2SLGBTQI+) people in Canada. For instance, we use the term “women” as inclusive of people who identify as women, of racialized women, of immigrant women, of women living with disabilities, and of Indigenous women. We acknowledge that they and other

women, girls and 2SLGBTQI+ people with intersecting identities are disproportionately subjected to gender-based violence.

By intersecting identities, we refer to the fact that women are not a homogenous group but rather are shaped by multiple factors such as race, ethnicity, religion, gender, class, disability, sexual orientation, immigration status and criminalization. While all women are subject to pervasive gender discrimination and concomitant violence, women with intersecting identities are disproportionately affected by various other forms of discrimination emanating from histories of colonialism, systemic racism, ableism, ageism, homophobia, transphobia and the feminization of poverty. This is because for example, a confluence of structural and systemic factors can increase the likelihood of poverty, lack of access to education, housing, health care and employment, over-policing and thus increased criminalization.

In Canada, Indigenous women and girls, Black and racialized women, immigrant and refugee women, 2SLGBTQI+ people, people with disabilities, and women living in northern, rural, and remote communities are disproportionately subjected to violence. In addition, the consequences of reporting violence can deepen their experience of inequality. For example, historically marginalized women tend to under-report sexual violence due to factors such as the normalization of sexual violence from an early age, fear of not being believed or, if believed, increased likelihood that their children would be apprehended by child welfare services. Further, consequences for the perpetrators of such violence is often more limited due to the perpetuation of myths and stereotypes of marginalized women, which in turn reinforces the disincentives to reporting.

Therefore, an intersectional analysis is essential to any attempt to address gender-based violence. Such an analysis contextualizes women's experiences by paying attention to the social and economic forces that produce structural inequalities, such as poverty and racism, that marginalize identifiable groups of women and make them more vulnerable to violence.

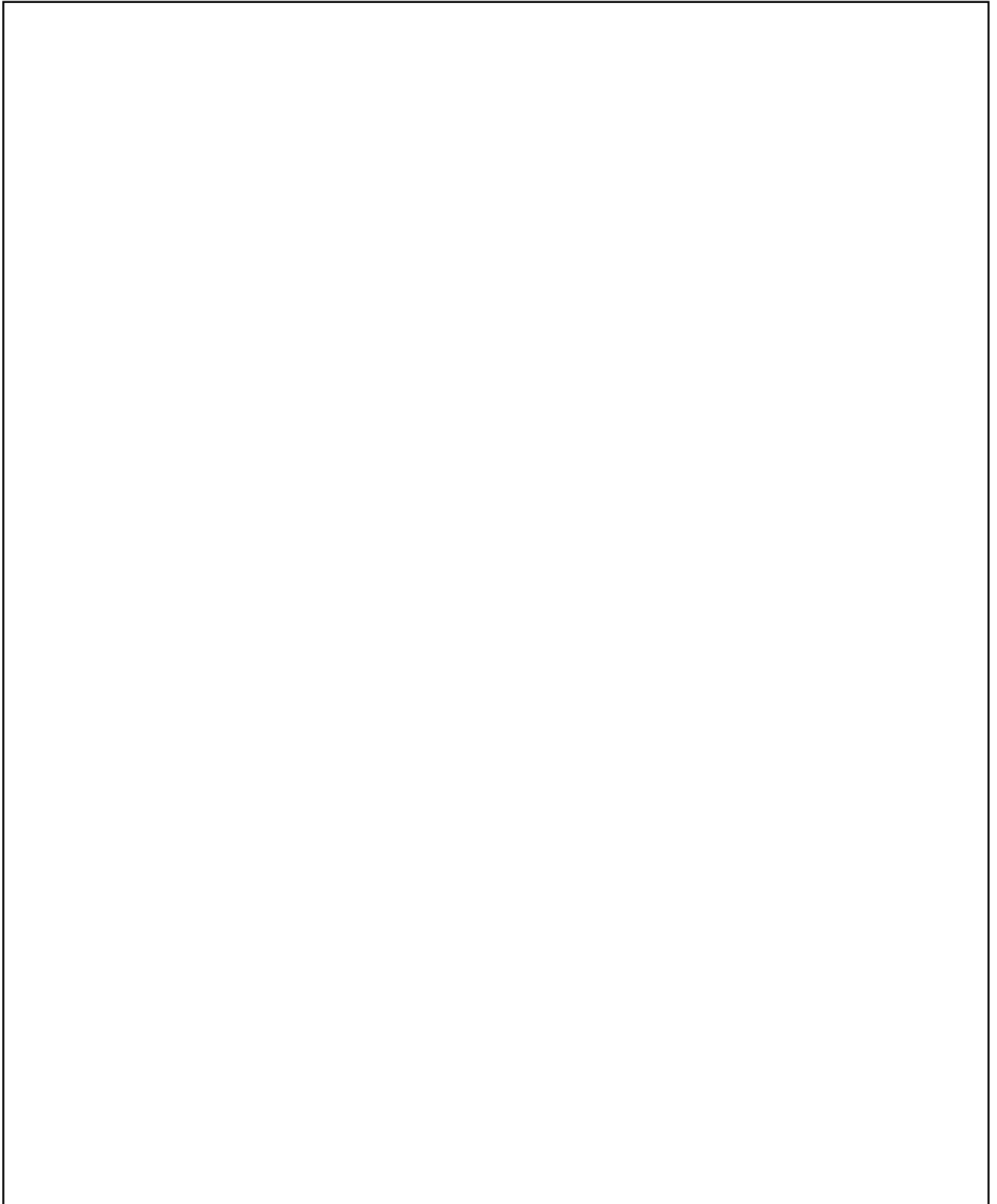
We encourage readers to be mindful of the complexity and diversity of women's experiences of gender-based violence wherever we refer to "women" in this report.

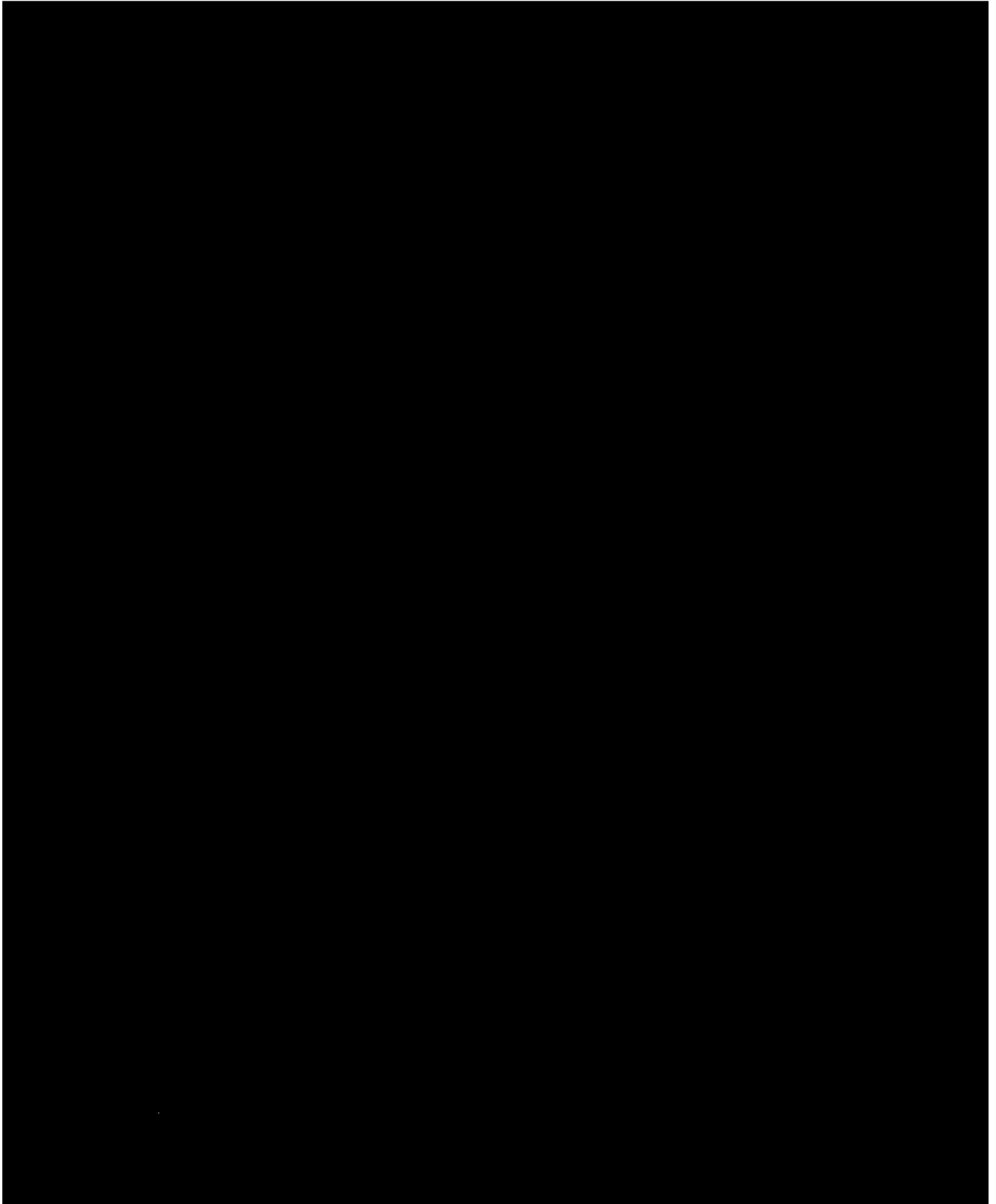
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Gender-Based Violence Advocacy and Support Sector

This sector is comprised of a diverse range of individuals, organizations and institutions, including women and 2SLGBTQI+ survivors of gender-based violence and their advocates as well as other front-line, community-based and governmental service providers. The sector includes lawyers, health care professionals, feminists, Indigenous organisations, academics, researchers, unions, government agencies and community members. In our process, Participants who are part of this sector include the members of the three coalitions of gender-based organizations, all of whom have a genuine concern about, and/or have an expertise in, gender-based and intimate partner violence. They range from organizations with a national scope (such as Women's Legal Education and Action Fund (LEAF) and Women's Shelters Canada) to those more locally focused (such as Halifax-based non-profit Avalon Sexual Assault Centre and Be the Peace Institute, based in Mahone Bay, Nova Scotia).

Whether their primary focus is related to gender-based violence (such as sexual assault centres, transition houses and women's shelters) or it is one aspect of their portfolio (such as health care providers or Status of Women ministries), all sector members share a goal of reducing gender-based violence. Sector members contribute to this shared goal in a variety of ways. For example, governments deliver public services and provide funding to constituent organizations and agencies, including justice system programs (such as victim services and perpetrator intervention), income supports, housing, child protection, data collection and gender equality initiatives. Women's organizations provide leadership, expertise and experience in delivering support, care and advocacy and in seeking accountability for gender-based violence and persistent inequality.





**Part A:
The Perpetrator**

Introduction and Overview

The perpetrator was raised in a violent home and became a violent man. A cursory overview of his life, and the history of violence in his family of origin which predated his birth, illustrate the continuum of violence. The perpetrator witnessed family violence, including intimate partner violence, at a young age. He was abused by his father, who was abused by his own father (the perpetrator's grandfather), who was in turn abused by his father (the perpetrator's great-grandfather).

As an adult, the perpetrator's violent, intimidating, and coercive behaviour extended ever outward: to his intimate partners; to relatives, friends, neighbours, and business associates; to his patients, and to vulnerable and marginalized people in the communities where he lived and worked; to individuals in positions of power and control over him such as police officers and colleagues participating in the review of his misconduct at the Denturist Licensing Board of Nova Scotia; and finally to perpetrating a mass casualty. There are strong connections among family violence, gender-based violence, and mass casualties, but it is a complex relationship. Many people are directly and indirectly affected by the violent behaviour of family members; fewer, though a significant portion of them, become violent themselves; relatively few go on to kill; and almost none of them commit mass attacks.

Part A begins with an overview of findings about violence within the perpetrator's family. Chapter 1 examines his violent and coercive behaviour in intimate partner relationships and toward others: women, denture patients, male acquaintances, friends, and strangers, as well as his threats and threatening behaviour toward police officers. The narrative then shifts to a scrutiny of how the perpetrator acquired the means to carry out the mass casualty: his financial situation and misdealings, his firearms and ammunition, and the replica RCMP cruiser and other police paraphernalia. It then provides an overview of what was known about the perpetrator's violent behaviour, firearms, and police paraphernalia, as well as what actions and interventions were taken by individual members of the community,

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the Denturist Licensing Board, and public authorities. It also includes our findings regarding the perpetrator's relationships with individual police officers.

The experiences other people had with the perpetrator encompassed a range of behaviour, including emotional, psychological, and physical abuse toward intimate partners and coercion and intimidation in those relationships. These accounts echo Lisa Banfield's experiences. The information provided also includes physical and aggressive behaviour associated with alcohol consumption, sexual violence toward low-income women and employees, sexually suggestive comment to patients and employees, and physical violence toward men. Many people were intimidated during encounters they had with the perpetrator.

In the final chapter of Part A, we examine how and why concerning behaviour – often called red flags or warning signs – was seen, yet interventions were either absent or ineffective. We share what we have learned about the dynamics in these kinds of situations that inhibit affected individuals and other community members from taking action as well as the patterns in the responses of police and other authorities. The perpetrator's privilege as a wealthy white man contributed to his impunity from adverse official or social consequences for his violence.

In the first chapter of Volume 2, What Happened, we provided brief summaries of some of the evidence of the perpetrator's previous behaviour and of his violence and coercive control of Ms. Banfield. This volume is designed to set out the Commission's findings with respect to the perpetrator's antecedents.

Violence Within the Perpetrator's Family

The Commission learned about violence within the perpetrator's family of origin from RCMP interviews of Lisa Banfield, members of the perpetrator's family, members of Ms. Banfield's family, and friends and acquaintances of the perpetrator. For example, further information was received through Commission interviews with Ms. Banfield and in her testimony, separate interviews with Ms. Banfield's sisters, and through our review of documents disclosed in this Inquiry. The Commission attempted to interview some of the perpetrator's family members so we could

better understand the intergenerational aspects of violence. These attempts were unsuccessful. We believe there may have been a variety of reasons why people who were closely associated with the perpetrator were reluctant to speak to the Commission - reasons such as the impact of the mass casualty and the stigma of being associated with the perpetrator.

We learned that violence in the perpetrator's family extended back several generations. The perpetrator's grandfather was violent and abused the perpetrator's father, Paul Wortman, and two of his uncles, Neil and Glynn. When Glynn Wortman was an adolescent, he responded to the abuse by stabbing his father and faced a criminal charge in relation to this incident. There is also evidence that the violence began within the Wortman family at least a generation before. The perpetrator's paternal great-grandfather was described as "a tyrant who brutalized his family" and "managed to isolate himself from all members of his family to the point where none of his children ever spoke of him after his death."¹

The impact of intergenerational violence in the Wortman family appears to have affected many of the perpetrator's relatives who grew up with abusive fathers. This pattern of abuse extended beyond the perpetrator's father and grandfather to the siblings who grew up in the same abusive households. The perpetrator's uncle Neil Wortman summarized this pattern of intergenerational violence when he explained that the perpetrator's father, grandfather, and great-grandfather had "treated their wives and children the only way they knew how - like their father treated his family members."²

Paul Wortman physically abused his wife, Evelyn Wortman. The perpetrator's uncles reported witnessing and verbally intervening in situations when he choked her, slapped her, and kicked her. Ms. Banfield said that Paul Wortman would "beat on Evelyn all the time."³ We did not hear from Evelyn Wortman, so the effect these experiences had on her is not told. We want to acknowledge this silence given the difficulties faced in reporting intimate partner violence, which we examine below.

Paul Wortman was also violent toward people outside the family, including strangers and at least one co-worker. His brothers described him as a man who is quick to anger, expresses road rage, is always fighting with neighbours, and has no friends. For example, Neil Wortman recounted a time when a car honked at Paul, and he responded by pulling the driver out of his car and beating him. Another time, when a co-worker shook a newspaper, causing dust to fall into his soup, Paul reacted by dragging the man across the table and beating him. On that occasion, Paul Wortman was suspended from work.

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Paul Wortman abused his son, the perpetrator. Lisa Banfield reported that Paul Wortman beat his son when he was a child. Ms. Banfield's sister Maureen also said that the perpetrator told her that "he had been severely abused as a young boy."⁴ Glynn Wortman said that Paul Wortman "made [the perpetrator's] life miserable" and "never treated him like a little boy. He treated him like an animal."⁵ Jeff Samuelson, the perpetrator's biological brother who was not raised by Paul Wortman, said when the perpetrator was three years old, Paul Wortman decided he was too old for his favourite blanket and burnt it in front of the child. When the perpetrator was about six or seven, Ms. Banfield said, his parents would take him to the mall and leave him there to find his own way home, which involved walking on the highway. Sometimes the perpetrator's mother would drive back to find him. Various witnesses recounted a time Paul Wortman made the perpetrator kill his dog, though they had heard different information about the manner of killing and the reason why this incident occurred. For example, Neil Wortman said that Paul Wortman forced the perpetrator to shoot his dog because he thought the boy was not taking proper care of it. Lisa Banfield said that Paul made the perpetrator kill his dog by shooting it or drowning it because Paul himself did not want the dog. The perpetrator's neighbour and friend EE also told the Commission that Paul Wortman made the perpetrator kill his dog.

There was also gun violence in the perpetrator's childhood home. Glynn Wortman said that on one occasion, Paul Wortman put a gun to the heads of both his wife and the perpetrator. Ms. Banfield recounted that the perpetrator told her that when he was an adolescent, Paul Wortman had given him a gun and said, "Shoot me." The perpetrator told her that he nearly did shoot his father. The perpetrator's uncle, Chris Wortman, also recalled this incident, but said the perpetrator was around seven years old when his father "loaded the 22 [gun] and gave it to [the perpetrator] and said 'Shoot!'"⁶

The perpetrator also witnessed his father's other anti-social and illegal behaviours outside the home. The Commission learned from his uncles that Paul Wortman was involved in scams like making counterfeit shirts to avoid paying gym fees, and that he sewed pockets into coats to steal items from the grocery store. One time, he stole a neighbourhood dog that had been annoying him and released it in the country. According to his uncles, the perpetrator observed his father's behaviour and learned from him the ethos that "committing the crime is really not so bad; it's getting caught" that is the problem.⁷

The perpetrator was in turn violent toward family members, including physically abusing his father on at least one occasion. Around 2010, the perpetrator seriously assaulted him on a family vacation in Cuba by beating him into unconsciousness while criticizing his parenting. Paul Wortman said his "face was pretty smashed up" and he lost some vision in one of his eyes.⁸ Glynn Wortman said Paul "looked like hell . . . He was all swollen up and cut."⁹ Lisa Banfield recalled that, because of his injuries, Paul "didn't even look recognizable," and that he warned her at the time to leave his son.¹⁰ Many witnesses said the perpetrator hated his parents and, to signify this loathing, he referred to them only by their first names, not "Mom" and "Dad." They described his relationship with his parents as "very strained," one that continued to deteriorate after the assault in Cuba.¹¹

In 2010, the perpetrator and his parents got into a property dispute. According to relatives, Paul and Evelyn Wortman's names were on the deed to a property that the perpetrator owned and wanted to sell. Paul Wortman had lent the perpetrator some money but refused to remove his name from the title after the debt was repaid. Lisa Banfield explained that on June 1, 2010, the perpetrator received a letter from his parents about the property dispute which upset him, and he began drinking. That night, in a "fit of rage," he threatened to drive to his parents' house in Moncton armed with weapons to kill them.¹² The perpetrator made this threat on a phone call with his uncle Glynn Wortman, who was in Edmonton but relayed the threat to several of his brothers, including Alan and Chris Wortman. Alan Wortman then phoned Paul Wortman to warn him that the perpetrator was armed with a rifle and heading to shoot him. Both Paul Wortman and Glynn Wortman reported the perpetrator's threat to the RCMP, and members of the RCMP and Halifax Regional Police investigated it. We discuss their actions in response to this report below. Neil Wortman was also aware of the perpetrator's threat to kill his parents. Both Ms. Banfield and Glynn Wortman informed the police that the perpetrator had been drinking that evening.

Ms. Banfield said the perpetrator was so upset that he shot a bullet into the wall of the living room in the house they shared in Dartmouth. She was standing behind him when he fired the gun. He continued to drink, and he told Ms. Banfield that if the police showed up, he "would be going out with his guns."¹³ When the perpetrator went to sleep, Ms. Banfield said she stayed up and watched out the window "because I was scared that if the police showed up that he would go out and hurt people."¹⁴ When they did arrive in the early morning hours of June 2, Ms. Banfield ran down to meet them on the sidewalk and shut the door to the house to avoid waking the perpetrator. She told the police there were no firearms in the

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house. She explained she did so both to protect the perpetrator, whom she loved despite his abuse, and to protect the police from the perpetrator, who was drunk and armed and might have hurt them.

Ms. Banfield's sister Maureen also described the events on June 1, some of which she witnessed directly. She and her partner at the time, David McGrath, were at the Dartmouth house and saw the perpetrator in the afternoon, when he had already been drinking heavily for several hours. She said the perpetrator had a "psychotic break" and threatened he would kill and dismember his parents, then kill himself.¹⁵ Mr. McGrath said the perpetrator was "almost suicidal" and so upset that he fired a gun in the dining room of the home.¹⁶ This couple remembered that Chris Wortman calmed him down and dissuaded him from killing his parents.

This threat to kill his parents was not the only time the perpetrator engaged in a violent or aggressive property dispute with his relatives. In 2013, he tried to gain possession of the home Glynn Wortman owned in Portapique. Neil Wortman said the perpetrator "tried to steal his uncle's house."¹⁷ Glynn Wortman had purchased the property on Orchard Beach Drive in approximately November 2010. Glynn needed a bridge loan for three weeks, and the perpetrator offered to provide the money. In Neil Wortman's account, the perpetrator said that, as collateral, "I'll have my name on your deed. Glynn let him put his name on the deed and it sat there for years."¹⁸ Glynn paid back the loan in full, but when Glynn wanted to sell his property, Neil, who had power of attorney for him, could not sell the house without the perpetrator's approval or without removing his name from the deed. Neil tried various means to get that done: he sent a note to the perpetrator that went unanswered, and when he visited in person, the perpetrator told him, "I'll take my name off when I get around to it."¹⁹ After waiting a couple weeks, Neil engaged a lawyer in Truro to write a quit claim deed for the perpetrator to sign, but he did not sign it. The perpetrator's actions were exactly what Paul Wortman had done to him three years before.

As the months went by, this property dispute continued to escalate. On June 19, 2015, Glynn Wortman filed an application in the Supreme Court of Nova Scotia against the perpetrator. In his application, he sought an order transferring all proceeds from the sale of the Orchard Beach Drive property to himself as well as a declaration that the perpetrator "has no claim, equitable or otherwise, to the sale proceeds" because any money owed to the perpetrator had been paid in full.²⁰ The perpetrator finally agreed to remove his name from the deed after Glynn filed his court application. Neil and Glynn Wortman had bank records and other proof that

Part A: The Perpetrator - Introduction and Overview

the loan had been paid back, along with statements that the perpetrator had been granted only a security interest in the property, not a property interest. Glynn's lawyer told the perpetrator that if he did not take his name off Glynn's deed by a certain deadline, he would find himself in court. The perpetrator took his name off the deed, and Glynn was able to sell the house quickly. On July 23, 2015, the Supreme Court of Nova Scotia issued an order on consent (meaning that the perpetrator agreed to the order) that all proceeds of the sale of the Orchard Beach Drive property in Portapique were the sole property of Glynn Wortman.

During this dispute, Neil Wortman was afraid that the perpetrator would try to burn down Glynn's house. Neil's concern about arson was based on his memory of the perpetrator working with bombs and incendiary devices as a child.

In a related incident that took place at some point during this property dispute and before Glynn's house was sold, the perpetrator learned that Glynn had left the house to someone else in his will. The perpetrator was angry that Glynn had not given him the house. In response, he drove his truck through the fence around the front of the house and smashed it down, one post at a time.

After these incidents, the perpetrator's relationship with his parents and other relatives deteriorated further. At the time of the mass casualty, the perpetrator no longer had any contact with his parents. Jeff Samuelson said the relationship between the perpetrator and Paul and Evelyn Wortman was "severed" when the perpetrator learned in 2010 that he had a biological brother who had been placed for adoption at birth. Mr. Samuelson also described the perpetrator as having a "deep hatred" for his parents - to the extent that he did not want to know if either of his parents died.²¹ Ms. Banfield said that starting in 2010, the perpetrator cut out his family and told her his parents were dead to him. Paul Wortman informed the RCMP that he last saw his son in 2016, when the perpetrator told his parents he did not want to see them. Other family members also stated that the perpetrator was estranged from his family.

Many Wortman family members recounted that the perpetrator often became violent when he drank alcohol, as during the 2010 incident when he threatened to kill his parents. Chris Wortman said that the perpetrator was an alcoholic - and he was "not a friendly drunk."²² He described the perpetrator as having two sides, and that he would become aggressive and scary when he drank. Chris Wortman and Lisa Banfield both tried to discuss alcoholism and addiction with him. He said that sometimes the perpetrator stopped drinking for a few months or a year, but he always took it up again.

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Medical records from 2009 indicate that the perpetrator told his family doctor that he drank 12 beers a day, five days a week, and had a history of alcoholism. The doctor suggested that he speak to a psychologist, but the perpetrator declined.

Many relatives said that when they learned about the mass casualty, they were concerned the perpetrator would target them. As we explain in Volume 2, What Happened, at 5:00 am on April 19, 2020, RCMP members arrived at Paul and Evelyn Wortmans' home to take them to a safe location. Neil Wortman and his wife also left their home for safety reasons that weekend.

MAIN FINDING

There was intergenerational violence in the perpetrator's family. The perpetrator was physically and emotionally abused as a child and, as an adult, he was violent toward his father and uncle Glynn.

MAIN FINDING

As an adult, the perpetrator developed an alcohol use disorder and was known to become violent when he drank to excess.

CHAPTER 1

**Perpetrator's History of
Violence and Coercion**

Introduction

The perpetrator completed post-secondary education and became a denturist. He was accorded the social status of a professional within communities where he lived and worked. In April 2020, he was operating the Atlantic Denture Clinic with two locations: on Portland Street in Dartmouth and on Novalea Drive in Halifax. He had accumulated wealth, which was visible to his patients and community members. He owned properties in Dartmouth (the location of the dental clinic and the residence attached where he lived with Ms. Banfield) and two properties in Portapique (the cottage and the warehouse). The cottage and warehouse properties were luxurious by local standards, and neighbours referred to the perpetrator as the “millionaire up the road.”¹

The cottage was a two-storey log and stone home with an attached double-car garage and a poured concrete semicircle driveway. An intricate stone-covered walkway led to the front door, and the grounds were well maintained. At the back of the cottage, a large stone deck gave way to an extensive wooden deck overlooking the water. In his RCMP interview after the mass casualty, Cst. Stuart Beselt, one of the first responders on April 18, twice described the perpetrator’s Portapique home as a “beautiful house.”²

The warehouse was a large two-storey garage-like structure with a slanted roof which had a bar at one end and an apartment above. The perpetrator collected motorcycles and vehicles, and he stored some of them in the warehouse. He socialized in Portapique, and some people there considered him generous as a host, including purchasing and supplying alcohol on these occasions. He purchased a Mercedes for Lisa Banfield, and the couple frequently travelled outside Canada together.

Part A: The Perpetrator • Chapter 1: Perpetrator's History of Violence and Coercion



Perpetrator's College (COMM0056410)



Perpetrator's Warehouse (COMM0056418)

We provide this sketch of the perpetrator's life to illustrate his social status and wealth relative to those of many of the people with whom he interacted. His status and wealth are directly relevant to the patterns in his behaviour we describe below. They allowed the perpetrator to assert his power and privilege in many areas, including by using violence, intimidation, exploitation, and coercion. By definition, coercion is compelling one or more people through threats of force or other means to act against their will, in order to induce a desired response.

The perpetrator displayed controlling behaviour early on in some relationships and was physically violent and emotionally abusive with long-term intimate partners. He was violent toward low-income individuals, including some of his denture patients. He insulted some his denture patients, then denied responsibility and deflected blame when they complained about his services or his professional misconduct. Some women who knew him described him as charming and manipulative.

The perpetrator angered easily, and his responses to a perceived slight or misunderstanding were often disproportionate and unpredictable. He was known for his violent outbursts directed toward male acquaintances and strangers. Ms. Banfield said she could never predict how he would react. He would not get angry

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about “big things,” she said, but small things would set him off, and she never knew what would trigger him. His behaviour was not rational or predictable, and she was always walking on eggshells.

Intimate Partner Violence

Violence and Coercion Observed by the Banfield Family

Lisa Banfield’s sisters Maureen and Janice observed the perpetrator’s treatment of Lisa Banfield over many years. In their interviews, they described how the perpetrator exerted control over Lisa Banfield through various means, including home dynamics, financially, in her employment, and by restricting her social interactions.

Maureen Banfield described the perpetrator to the RCMP after the mass casualty as being “very controlling” and “very obsessive” in his relationship with Ms. Banfield.³ **She explained that Ms. Banfield was “quite dependant” on the perpetrator since she worked for him, lived with him, and did not have any assets of her own.**⁴

Maureen Banfield knew that early on in Lisa Banfield’s relationship with the perpetrator, the perpetrator had urged Ms. Banfield to quit her job working at a bank and to get rid of her car. Maureen was nervous about what that would mean for Ms. Banfield’s independence.

Maureen Banfield also knew that Ms. Banfield did not have any investments of her own, and Maureen was concerned about Ms. Banfield’s financial security if her relationship with the perpetrator ended. Maureen and her partner at the time of the mass casualty, David McGrath, discussed how if the perpetrator and Ms. Banfield ever broke up she would be “destitute” and unable to access a Canada Pension Plan, since much of her work was “under the table.”⁵

Maureen Banfield described that there was a shift in her relationship with her sister after Ms. Banfield’s relationship with the perpetrator began. While they remained close, they talked on the phone more and saw each other less. The perpetrator did not like that Ms. Banfield was close to her family and would often question her decisions to spend time with them. Janice Banfield said “it was a matter of

[Ms. Banfield] not having [any] kind of free will just to come and go as she pleases" and it felt as if Ms. Banfield had to justify to the perpetrator the time she was spending with her family.⁶

Maureen and Janice Banfield noticed that Ms. Banfield's personality changed during her relationship with the perpetrator. She became "paranoid" and was "on edge all the time" because the perpetrator could snap at any moment.⁷

Maureen and Janice Banfield also observed the perpetrator's public groping of Ms. Banfield. Janice Banfield said the perpetrator would "handle" Ms. Banfield "in a disgusting way." He would "moan and groan like as if he's like devouring her." Janice recalled that even if Ms. Banfield was in the middle of a serious conversation with her sisters, the perpetrator would go up to Ms. Banfield and say "Uh, this is mine."⁸ Maureen Banfield described the perpetrator's actions as "gross and disgusting," stating that "he would take his hands and like, rub up against her ass and in front of everybody during non-private times."⁹

Maureen Banfield saw Lisa Banfield's injuries after the perpetrator's assault on her at Sutherland Lake, discussed below. Maureen Banfield told the Commission what she recalled of Ms. Banfield's injuries after this assault:

What I recall, and it's ... it's still quite a blur to me, but it was vivid around her face, lots of bruising and sort of veinish, brashy sort of look, definite marks around her throat. She had bleeding from her ... actually, her arms, her face ... I don't know if it was her ... in her hair as well. I took ... I took several body shots and her legs were all beaten up, too. I don't know if he had kicked her or if it was from falling in the woods, I'm not really sure.¹⁰

In her statement to the RCMP after the mass casualty, Ms. Banfield's niece Stephanie Goulding described having been called by Ms. Banfield to pick her up from Portapique after this incident. Ms. Goulding described Ms. Banfield as having scrapes and blood on her face and stated that her shirt was ripped. Ms. Goulding told Ms. Banfield that they were going to stop at Truro Police to report the assault but Ms. Banfield refused. Ms. Goulding took Ms. Banfield home to stay with her. Ms. Banfield begged her not to call anyone or do anything about the assault. Ms. Goulding called Ms. Banfield's sister, Maureen Banfield, who came over and took pictures of Ms. Banfield and wrote down what had happened to her. Ms. Banfield still did not want to get the police involved or lay charges against the

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perpetrator. Maureen Banfield no longer has the photos she took documenting the perpetrator's physical violence of her sister.

Ms. Goulding described this incident as follows:

Ah, I was pregnant with my daughter at the time and she had called me in the middle of the night and I went up there and I was all upset. I'm like, Lisa, like, you can't keep doing this, like here I'm pregnant and I'm trying to come up and get you, I don't know what kind of situation I'm coming into. And I, I had to pick her up and a neighbour's house and she got in and I was just kind of, not even looking at her cause I was kind of pissed cause I had to do this in the middle of the night. And ah, at one point I remember driving that road towards Great Village and I looked over at her and her whole profile. Like she was full of scrapes and blood and her shirt was ripped, everything. And I, like I lost it. And I was just like we're stopping at Truro Police. Like and I was in my pyjamas. I'm like we are stopping in Truro. No, she was like Stephanie, no. I'm just like Lisa, like, anyway I took her home, we were living in a different house at the time. And she just said, let me just stay here, so she slept upstairs. And she begged me and begged me and begged me not to call anybody, do anything. And under, you know, against all of, I didn't. Well I called my sister Maureen, and I'm like Maureen, you got to get over here like. Anyway, so she basically said that you know, she did not want to lay charges, and that. I mean I remember at the time we took pictures of her, we ah, copied everything down, like, like the events to try to, in case anything ever did come out of anything.¹¹

Despite both Stephanie Goulding and Maureen Banfield wanting to get the police involved, Ms. Banfield refused. Maureen told the Commission:

I knew she was really, really shook up and scared and traumatized, obviously, the first time being hit so violently and unexpectedly for her. I couldn't get her to the police. [Ms. Banfield's niece] Stephanie and I both tried....¹²

Lisa Banfield briefly moved in with Maureen Banfield after the Sutherland Lake assault (described below). Maureen Banfield said she "didn't honestly anticipate that [Lisa] would go back to him after that beating, but as we know [she did.]"¹²

Janice Banfield heard about the perpetrator's assault on Ms. Banfield at Sutherland Lake from family members. Janice Banfield was also aware of some of the perpetrator's physical violence toward Ms. Banfield:

Yeah, well, some physical but like, that he would kick her, he ended up breaking her door down in her bedroom so she could never have a lock on her door, that he would get in her ... get in her face and scream and call ... you know, call her names, horrible names, slaps, that would have been ... or punches, I guess. The strangulation, I wasn't aware of that until ... until all of this came out because at that point ... somewhat early on once we kind of understood some of the dynamics, Lisa stopped talking to us about it because she knew that it was just going to make for a difficult situation for her because she was scared. She told me that, you know, he told her that basically if she were to leave, that, you know, he would come after us. And he would always, you know, make reference to how he ... he was an embalmer, so he knew how to get rid of bodies or just ... you know, obviously it was, you know, pushing fear on and ... and in all honesty, I was scared of what he was capable of.¹⁴

Janice Banfield described the perpetrator as a "ticking time bomb" and told the RCMP that "we thought, we're gonna have to bury our sister one day."¹⁵

Like Maureen and Janice, David McGrath was concerned about Ms. Banfield's continued relationship with the perpetrator: "I was always concerned for her for Lisa. I didn't think that, you know, she should be with him because I always thought he was a loose, like a loose cannon. Like I just always thought, he's abused her, he's punched her, you know. And he's a big man, and she's not, she's, she's feisty though, but she can't defend that."¹⁶

While Maureen Banfield knew about the perpetrator's first assault on Ms. Banfield and some "episodes here and there" after, she believed the perpetrator's physical violence toward Ms. Banfield ended in the first five or so years of their relationship.¹⁷ She explained that the family was not aware of the perpetrator's continued physical violence toward Ms. Banfield because Ms. Banfield concealed it from them. The family "learned later" that "anytime physicality would happen, she either wouldn't see us or, you know, would just text so we couldn't hear it in her voice, all those kinds of things, but unbeknownst to us."¹⁸

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The perpetrator's use of violence and coercion in his 19-year relationship with Lisa Banfield is set out in Volume 2 because it culminated in his assaulting her on April 18, 2020. When they first met, he appeared charming and kind, but he soon isolated her from her family and caused her to be economically dependent on him by convincing her to leave her job and work for his clinic. He then began to subject her to physical violence. The pattern of coercive control continued throughout their relationship, and she feared for the safety of her family. The incident described above, when the perpetrator threatened to kill his parents in 2010, and the way Ms. Banfield responded, provides one illustration of this pattern.

Violence and Coercion in Other Intimate Partner Relationships

The perpetrator was violent and controlling in many of his relationships with women, including with intimate partners. In this section, we use letters in place of names to protect the identity of women who told us about sexual and other forms of gender-based violence, in an acknowledgment of the stigma that survivors of sexual violence frequently face. In our context, this stigma is exacerbated by the fact that the perpetrator inflicted the violence these women reported. Those who were victimized by him are entitled to live their lives without being defined by his violence.

FF was married to the perpetrator for seven years in the 1990s. She described him as controlling and violent after he drank alcohol. She said that in one incident, he held her down, pinned her to the floor, and yelled at her. FF told the RCMP that toward the end of their marriage, the perpetrator violently destroyed the wall-to-wall shelves in their home on Portland Street, above the denture clinic, and prevented her from leaving in her car. She said that even though the perpetrator did not physically hurt her that day, she was very scared:

FF: Yeah, so, and I don't remember what triggered this. But I remember one day he was drinking and I don't remember if it was to do with the affair or I don't, don't know, I really do not know but one of the things I remember ...

Anyway, he got very upset and took, we had these big shelves, it was a beautiful home upstairs. And some dentist had owned it way back when.

It was really well done. But it had, they had these big wall to wall shelves, and he took, I think it was dusty or cause I had books on it and you know trinkets and stuff. And I think it was dusty or something. Anyway, he was drinking, very upset, took a hammer and destroyed, destroyed everything. Threw every book off the shelf, destroyed all the Royal Doultons, just took a hammer to the shelves, and ah, I can remember being very fearful that day. And I, I manage, I don't know if he was downstairs doing, but I managed to sneak upstairs, and he must have thought I went to the room. But I actually climbed off out of the room, onto the little roof out back, and tried to leave in the car. Unfortunately, he saw me and he came and he threatened to smash the window with the hammer too and I didn't know how to deal with all that stuff, anyway.

DAVIS: Okay.

FF: It wasn't a good day.

DAVIS: Right. And so then what happened.

FF: He calmed down I guess. I don't really remember the after shock of that.

DAVIS: Okay.

FF: I didn't have any shelves anymore.

DAVIS: Okay, what about yourself. Did anything happen to yourself during that time. Did he do anything ah, to you at that, at point.

FF: He didn't hurt me that day, no. But I was scared that day.

DAVIS: Okay.

FF: I was very scared that day.¹⁹

FF described this incident as "impactful for sure."²⁰

QQ was in a relationship with the perpetrator for a couple of weeks. In her RCMP interview, she twice described him as possessive of her and "trying to lock her down." The interviewer doesn't follow up on this statement. When QQ decided to end the relationship, she did so in a public place because the perpetrator scared her.

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AA met the perpetrator in 2008 and had a relationship with him for a couple of years at the same time as he continued to live with Ms. Banfield. AA said that he tried to convince her to leave her house and schooling in Fredericton and move to Nova Scotia. She recalled that "a year and a bit" into the relationship, he asked her to sign a contract detailing the conditions of their relationship, including that she would work for him and not disclose details of their life. He told her that she would "be set for life" if she signed the contract and moved in with him. AA did not want to sign the contract because she felt he wanted to own her, and their relationship ended soon after.²¹

Violence and Intimidation Toward Others

After the mass casualty, many people provided information to the RCMP and to the Commission about the perpetrator's behaviour toward others over the course of his life. In this section, we summarize these witness statements, and some of them are anonymized. Some people who had interacted with the perpetrator, including those who observed him being violent, declined to speak with the Commission.

The perpetrator was intimidating, aggressive, or sexually suggestive toward women other than his partners when they were alone with him. Focused on sexual activity and gratification, he was known to make inappropriate comments to patients, neighbours, and others. He was also known to use his money in interactions with friends and when seeking sexual favours from women.

The Avalon Sexual Assault Centre (Avalon) helped us to hear from members of racialized and marginalized communities, particularly African Nova Scotian and Indigenous communities, who had repeated contact with the perpetrator. Avalon convened and facilitated a number of meetings with women from these communities and prepared a report summarizing the information shared through this process. The report provided additional insight into the perpetrator's use of violence and intimidation in his interactions with others, including the disproportionate impact his behaviour had on marginalized communities. It also contained insights into this pattern of predation and suggested ways to protect members of these

communities more effectively in the future. We discuss both this information and these valuable insights later in this section and in other parts of this volume.

We have also reviewed accounts of the perpetrator's behaviour that other authorities recorded before the April 2020 mass casualty, including those from people who submitted complaints to the Denturist Licensing Board of Nova Scotia. In all probability, more people than we know about were affected by the perpetrator's behaviour.

In the sections below, we set out in chronological order some of the experiences people had with the perpetrator. We organize this information into four categories: violent behaviour toward women, violent behaviour toward denture patients, violent behaviour toward men, and violence toward police. The findings derived from the Avalon process are also summarized. They speak to the perpetrator's violence toward women, including denture patients, from the African Nova Scotian communities in Dartmouth and Halifax.

Violence Toward Other Women

The perpetrator's violence and intimidation extended to many of his interactions with women. He sexually harassed female employees and some of the other women he met professionally. He was also known to use his wealth and status to gain power over women. In some instances, he took advantage of this inequality to demand unwanted sexual activity. This overview illustrates the perpetrator's patterns of behaviour over the course of his adult life.

Soon after she graduated from high school, the perpetrator offered BB a job as a receptionist in his clinic. He then harassed her, requesting sexual favours and exposing himself to her. He also invited her to his property in Portapique. Uncomfortable with this behaviour, she left the job after about six months.

SS also worked at the denturist clinic. During the hiring process, the perpetrator invited her for a second interview at his property in Portapique. While there, he offered her alcohol and asked her to stay the night. The more he encouraged her, the more she wanted to leave. On one occasion when SS was alone with the perpetrator in the clinic, he made a sexual comment to her.

It appears that **workplace violence and harassment were a routine feature in the perpetrator's clinic.** For example, Olu Brown, a dental hygienist who rented space

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in the Halifax and Dartmouth locations in 2011, reported that she witnessed the perpetrator's anger against Lisa Banfield, but it was part of the clinic culture: "[I]t is a big deal if you aren't prompt with something in the dentist's office."²² This acceptance of perpetrator's violent behaviour as 'normal' was Ms. Banfield's experience both at work and at home.

Women who were not employed by the perpetrator, but knew him professionally, also described him as sexually aggressive and intimidating.

OO, a sales representative, said that twice the perpetrator asked her to spend time with him outside their work relationship. He was sexually aggressive and ignored her when she declined him, then later apologized. The first time, after she declined, he chased after her departing vehicle in his car, with the intention, she believes, of running her off the road. Afterward, he apologized and offered to purchase dental equipment from her, but he also continued making suggestive comments. Another time, when they went for a drive together and stopped in at his cottage in Portapique, he sexually assaulted her by jumping on her and trying to kiss her. He tried to convince her to stay, drink with him, and have sex with him, telling her about his penis size. OO told him she had to go home to her son, and, eventually, he did drive her home.

Allison MacDonald sold advertising to the perpetrator. She said she once arrived two minutes late to a meeting with him, and he refused to see her. She described him as condescending, rude, and irrational and said that meetings with him were unpleasant. At a different meeting, while he paced back and forth, he counted down the time they had left. She also said that one of her male colleagues had pleasant encounters with the perpetrator.

Angie Herman, who bought the mall where the perpetrator leased one of his clinics, described having uncomfortable interactions with him. When they met, he would close the door and move physically close to her. Ms. Herman said that once he got angry about an issue and called her multiple times about it.

EE said she was friends with the perpetrator, and they also had a sexual relationship for about three years. She lived in a house in Portapique without running water, and he let her use his water, including the washroom and the bathtub. At the time, EE recounted, she was an alcoholic, and he provided her with alcohol. The perpetrator also hired her to do some domestic work and paid her in cash. He kept her away from Ms. Banfield, who had no idea EE was cleaning the property.

DD told the Commission that she met the perpetrator through her mother, EE, approximately seven years prior to the mass casualty, when DD was in her early twenties. DD and EE would party and drink with the perpetrator, whom she came to know as "the millionaire up the road." Like other accounts the Commission has heard, the perpetrator's affluence and stature in the community placed him in a position of relative power to DD. He initiated sexual encounters with DD, usually after supplying her with alcohol. These encounters were encouraged by her mother, who had invested in making the perpetrator happy. DD described these encounters as "unpleasant." She recounted one such instance where at some point during the sexual encounter, DD "passed out for a while" because she was "drunk and blacked out for a couple of minutes." When she regained consciousness, the perpetrator was performing oral sex on her. Under Canadian law, an unconscious person cannot consent to ongoing sexual activity. Consequently, at least some of the perpetrator's conduct constituted a sexual assault.²²

Brenda Forbes, one of the perpetrator's neighbours in Portapique, said she became frightened of him after seeing his controlling behaviour toward Ms. Banfield. Ms. Forbes testified that the perpetrator was "very possessive," and "if [Ms. Banfield] was having a good time, he would grab her and pull her back to his place because he didn't like her having a fun time." Ms. Forbes could tell that Ms. Banfield was scared.²² Ms. Forbes's husband, George Forbes, also observed the perpetrator's coercive control behaviours toward Ms. Banfield and that Ms. Banfield felt she could not leave him because she feared what he would do to her family.

In interviews and testimony, Ms. Forbes described a day when Ms. Banfield ran to Ms. Forbes's house after the perpetrator "beat the crap out of her." The perpetrator had blocked Ms. Banfield's car so she could not drive away. Ms. Forbes told Ms. Banfield that she needed to get help and that there were places where she could hide from him. Ms. Banfield replied that "she was too scared to leave because he would find her and kill her." Ms. Banfield was also afraid that the perpetrator might target her family.

In addition to Ms. Forbes's recollection of the perpetrator's violence toward Ms. Banfield, she provided information about the perpetrator's violent behaviour in the Portapique community more generally. For example, Ms. Forbes observed that the perpetrator often had people working for him who depended on him for money and alcohol. She also observed the perpetrator firing weapons into the water near his house, and she was concerned he might hurt someone. The perpetrator knew

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that Ms. Forbes and her husband were in the military, and he asked them to provide weapons or bullets to him. They declined to do so.

After witnessing some of the perpetrator's interactions with Ms. Banfield and others, Ms. Forbes told people in Portapique that the perpetrator was dangerous and abusive. Ms. Forbes felt ostracized by some members of the community when she spoke out against the perpetrator. She said that when the mass casualty happened, "I got a whole bunch of people call me back and apologize for not believing what I had told them."²⁵

The perpetrator threatened Ms. Forbes for the first time in 2012, after she told his uncle that he was bringing women over to his properties in Portapique when Ms. Banfield was absent. When the uncle repeated what Ms. Forbes had said and Ms. Banfield also found out, the perpetrator became angry with Ms. Forbes and told her she would regret it. Ms. Forbes added:

He came over to the house because – and he dragged Lisa over and he said, "What's this about you telling her that I was fooling around with somebody else?" But when he got there, he had firm control over her. And when he came in, I said, "If the shoe fits, wear it. You were with somebody else." And he dragged her out again. And from that moment on, she was not allowed to be anywhere near me.²⁶

Ms. Forbes said the perpetrator threatened her again when he learned she had reported him to the RCMP in 2013 (see below). He came to her house, knocked at the door, and "said, basically what the fuck were you telling the cops ... you keep on spreading shit like that around here, I'm going to take you out ... you're going to be gone." Ms. Forbes said that she told him to step away from her door or she would call the police. Just after she told the perpetrator to leave, her husband returned home from work. Ms. Forbes said that the perpetrator "was actually afraid of" Mr. Forbes and left.²⁷

The perpetrator also stalked Ms. Forbes by parking his vehicle in front of her home when she was there alone, and other times he stood at the end of the road. Ms. Forbes described his behaviour as threatening. She started to park in the woods so the perpetrator would not know when she was at home. She noted that he was aggressive with her, but not with her husband, and stopped parking in front of her house when her husband returned from a trip.

Ms. Forbes testified that the perpetrator's threats made her scared to live near him. In 2014 Mr. and Ms. Forbes decided to sell their house in Portapique because of the perpetrator's aggressive behaviour. They sold their home to E. Joanne Thomas and John Zahl. Mr. and Ms. Forbes first moved to Halifax, but Ms. Forbes, knowing the perpetrator's clinics were in the Halifax area, was still scared of encountering him. One time, the perpetrator unlawfully entered the building in which Mr. and Ms. Forbes resided and was found by the caretaker. Mr. and Ms. Forbes subsequently decided to leave the province. As we describe in Volume 2, What Happened, on the night of April 18, 2020, the perpetrator murdered Joanne Thomas and John Zahl and set fire to their home.

Violence Toward and Exploitation of Denture Patients

Renee Karsten worked for the perpetrator as a dentist for about five years. She witnessed the perpetrator being violent toward patients – for example, breaking dentures in front of them and telling them to leave. She said after these sudden outbursts, he acted as though nothing had happened. The perpetrator's father described an incident in which the perpetrator forcibly removed a patient's dentures because the patient owed him money.

Ms. Karsten also described an incident where the perpetrator left a patient in his clinic while he ran outside to beat up a man sitting on a windowsill, then returned to the patient. She tried to intervene during the attack, but he ordered her back inside. On one social occasion at Sutherland Lake, described below, Ms. Karsten witnessed the perpetrator's assault of Lisa Banfield. She tried to assist Ms. Banfield on that occasion.

In 2006 or 2007, Ms. Karsten left the profession. In her RCMP interview, she explained that "she had to get out of there" and that the perpetrator "made her hate the profession."²²

Melinda Daye described how her mother, who suffered from dementia, was among the perpetrator's patients. During one appointment, the perpetrator became very angry because the older woman was not doing what he told her to do. He insisted that she leave the clinic. Ms. Daye became aware of wide-ranging concerns about the perpetrator in the North End Halifax community and reported these concerns to the RCMP following the April 2020 mass casualty.

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Some patients said that their encounters with the perpetrator made them uncomfortable because he made sexual remarks or commented on their appearance. Others described how uncomfortable they felt when he spoke harshly to Ms. Banfield as she was working at the clinic.

In 1999, BK, who lived near the denturist clinic in Dartmouth and shared a dumpster, became a patient after the perpetrator offered to provide him with dentures. The perpetrator noticed that BK's teeth were "kinda scraggly" and offered to give him "a really nice smile." BK could not afford to pay for dentures, so the perpetrator suggested he could pay in monthly instalments. They agreed on a monthly payment plan, with BK making two or three payments a month. On one occasion when he missed a payment, the perpetrator confronted him by the dumpster and asked when he could expect the next instalment. BK replied he would have it the following month. The perpetrator grabbed and tackled him, pinning him down, and tore the dentures from his mouth. He told BK he could have them back when he paid:

BK: So he got, he got my teeth all done and that was fine and dandy. Right and, and I was paying him monthly. I paid him ah, two to three months and ah, come along around ah, December ah 1999. And ah, I missed a payment with him. And ah, I, I was dropping off some garbage there one day out back, was all snowy and slushy, it was around Christmas time. And ah, I ran into him out back. And he goes ah, he goes BK, you got some money for me this month. And I said, no, well, I'm, I'm a little short you know it's close to Christmas and whatever. And ah, I'll probably catch up with you next month. I started walking back to my place, and ah, he grabbed me by the shoulders and he tackled me to the ground in the snow and the slush and all that. Right and ah, he put his knee on my chest and he ripped my dentures straight out of my face. And he goes, when I get some money, you can get these back. Right.

TOWNSEND: Mm-hmm.

BK: And he laughed at me. I was all covered in slush and snow and all that shit and ah, he grabbed a, he grabbed a handful of snow and shoved it in my mouth. And he goes, Merry Christmas to you. And he walked away. And I was like, what the hell just happened to me. Right.?"

BK did not report the assault at the time. He was scared to walk by the denturist clinic and avoided interactions with the perpetrator, including going back to get

his dentures. He told the RCMP: "I didn't want to deal with that man anymore ... he fucking scared the hell out of me."⁵⁰ BK moved out of the neighbourhood within a month.

BN, a patient, described the perpetrator as nice to her until she complained about her dentures. When she went to the clinic, he said he was very angry with her. Similarly, BL, a patient and friend, said that once the perpetrator threatened to cut out his gums. These descriptions reflect a pattern where the perpetrator often responded in anger and made threatening remarks when someone complained or had questions about his professional work.

On at least eight occasions, denture patients made complaints about the perpetrator's angry and aggressive behaviour to the Denturist Licensing Board. We discuss these complaints and the actions the board took below in the section on the response of public authorities to the perpetrator's actions.

The perpetrator had a variety of patients from many backgrounds, and he was known to accept cash, have lower prices than other denturists, and accept patients whose care was paid for through public subsidies. A significant number of his clients had low incomes, and many had their dental services paid for through Nova Scotia's Department of Community Services. EE said that the perpetrator manipulated low-income female patients, targeting them for sexual favours and offering them alcohol, the opportunity to take a bath, or a fancy meal. This behaviour is set out in greater detail in the information shared by the Avalon Sexual Assault Centre.

Ms. Banfield informed us that the clients came to the clinic in a variety of ways: through word of mouth; through contacts the perpetrator had at Northwood in the North End of Halifax (a large long-term care facility) and other dentists' offices; and a contract with Correctional Service Canada. She described the services that were billed directly to the Department of Community Services as the perpetrator's "bread and butter."⁵¹

The perpetrator seemed to appreciate the additional power given him by providing services to individuals with low incomes. He told Ms. Banfield that, in addition to the assurance that the bill would be paid, he preferred to have such clients because they were less likely to complain than a patient who was paying directly for his services. One witness, BR, said that the perpetrator was known to provide cash incentives to clients who received services paid for by the Department of Community Services or who referred other such clients to him. She said the amounts involved were small but effective, because the clients to whom he would offer this money

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were poor. They understood the perpetrator's expectation to be that they should not report this practice.

The Commission came to interview BR, an African Nova Scotian woman, through the outreach of the Avalon Sexual Assault Centre. She described accompanying a female acquaintance to an appointment with the perpetrator where the acquaintance, also an African Nova Scotian woman, expected to exchange sex for money from the perpetrator. BR knew that the woman was a patient who had, on the perpetrator's advice, had her teeth pulled and replaced with a full set of dentures. The perpetrator made the same offer to BR. In that encounter, the acquaintance ended up leaving shortly after she arrived because, it appeared to BR, the perpetrator was uncomfortable with BR's presence.

Avalon Sexual Assault Centre Process and Findings

During the course of its investigations, the Commission learned of the perpetrator's history of violence and coercion against vulnerable community members, particularly women in African Nova Scotian communities in proximity to his clinics. As our work progressed, we realized that women in these communities were reluctant to engage with the Commission processes, just as they were reluctant, for the same types of reasons, to report their experience to other authorities. There is a long history of women, particularly women from historically disadvantaged groups, not being believed or being revictimized by institutions, including the police and the courts.

The Avalon Sexual Assault Centre (Avalon) stepped forward to assist, designing and implementing a process to minimize these barriers and create an opportunity for women to share their experience in a safe space. It is through this process that the Commission was able to interview and hear directly from BR and other members of this community. Through Avalon's work, we were able to hear more about the experience of many individuals belonging to this vulnerable and marginalized group of women and to learn from their collective views and recommendations.

Avalon, with the support of its coalition partners Women's Legal Equality Action Fund (LEAF) and Wellness Within, was in a unique position both as a Participant in this Inquiry and a community-based organization providing direct services to those experiencing sexual violence to carry out this work. An overview of the

process is set out in the textbox. The full report, "We Matter and Our Voices Must Be Heard," is available in Annex B: Reports, a companion volume to our Final Report.

Avalon Sexual Assault Centre Process

In August and September 2022, Avalon Sexual Assault Centre held four meetings to engage with survivors affected by the perpetrator. These "Engagement Meetings" were held in Cole Harbour (one meeting), Halifax North End (one), and Dartmouth North (two). To provide a safe space for the participants and meet their needs, Avalon designed a process using an anti-oppressive and intersectional feminist lens that allowed them to work in "ways that are relational, trauma-specific, client-centred, community based, and culturally responsive."³⁷ In practice, this meant using a consultative process and prioritizing providing participants with safety, confidentiality, and a culturally responsive environment. To this end, well-known and trusted facilitators led the engagement meetings; the meetings were held in community spaces deemed safe through consultation with the facilitators; facilitators and relevant community-based organizations received funding; food, purchased from within the community, was provided; emotional and other supports were available during the meeting; and participants were offered ongoing counselling support. In order to suit different needs, the meetings also followed various formats such as circle sharing, small breakout sessions, and individual conversations with counsellors. Importantly, careful attention was also paid to how many Commission staff were present in the room, and how information from the participants was gathered and provided to the Commission.

For further details about this process, please see "Focused Consultations with Members of Specific Differentially Affected Communities" in Volume 7, Process, Chapter 4.

Avalon Sexual Assault Centre adopts an anti-oppressive, intersectional feminist lens in order to work in ways that are relational, trauma specific, client centred, community based, and culturally responsive. These values, which are integral to creating safe spaces for survivors of sexual violence, guided our engagement work with survivors who had been affected by the perpetrator. Avalon held four

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meetings, with up to five women at a time, in Cole Harbour, Halifax's North End, and on two occasions in Dartmouth.

During these meetings, facilitated by Avalon, participants reported that the perpetrator was a well-known household name in many African Nova Scotian communities. One person said: "He was known for decades to exploit racialized women."⁴⁴ He was able to use his power and privilege in his role as a white dentist to prey on and commit violence against vulnerable and marginalized individuals for many years. Many participants in the Avalon process had direct experience of this behaviour. The perpetrator presented himself to them as having a lot of confidence. He was also known by some to have crossed professional boundaries, violated the Dentist *Code of Ethics*, and abused his position of power over vulnerable and marginalized individuals within the communities engaged by Avalon.

The Avalon Report identifies a number of the perpetrator's patterns of behaviour:

- He often bragged about providing dental services at a reduced cost.
- When individuals could not pay the full cost of the dental services provided to them, he was known to sexually exploit those who sought his services.
- He had a reputation of exchanging dental work for sex.
- He was also known to make sexually suggestive comments to marginalized clients who visited his clinic.
- He used his Halifax dental office to sexually exploit marginalized individuals, including those who self-identified as sex workers.
- He exploited African Nova Scotian women and invited them over to the Halifax clinic.
- He was known to provide cash compensation for referrals and to exchange dental work for sex.⁴⁴

Participants in the Avalon process reported that the perpetrator encouraged some marginalized and racialized individuals to consider getting their teeth pulled so he could give them "a mouth full of beautiful teeth." He was also known to encourage individuals who were income assistance recipients to refer their friends and family to his clinics, and, as a "referral incentive," he gave them cash compensations.⁴⁵

The Department of Community Services provided public funding to the perpetrator when he delivered dentist services to marginalized members of the community who were receiving employment support or income assistance and to those

in the Disability Support Program. Individuals participating in the Avalon process said, that for this reason, they felt this would be a safe person with whom to engage. They assumed and believed that the department would have vetted and screened him before they approved him as one of their suppliers of professional services.

The Avalon process provides insight into the predatory dynamics of how the perpetrator was able to establish and maintain his position of privilege and status and use it for the purposes of sexual exploitation and violence. As we noted above, he bragged about providing denture work at low rates. He provided services to low-income clients which were paid for through public subsidies administered by the Department of Community Services. His willingness to work under this arrangement, even though he received a smaller fee, led to engagement with marginalized individuals from African Nova Scotian communities. He built trust with some community members by presenting an image of doing "good" for the community by reducing his rates to better meet their needs. The Avalon Report points out that this trust was misplaced, built as it was on coercion and manipulation. Some members of these communities experienced the perpetrator's sexual exploitation and violence, while others, realizing he was preying on marginalized and vulnerable women, separated themselves from him for fear he would end up harming them.

The Avalon Report provides an experienced-based account of the role of power, privilege, and silencing as contributing factors to the perpetrator's impunity:

Power, privilege, and silencing play a significant role in experiences of and responses to gender-based violence, creating conditions where gender-based violence can occur unchecked. Power and privilege enable individuals to perpetrate violence, often over lengthy periods of time and with minimal to no accountability. Privilege flows from many different systems, including white supremacy and patriarchy. Individuals who are able-bodied, heterosexual, educated, and have high incomes and/or wealth benefit from privilege. Privilege can also stem from positions of authority, including within the workplace.⁷⁵

The Avalon Report made a number of other important findings about the normalization of violence and the difficulties faced by individuals seeking to report violence, among other things. We have integrated its findings and recommendations throughout our Report.

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"It was both insightful and distressing to hear how one man had negatively impacted so many people. From the stories that were told, he openly took advantage of desperate people. When asked why people don't come forward, the simple answer was, no one would believe them. The positive about the survivor circle was that Black women were able to tell their stories freely in a space where they were believed."

Mukisa Kakembo, coordinator of Creating Communities of Care³⁷

Violence Toward Male Acquaintances, Friends, and Strangers

From his university years onward, the perpetrator had physical conflicts with friends, neighbours, colleagues, and others. His pattern of violent and intimidating behaviour extended to assaulting acquaintances and strangers. Men frequently described the perpetrator as being scary and controlling. In some cases, his unchecked anger triggered violent assaults. In other incidents, the violence appears to have been predatory in nature or, at times, due to the simple fact that he was able to get away with it.

Many witnesses said that the perpetrator boasted about beating people up. He told Donna Grace that he saw a Black man around midnight in Dartmouth and "he figured he could get away with this because the guy was Black and he'd beat him to a pulp."³⁸ Racquel Deveau, an employee at the dentist clinic, said the perpetrator told her he "beat up a homeless person sometime in the early 2000s."³⁹ Several people also said that the perpetrator boasted he could dispose of bodies without anyone knowing because of his previous training as an embalmer. Neither the RCMP nor the Commission found any evidence that he actually disposed of any bodies.

Other people recounted specific episodes that further illustrate the patterns and dynamics of the perpetrator's violence and how pervasive it was in many spheres of his life. BM, the perpetrator's roommate at the University of New Brunswick in 1988, described him as getting into fights with people. BM said the perpetrator threatened to cut his webbed toes apart in his sleep, and he had never forgotten those words.

Starting in 2005, Joe Cartwright worked as part of a crew bringing supplies to renovate the perpetrator's cottage in Portapique. In Mr. Cartwright's words: "Treating people like shit made him happy."⁴⁹ The perpetrator was known to be meticulous and to assault workers who did not meet his standards: "Like no if, ands, or buts. And a little less in detail, and he'd beat the living crap right out of him. He was a big powerful man, and nobody really questioned him on that."⁴¹

On one occasion, Mr. Cartwright witnessed how angry the perpetrator became when one of the crew walked across the grass while delivering construction supplies. The perpetrator hit the man, knocking him out. When he regained consciousness, the man fought back, and the perpetrator again knocked him unconscious. The beaten man left, never to return to the property, but "the rest of them, just kept their mouths shut, did their work."⁴²

On two occasions, the perpetrator's violent assaults on men were reported to the police. We summarize the facts here, and, later in the chapter, examine the police responses and interventions in them.

Dave Quinlan lived near one of the perpetrator's denturist clinics, and the two men were friends. They would go out drinking together, but they also had physical fights. In October 2000, the perpetrator punched Mr. Quinlan in the face because he did not like the way Mr. Quinlan danced with his (the perpetrator's) girlfriend. When Mr. Quinlan reported the incident to Halifax police, they told him he could go to the Dartmouth courthouse and lay a complaint against the perpetrator there. He did not do so.

In 2001, the perpetrator assaulted a teenage boy, Matthew Meagher. It is not known how the assault started, but the teenager was kicked in the back and struck on the head.

Threats to Police Officers

The perpetrator also uttered threats against police officers, and on one occasion he engaged in threatening behaviour against police officers. In 2011, an individual who knew the perpetrator owned firearms, learned he had threatened to kill a cop. The individual anonymously provided this information to a Truro Police Service officer. In another instance in February 2020, the perpetrator blockaded a police

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car in the parking lot behind his Dartmouth denture clinic and was aggressive and intimidating with the responding police officers.

After the mass casualty, the RCMP searched the perpetrator's computer and other devices to determine his online activities, including his web-browsing history, the websites he visited, and the search terms he used. They learned that in 2018, the perpetrator had searched YouTube for "police getting beat up," and in 2019 he searched for the type of carbines the RCMP used.⁴³ He had also used a lot of search terms and keyword searches for subjects associated with policing and how to get away with things such as speeding tickets. The perpetrator also searched an article about the recommendations made after the 2014 events in Moncton, when one man shot five RCMP officers, killing three and severely injuring two.

Conclusions About the Perpetrator's Violent, Coercive, and Intimidating Behaviour

The perpetrator had an established pattern of violent, coercive, and intimidating behaviour that extended to many areas of his life. He angered easily, and his responses to a perceived slight or misunderstanding were often disproportionate and unpredictable. This behaviour was episodic but also consistent, and it was evident throughout his adulthood.

The perpetrator was known for his violent outbursts directed toward male acquaintances and strangers. He was abusive and committed harassment in the workplace against employees, colleagues, and patients. He was violent and abusive with people who worked for him at his Portapique properties. He was also violent toward low-income individuals. On at least two occasions, the perpetrator threatened police.

Coercive control was one of the foremost characteristics of his behaviour in intimate partner relationships, and at times he was also physically violent and emotionally abusive with his partners. Outside his intimate partner relationships, he was sexually aggressive toward women.

The perpetrator's violent and intimidating behaviour was facilitated by his status, wealth, and power relative to others. He used his power and privilege to control Ms. Banfield and to sexually exploit low-income women, particularly those from African Nova Scotian communities. The perpetrator's behaviour went virtually unchecked over three decades - further evidence of the dynamics of his power and privilege as a white man with professional status and substantial means. We examine these dynamics further later in this volume.

MAIN FINDING

The perpetrator's pattern of violent and intimidating behaviour was facilitated by the power and privilege he experienced as a white man with professional status and substantial means.

CHAPTER 2

**Perpetrator's Financial History
and Misdealings**

The Commission investigated the financial history of the perpetrator for three reasons. First, his wealth is relevant to his ability to amass the resources required to commit the mass casualty. Second, his financial history, particularly his financial misdealings, is relevant to his criminal and manipulative behaviour in victimizing others. Third, rumours and conspiracy theories about the perpetrator's financial activities abounded in the aftermath of the mass casualty.

At the time of his death, the perpetrator worked as a denturist and was the sole shareholder of the Atlantic Denture Clinic Corporation. He held bank accounts at a number of financial institutions across the country and in the United States. He was the sole shareholder of three corporations: Atlantic Denture Clinic, Berkshire Broman Corporation, and Northumberland Investments Ltd. Berkshire Broman and Northumberland Investments are corporations registered in New Brunswick which served as "holding companies" for some of the perpetrator's properties. The perpetrator also owned several properties in Portapique and Dartmouth, either personally or via one of the three corporations. He had close to \$750,000 in cash at the time of his death.

In developing this summary, the Commission drew on records from some of the financial institutions the perpetrator used, from Lisa Banfield, and from two of his corporations: Northumberland Investments and Atlantic Denture Clinic. These financial records cover a range of timeframes, but all fell within the period December 31, 2017 to April 30, 2020.

The perpetrator's bookkeeper provided the RCMP Forensic Accounting and Management Group with relevant tax records from the years 2013-19. The Commission also subpoenaed and reviewed relevant records from a range of sources, including the Denturist Licensing Board of Nova Scotia, the perpetrator's estate, and a number of financial institutions. Some questions about the perpetrator's financial history remain unanswered, and some are unanswerable - partly because financial

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misdealing doesn't lend itself to an accurate paper trail and partly due to the passage of time.

This section explains what we know about the perpetrator's acquisition of wealth. Our summary is organized around these topics: the perpetrator's earnings as a denturist; the illegal immigration scheme the perpetrator discussed with his friend and lawyer Kevin von Bargen; assets the perpetrator inherited from his friend Tom Evans; the perpetrator's associated corporations; the \$475,000 withdrawal the perpetrator made from the Canadian Imperial Bank of Commerce (CIBC) in the weeks preceding the mass casualty; cash located by the RCMP after the mass casualty; and the rumours and conspiracy theories about the perpetrator's wealth.

Finances Related to the Perpetrator as a Denturist

The perpetrator worked as a denturist from 1998 until his death on April 19, 2020. He owned the Atlantic Denture Clinic, which had two locations: one in Dartmouth in the ground-level floor of his residence, and a second rented location in Halifax. Atlantic Denture Clinic employed the perpetrator and his common law spouse, Ms. Banfield.

It is unclear how much the perpetrator earned as a denturist for two reasons: the Atlantic Denture Clinic did not keep accurate and complete records of the clinic's earnings; and many patients paid in cash or by cheques payable to the perpetrator in his name rather than the name of the business. The Commission located one payment by an insurance company for a claim by Max Liberatore, which was made out to the perpetrator, not his business. These payment practices enabled him to redirect legitimate professional earnings to his personal accounts.

The perpetrator underreported his income. From 2015 to 2020, the Nova Scotia Department of Community Services paid the Atlantic Denture Clinic approximately \$434,000 for denturist services provided to patients receiving provincial income assistance and those in the Disability Support Program. The perpetrator's total declared income for 2015-19 was \$200,000, less than half the money received from this source alone in the same period.

The perpetrator was strategic in his business, allowing him to increase his legitimate income. Ms. Banfield told the Commission that the perpetrator made good money as a dentist, preferring to charge discounted rates to attract larger patient volumes through word of mouth as well as referrals from other dentists. Because Ms. Banfield took care of booking appointments, preparing the dentures in the lab, and billing, the perpetrator could see more patients. As she put it, "the more patients, the more money." She described patients from Correctional Service Canada, and she had the impression that the perpetrator had a contract with this institution. She also told the Commission that the perpetrator evaded taxes by not claiming his full income. Ms. Banfield was not aware of other sources of income the perpetrator may have had.

The Dentist Licensing Board of Nova Scotia oversees the conduct of dentists in the province. In 2005, the board investigated the perpetrator for professional misconduct based on patient complaints and concerns that the perpetrator was improperly or fraudulently billing. The fraud concerns arose from the perpetrator's practice of billing the insurance provider the full amount of the fee, but charging the patient only the portion of the fee that was covered by the insurance provider, resulting in a discount to the patient. Two insurance companies told the board that the perpetrator's billing practice was contrary to their policies and could constitute fraud. During the investigation, the perpetrator claimed he did not know that his system was wrong. The perpetrator was reprimanded, suspended from practice for one month, and directed to pay the costs of investigation. We discuss other aspects of these complaints dealing with his behaviour toward patients in the section below on the perpetrator's interactions with authorities.

Immigration Scheme

The Atlantic Immigration Pilot Program was a federal government program that established a process for businesses to sponsor qualified foreign candidates for one year to work in jobs that had not been filled locally. After a year of working at the sponsor's business, candidates were eligible to receive permanent resident status in Canada. The program has since been made permanent.

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Over the course of several months in 2019, the perpetrator and a lawyer friend, Kevin von Bargen, who lived in Ontario, discussed a scheme not only to take advantage of people seeking to immigrate to Canada but also to exploit the pilot program illegally. The plan was to tell potential candidates they had to pay an administration fee of US\$40,000 and pre-pay a year's salary to the Atlantic Denture Clinic. In return, the clinic would make them employees for the year through the pilot program. Although both men actively communicated with potential candidates, there is no evidence that the perpetrator or Mr. von Bargen took further steps to pursue the plan after December 2019 or that anyone immigrated under their sponsorship. Nevertheless, the scheme provides further evidence of the perpetrator's willingness to be exploitative and employ fraudulent methods.

Tom Evans's Estate

The perpetrator was friends with Tom Evans, a former lawyer who had been disbarred in Fredericton, NB. The perpetrator met Mr. Evans while he was a student at the University of New Brunswick and remained friends with him until Mr. Evans died in 2009. A will signed by Mr. Evans was found among the perpetrator's belongings. In this will, Mr. Evans left everything he owned to the perpetrator as his sole beneficiary.

The perpetrator was also named the executor of Mr. Evans's estate, meaning he was in charge of preparing an inventory of the estate and settling its debts before distributing the remaining assets to himself. The perpetrator swore by affidavit that Mr. Evans's estate had no assets of any real value. Because Mr. Evans's will did not go through the probate process, there are no records of the full content and value of the estate.

A number of witnesses told the RCMP that the perpetrator benefited financially from being Mr. Evans's sole beneficiary. Three pieces of information show that the perpetrator inherited at least tens of thousands of dollars from Mr. Evans. First, Mr. Evans's share of his mother's unsettled estate, which amounted to \$26,000, passed to the perpetrator in his capacity as sole beneficiary. Second, Ms. Banfield told the Mass Casualty Commission that after Mr. Evans's death, they went to Fredericton and collected \$20,000 or \$40,000 from Mr. Evans's safety deposit box.

She wasn't sure about the correct amount. Third, Mr. Evans was connected with two properties in Fredericton owned by Northumberland Investments. The perpetrator sold the properties after Mr. Evans died.

Northumberland Investments

Tom Evans and Sybil Rennie incorporated Northumberland Investments in 1984 and were its original directors. Also in 1984, under their directorship, Northumberland Investments purchased an apartment building located at 345 Northumberland Street in Fredericton for \$88,000.

In July 1997, Northumberland Investments purchased the adjacent building, 175 Aberdeen Street, for approximately \$125,000. By that time, the perpetrator was a director of Northumberland Investments, and he signed a \$100,000 mortgage on behalf of the company for this acquisition.

In 2009, after Tom Evans died, the perpetrator claimed in court documents that he was the sole shareholder of Northumberland Investments because he had purchased all the shares from Sybil Rennie in August 1996 for \$100. Corporate records filed in 2001 state that Ms. Rennie was no longer a director and that the perpetrator and a woman named Kathleen Gebkenjans were new directors. Eleven days after Mr. Evans died, Ms. Gebkenjans appears to have signed a document giving the perpetrator general power of attorney over Northumberland Investments. An unnamed woman, believed to be Ms. Gebkenjans, stated in a news article after the mass casualty that the perpetrator got hold of the two properties owned by Northumberland Investments and sold them by tricking her. Ms. Gebkenjans declined to be interviewed by the Commission.

Also in 2009, a little over a month after Mr. Evans died, the perpetrator, in his capacity as director of Northumberland Investments, entered into purchase and sale agreements between Northumberland Investments and a purchaser for these buildings.

On February 23, 2010, the perpetrator claimed in court documents that Mr. Evans did not own any of the assets of Northumberland Investments, including these two buildings. The perpetrator claimed that he was the beneficial owner of

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Northumberland Investments after having purchased shares from Ms. Rennie in 1996 for \$100. This claim is inconsistent with witness accounts that the perpetrator had inherited these properties from Mr. Evans on his death.

The Commission has not found any explanation for why the shares of a company, which at the time owned a property purchased for \$88,000, would have been sold to the perpetrator for \$100.

The sale of 345 Northumberland and 175 Aberdeen streets was completed in February 2010, and the properties were transferred to the buyer. In either August or September 2010, Northumberland Investments' bank account received a wire transfer for \$78,000 from the trust accounts of the law office as the net proceeds of the sale of 175 Aberdeen Street. The perpetrator also deposited a cheque for approximately \$154,000 from the trust account of the same law office, presumably paid out in relation to the sale of 345 Northumberland Street.

The perpetrator then withdrew these funds, which were a little over \$232,000, via bank drafts payable to himself. Also, in August 2010, the perpetrator made two cash deposits into Northumberland Investments' bank accounts which totalled \$200,000. He then immediately withdrew these funds from the account via bank draft payable to himself.

The Commission was unable to trace with certainty the origin of the \$200,000 deposit. Moreover, because the perpetrator's banking records from 2010 are no longer available, it is not clear which bank account the perpetrator used to deposit the money.

Berkshire Broman

Berkshire Broman was incorporated in New Brunswick in June 2008. Kipling MacKenzie was identified as the president and sole incorporator of the company. There is no mention of the perpetrator in the company's articles of incorporation. The perpetrator registered several vehicles in Berkshire Broman's name, including three decommissioned RCMP Ford Tauruses purchased between March and August 2019.

The Commission has not been able to locate any banking records for Berkshire Broman and believes the company did not have any bank accounts. Mr. MacKenzie knew the perpetrator through Tom Evans, from whom he used to rent a room in Fredericton and for whom he used to do some work. Mr. MacKenzie told the RCMP after the mass casualty that he helped to obtain cocaine and cannabis for the perpetrator, Mr. Evans, and their friends. He also told the RCMP that the perpetrator and Mr. Evans were sneaky and asked him to sign papers for a post office box and "some kind of company" called Berkshire Broman in approximately 2005.²

Mr. MacKenzie told the RCMP that in the following years he would sign additional papers in exchange for the perpetrator buying him beer. He said he did not know the purpose of the post office box, but assumed it was "definitely something illegal." During his interview with the RCMP, Mr. MacKenzie was shown Berkshire Broman's articles of incorporation and confirmed that his signature was on the document. He said he did not know who wrote the other information on the form.³

A document found in the perpetrator's belongings titled "Transfer of Shares" dated November 10, 2009, five days after Tom Evans died, states that Kipling MacKenzie transfers his shares in the company to the perpetrator and resigns as director. The document is unsigned, but there is a signature line for Mr. MacKenzie's signature.

Large Cash Withdrawal

In the weeks before the mass casualty, the perpetrator requested a \$475,000 withdrawal from the CIBC. Of that withdrawal, \$75,000 was transferred from an investment account to a line of credit, then to a general business bank account. The perpetrator also redeemed four GICs each worth \$100,000 early, forfeiting a little over \$16,000 in interest by doing so. The original source of the \$400,000 initial GIC investments is not known.

Several witnesses have stated that the perpetrator was motivated to withdraw money at this time because he worried that the banks would collapse as a result of the COVID-19 pandemic and believed that his money was not safe in the bank. Given the large amount of cash involved, the request for \$475,000 had to pass through CIBC's internal approval process. This process included a staff member speaking to the perpetrator to assess whether he was at risk of being defrauded

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or victimized and ensuring that the cash would be transferred in a safe and secure manner.

Several CIBC employees who interacted with the perpetrator during this process recalled that he was angry and aggressive and that he felt the process was a delay tactic. Arrangements were made for the perpetrator to pick up the money at a Brinks facility after he went to the CIBC banking centre to verify his identity and provide information about the vehicle he would be using to pick up the money. Once he had collected the money, he drove to Portapique, where he buried it in a hole under the steps.

Speculation About the Perpetrator Being an RCMP Informant

After the mass casualty, driven at least in part by this large cash withdrawal of \$475,000 in March 2020, there was speculation that the perpetrator was a confidential RCMP informant. Community perceptions of the perpetrator's apparent friendship or association with a police officer may also have fed this belief.

As this speculation gathered steam, the RCMP took an unprecedented step to address it. In a press conference on July 4, 2020, Supt. Darren Campbell stated: "[A]nother point of special interest, the gunman was never associated to the RCMP as a volunteer or auxiliary peace officer, nor did the RCMP ever have any special relationship with the gunman of any kind."⁴ Law enforcement agencies, in keeping with the Supreme Court of Canada's decisions related to informer privilege, follow a policy of never commenting on whether someone is or is not a confidential informant. Supt. Campbell's wording appears to be carefully chosen to address the questions without directly commenting on whether the perpetrator was an informant.

Informants give information to the police, and they are voluntary sources of information. Also known as "informers" and "confidential human sources," informants do not act at the direction of the state, even if they are paid for their information. They are different from police agents: informants act voluntarily, whereas police agents are directed by police or authorities. The identity of informants is

protected by a near-absolute privilege: to protect individuals who provide information to police and to encourage others to do the same. The scope of the privilege "extends not only to the name of the informer, but to any details which might reveal the informer's identity."⁵ Furthermore, the privilege continues even after the informant's death. It does not extend to situations where an informer "commits a crime on their own behalf."⁶

The RCMP took additional steps to address the ongoing speculation that the perpetrator was an informer. In July 2020, it told a media source that the RCMP was not the source of the large cash withdrawal. In October 2021, it wrote a letter to the Mass Casualty Commission stating that the perpetrator was never a confidential informant nor a civilian police agent for the RCMP. This is an unusual step given the legal framework governing confidential informants.

The Commission took independent steps to investigate this issue, and our investigations team completed a supplemental report on whether there was any evidence for the rumours related to the perpetrator being a police informant or agent for the RCMP. The investigation was carried out by an accredited and experienced undercover police handler for the Toronto Police Service. His report states there was no reasonable basis to conclude that the perpetrator had served as a paid police informant. Two factors support this conclusion. First, there is clear evidence that the perpetrator did not have a cellular telephone; rather, he used a landline connected to the internet. The lack of a cellphone, while not determinative, would certainly pose logistical issues for communication if the perpetrator was a confidential source or agent. Second, the main reason for the speculation was the perpetrator's large cash withdrawal in March 2020. The circumstances of this withdrawal suggest that the money was not a payment to a confidential informant. Police handlers of informants take every precaution necessary to ensure that payments are made in a way that protects the anonymity of the confidential source. The perpetrator's withdrawal of cash involved multiple conversations with CIBC employees, and the payment was arranged through Brinks, a third party. None of these actions are consistent with the police duty to maintain the confidentiality of an informant's identity.

By its nature, the recruitment, handling, and debriefing of confidential informants is conducted in a manner that is secretive, with a goal of protecting the identity of the informer. The careful handling of the source records and related documentation is also strictly controlled from viewing and access, even within a policing agency. The Commission took steps within its powers to independently investigate

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this issue. Based on the information accessible to Commission investigators, we conclude that there is no evidence on which to state that the perpetrator was a paid police informant.

MAIN FINDING

The Commission cannot conclude on the available evidence that the perpetrator was a paid police informant.

Rumours of Drug Trafficking, Money Laundering, and Organized Crime

Following the mass casualty, allegations arose in the media that the perpetrator engaged in various financial crimes, drug trafficking, money laundering, and organized crime. The Commission investigated the perpetrator's finances, including speculation about these criminal activities, and explored these issues with numerous witnesses. There is insufficient evidence for us to confirm or disprove these rumours.

Several witnesses reported that the perpetrator smuggled cigarettes across the border decades ago while he was a student at the University of New Brunswick. The Commission has no evidence that this activity continued after he graduated.

The perpetrator and Lisa Banfield travelled to Punta Cana in the Dominican Republic fairly often. Ms. Banfield reported that during these trips they would often be apart. She did not see evidence of the perpetrator trafficking drugs on these occasions and did not observe him carrying packages or large quantities of cash across the border. Ms. Banfield always packed her own bag. Even if he were involved in drug trafficking, it is relatively unlikely that the perpetrator would himself transport drugs into Canada, and Ms. Banfield's observations are therefore not determinative.

During their relationship, Ms. Banfield never saw drugs, drug paraphernalia, or anything to suggest that the perpetrator was involved in drug trafficking, money

laundering, or organized crime, although he hid much from her and they were frequently apart.

The only document the Commission has found that links the perpetrator to drug trafficking is a VIA Rail boarding pass in the perpetrator's name, dated September 20, 2018, on the back of which are handwritten notes that appear to be a price list for various strains of cannabis. In her interview with the Commission, Ms. Banfield confirmed that it was the perpetrator's writing, but stated she had not seen this list before and did not understand what it was about. She had also not seen any other documents containing drug lists.

We were provided with substantial circumstantial evidence that the perpetrator was involved in illegal activities connected to drug trafficking. There is no evidence, however, that these activities were connected to the mass casualty. We cannot conclude on the available evidence that the perpetrator was involved in the purchase or sale of drugs, money laundering, or organized crime.

MAIN FINDING

The Commission cannot conclude on the available evidence that the perpetrator was involved in the purchase or sale of drugs, in money laundering, or in organized crime.

Cash Located by the RCMP After the Mass Casualty

After the April 2020 mass casualty, Lisa Banfield told the RCMP that the perpetrator had hidden a large sum of money at his cottage in Portapique, below ground in a crawlspace under the deck. She explained that the buried sums combined all the money he had picked up from Brinks with money he had previously hidden around his properties.

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Thanks to Ms. Banfield's information, the RCMP were able to locate an ammunition container with bundles of cash, \$705,000 in total. Most of the money was in bank-stamped bands wrapped in foil. Several bundles of the cash were wrapped in CIBC paper bands, dated March 26, 2020, suggesting that at least some of the March withdrawal was buried in the ammunition container.

Ms. Banfield told the Commission it was normal for the perpetrator to have large bundles of bank-stamped money, recalling that at one point he had \$200,000 at their home in Dartmouth. She also told the Commission that some of the cash with the brown bands that are cash-stamped was the money the perpetrator received from Tom Evans's estate, presumably the cash from the deceased's safety deposit box.

After the mass casualty, the RCMP collected and photographed the remnants of Canadian currency found in the trunk of the perpetrator's replica RCMP cruiser. The Commission's lead financial investigator examined these photographs and estimated that the cash amounted to approximately \$20,000.

On April 20, 2020, \$3,140 was located in the Portland Street residence in Dartmouth in an upstairs bedroom on the interior of a closet moulding.

Conclusions About Perpetrator's Finances

The perpetrator had amassed considerable wealth, including through establishing and maintaining a profitable denturist practice. He kept a large amount of cash on hand and made a large cash withdrawal shortly before the mass casualty, seemingly because he believed that Canadian banks might fail owing to the COVID-19 pandemic. During his life, his wealth fuelled speculation of financial crimes, money laundering, drug trafficking, and a connection to organized crime. After his death, there was additional speculation that he was a confidential informant to the RCMP.

We also received evidence of a range of financial misdealings including under-reporting of income and fraudulent practices in this denturist practice. He manipulated people in establishing and taking control over two holding companies,

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Berkshire Broman and Northumberland Investments. He planned a fraudulent scheme under the Atlantic Immigration Pilot Program and, although he did not carry it out, this plan is another example of his pattern of manipulative and harmful behaviour toward vulnerable persons. The strategic business model he developed for his denturist practice amounted to financial predation, one that was closely tied to the violent and intimidating behaviours he used against this vulnerable group of denture patients.

MAIN FINDING

The perpetrator had a history of financial misdealings that included manipulative and predatory patterns of behaviour.

CHAPTER 3

**Perpetrator's Acquisition
of Firearms**

Introduction

In Volume 2, Chapter 1, we provided an overview of our findings about the perpetrator's illegal acquisition of firearms. In this section, we recap these findings and set out our more detailed findings about how the perpetrator acquired the firearms he used during the mass casualty. We also provide information related to their acquisition, storage, and use.

Canadian law restricts and regulates the possession, use, and transfer of firearms and ammunition. In order to acquire and possess firearms, an individual must apply for and be granted a Possession and Acquisition Licence. There are two types of these licences: one that permits an individual to own non-restricted firearms, and another for restricted firearms.

The *Criminal Code*, RSC, 1985, c C-46, s 84(1), describes three types of firearms:

- prohibited – including certain handguns, fully automatic firearms, and sawed-off rifles;
- restricted – including handguns, certain rifles, and semi-automatic firearms; and
- non-restricted – including ordinary hunting rifles and shotguns (or long guns).

Restricted firearms must be registered and require that the owner participate in additional safety training. Their use is limited to certain activities – target practice or competition, for example, or as part of a collection. In limited circumstances, an individual may be authorized to possess or acquire a restricted firearm for employment purposes or for protection of life.

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An individual may lawfully possess prohibited firearms only if both the individual and the firearm have been "grandfathered" under section 12 of the *Firearms Act*. Being grandfathered means you can keep certain prohibited firearms that were registered to you on specific dates set out in the Act.

The perpetrator did not have, and never applied for, a firearms licence. He did, however, complete the Canadian Firearms Safety Course in non-restricted firearms on May 24, 2019. Despite his lack of a firearms licence, he had a long history of possessing firearms which were illegal in the circumstances.

On April 18, 2020, the perpetrator owned at least five firearms: a Glock 23 semi-automatic pistol with a CTC laser point grip attached, a Ruger P89 semi-automatic pistol with a CTC laser point grip attached, a Colt Carbine semi-automatic rifle, a Ruger Mini-14 semi-automatic rifle, and a Remington Arms Wingmaster shotgun. At the time of the mass casualty, some of these weapons were restricted or prohibited. It is also a crime to possess a restricted or prohibited firearm without a registration certificate.

Laser sights are devices that are attached or integral to a firearm to aid in targeting. Unlike optical and iron sights where the user looks through the device to aim at the target, laser sights project a beam onto the target, providing a visual reference point. A CTC laser point grip is a firearms accessory that emits laser point sighting when hand pressure is applied with a normal shooting grip. The CTC grip is produced by Crimson Trace, an American company. The grips are designed for specific firearms and are easy for the user to install.

The perpetrator smuggled three of these firearms into Canada from the United States. The fourth had belonged to Tom Evans, and the perpetrator took possession of it after his friend's death. The fifth, the Remington shotgun, was recovered from the perpetrator's burned warehouse and the RCMP were unable to trace its provenance. He also possessed significant amounts of ammunition for these firearms as well as a hand grenade.

Tracing the Perpetrator's Firearms



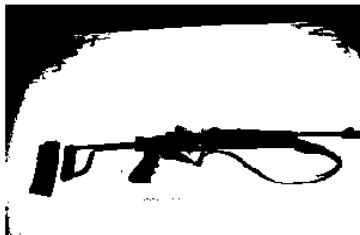
Firearm: Glock 23 semi-automatic pistol
Acquisition: Sean Conlogue



Firearm: Ruger P89 semi-automatic pistol
Acquisition: Sean Conlogue



Firearm: Colt Carbine semi-automatic rifle
Acquisition: Purchased at a gun show in Houlton, Maine, on April 27–28, 2019



Firearm: Ruger Mini-14 semi-automatic rifle
Acquisition: Acquired after Tom Evans's death

(no photo)

Firearm: Remington Arms Wingmaster shotgun

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In this section, we describe the legal classification of each of the perpetrator's firearms as determined in the Forensic Science and Identification Services Laboratory Report written by Jacques Rioux. We set out our findings of how the perpetrator acquired each firearm.

Glock 23 Semi-Automatic Pistol

The perpetrator's Glock 23 was a semi-automatic pistol that used .40-calibre ammunition and had an after-market CTC grip affixed to it. When the firearm was recovered on April 19, 2020, no selector switch was found, and the firearm appeared to be functioning as semi-automatic.

The report described the Glock 23 pistol in these words:

[It is] a firearm within the meaning of Section 2 of the Criminal Code, in that it is a barrelled weapon from which any shot, bullet, or other projectile can be discharged and that is capable of causing serious bodily injury or death to a person ... Furthermore ... is a **prohibited** firearm within the meaning of Section 84(1) of the Criminal Code, in that it is a handgun that has a barrel that is equal to or less than 105mm in length. [Emphasis in original.]¹

The Glock 23 was traced to the United States and sourced to Bob & Tom's Gun Shop in Mattawamkeag, Maine. It was originally transferred or sold to the gun shop on April 11, 2006, and was purchased on April 14, 2006. The purchaser sold the firearm back to Bob & Tom's Gun Shop on November 15, 2009. It was purchased as a used item by Sean Conlogue on November 21, 2009.

The perpetrator obtained the Glock 23 from his friend Mr. Conlogue, who is a US citizen and lives in Maine. On April 20 and May 5, 2020, Mr. Conlogue was interviewed by the Federal Bureau of Investigation (FBI) and the Bureau of Alcohol, Tobacco, Firearms and Explosives. During these interviews, he told the authorities that he kept his firearms, including a Glock 23 pistol and a Glock 36 handgun, in a locked bedroom he used for storage. He said the two Glockes had no accessories, lights, extra sights, special grips, or lasers on them. Mr. Conlogue said the perpetrator knew he kept his firearms in that room and was aware of the location of the key to the room. He also told the authorities that on the morning of April 19, 2020,

after learning about the mass casualty, he went into this bedroom and noticed that the boxes where he kept both the Glock handguns were in a different place from where he last remembered seeing them. He said he checked the boxes and discovered that the firearms were missing. Mr. Conlogue told the FBI that the last time he saw the two Glocks was in 2015 or 2016.

However, in his statement to the RCMP on May 20, 2020, Mr. Conlogue said he was aware that the perpetrator took the Glocks without his knowledge sometime in 2017 or 2018. In this account, he said the perpetrator told him, after returning to Canada from a visit with him in Maine, that he took the firearms. When he asked him why he took the firearms across the border, the perpetrator replied that he needed them for protection. Mr. Conlogue said the "deal" he made with the perpetrator regarding the Glocks was that they would stay in his house in Maine.²

The FBI later matched the perpetrator's fingerprints to fingerprints recovered on the empty Glock cases from Mr. Conlogue's residence. By the close of the Commission's proceedings, Mr. Conlogue's missing Glock 36 had not been recovered by RCMP investigators.

Ruger P89 Semi-Automatic Pistol

The perpetrator's Ruger P89 was a 9mm-calibre semi-automatic pistol. The firearm had an after-market CTC grip affixed which emitted laser point sighting when hand pressure was applied on the grip.

In the report, the Ruger P89 is described as follows:

[It is] a firearm within the meaning of Section 2 of the Criminal Code, in that it is a barrelled weapon from which any shot, bullet, or other projectile can be discharged and that is capable of causing serious bodily injury or death to a person. Furthermore ... is a **restricted** firearm within the meaning of Section 84(1) of the Criminal Code, in that it is a handgun that is **not a prohibited** firearm. [Emphasis in original.]³

The Ruger P89 was manufactured by Sturm Ruger in the United States from 1992 to 2007. The perpetrator's firearm was sold to Moulton's Gun Shop in Lincoln, Maine, on August 26, 1992, and was resold on January 26, 1993. A different person

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owned this firearm in 2004, and sold it before 2008 to an unknown buyer through *Uncle Henry's* magazine, a periodical distributed in Maine.

The firearm was later purchased by Mr. Conlogue, who recalled that he bought it for about \$500 to \$600 from Bob Berg. Mr. Conlogue believed the clip held nine bullets. The Bureau of Alcohol, Tobacco, Firearms and Explosives reviewed Mr. Berg's records but did not find a record of Mr. Conlogue purchasing a Ruger from Mr. Berg.

The perpetrator obtained this firearm from Mr. Conlogue in Maine. In his statement to the FBI and the Bureau of Alcohol, Tobacco, Firearms and Explosives on May 5, 2020, Mr. Conlogue said he never had a Ruger P89. However, in a phone interview with the bureau on May 7, 2020, he said he recalled that the firearm he gave the perpetrator was in fact a Ruger. On May 20, 2020, Mr. Conlogue told the RCMP he gave the perpetrator a handgun he thought was "a 22" sometime between 2015 and 2018, as a sign of gratitude for the perpetrator's help with tree removals and other odd jobs at his residence. The firearm was in its case when he gave it to the perpetrator. Mr. Conlogue said he assumed the perpetrator could take a firearm into Canada, so he never questioned him about how he would get it home.⁴

Colt Carbine Semi-Automatic Rifle

The perpetrator's Colt Carbine was a 5.56-calibre semi-automatic rifle. This firearm is of the design commonly known as an AR-15. No links or drop-in sear were observed which would have allowed it to fire in full automatic mode. The RCMP determined that it was semi-automatic only right from the time it was originally manufactured. A shoulder carry strap for this firearm was located. The firearm also had a flashlight and Picatinny rails.

This firearm was restricted at the time of the mass casualty. In the version that came into effect on May 1, 2020, used by the Forensic Science and Identification Services Laboratory Report, the Colt Carbine is described as follows:

[It is] a firearm within the meaning of Section 2 of the Criminal Code, in that it is a barrelled weapon from which any shot, bullet, or other projectile can be discharged and that is capable of causing serious bodily injury or death to a person. Furthermore ... is a **prohibited** firearm within the meaning of Section 84(1) of the Criminal Code, and as prescribed in Section 87 of Part 1 of the Regulations Prescribing Certain Firearms and

Other Weapons, Components and Parts of Weapons, Accessories, Cartridge Magazines, Ammunition and Projectiles as Prohibited, Restricted or Non-Restricted. [Emphasis in original.]⁵

The Colt Carbine was originally purchased on May 13, 2009, from Battlefield Adventures in Ventura, California. On April 24, 2018, the purchaser transferred the firearm to Gary Sewell. Mr. Sewell subsequently arranged for Don Dematteis to sell the firearm for him at a gun show in Houlton, Maine, on April 27–28, 2019. The perpetrator saw the Colt Carbine there on April 27. Neil Gallivan purchased it from Mr. Dematteis on either April 27 or April 28.

The FBI and the Bureau of Alcohol, Tobacco, Firearms and Explosives interviewed Mr. Dematteis on June 3, 2020. He said that soon after the gun show opened on April 27, a man approached, looked at the Colt Carbine, and discussed it with him. The man told him he owned a house in Houlton or that area. Mr. Dematteis said he asked the man whether he had a Maine driver's licence and a concealed carry permit, because he could not sell the firearm to him unless he did. The man said he was from Massachusetts, and Mr. Dematteis told him he could not sell him the firearm because people in Massachusetts are not allowed to have this type of firearm. Mr. Dematteis said the man looked like either military or law enforcement, and he subsequently picked the perpetrator's photograph out of a photo lineup as the person who spoke to him about the firearm that morning.

Mr. Dematteis recalled that he sold the firearm for around \$1,000 to an older man in his 60s who had a Maine licence. In his statement to the RCMP on May 20, 2020, Mr. Gallivan said he thought he was purchasing the firearm for Mr. Conlogue. He eventually recalled, however, that the perpetrator saw the firearm at the gun show, said he liked it, and provided the money to purchase it. Mr. Gallivan maintained that the money was physically given to him by Mr. Conlogue.

In his statement to the RCMP on May 20, 2020, Mr. Conlogue said he knew the perpetrator purchased a firearm at the gun show in Houlton because he saw him later with the gun. He recalled it was a "rifle type gun" with a pistol grip on the back that did not have any cartridge. He said Mr. Gallivan was with the perpetrator when the firearm was purchased. Mr. Conlogue also said that the day the perpetrator and Lisa Banfield left to drive back to Canada, he saw the perpetrator outside working for a long time on the tonneau cover on his vehicle. A tonneau is a hard or soft cover that spans the back of a pickup truck to protect the load. Mr. Conlogue said he thought the perpetrator put the firearm he had purchased in the tonneau cover.⁶

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On April 25, 2019, the perpetrator exited Canada at the Woodstock, NB, border and entered Maine at Houlton with Ms. Banfield. The perpetrator then crossed the border into Canada on April 27, 2019, and crossed back into Maine approximately 15 minutes later. The perpetrator and Ms. Banfield returned to Canada together from Houlton through the Woodstock border crossing on May 2, 2019.

The perpetrator sent an email to Kevin von Bargen on April 28, 2019, that said, "I ended up buying Colt 5.56 Carbine really nice for \$1250 US." The next day he emailed Mr. von Bargen again, stating, "Assault Carbine restricted for military or police use written on. The basically same one that [t]he RCMP are now issued." On May 8, 2019, the perpetrator again emailed Mr. von Bargen, saying, "The item I bought is the flag ship of Colt and I didn't even realize."

Ruger Mini-14 Semi-Automatic Rifle

The perpetrator's Ruger Mini-14 was a .223-calibre semi-automatic rifle. At the time of the mass casualty, this rifle was not listed in the Regulations. The Forensic Science and Identification Services Laboratory described the version of the Ruger Mini-14 that came into effect on May 1, 2020, in its report as follows:

[It is] a firearm within the meaning of Section 2 of the Criminal Code, in that it is a barrelled weapon from which any shot, bullet, or other projectile can be discharged and that is capable of causing serious bodily injury or death to a person. Furthermore is a **prohibited** firearm within the meaning of Section 84(1) of the Criminal Code, and as prescribed in Section 88 of Part 1 of the Regulations Prescribing Certain Firearms and Other Weapons, Components and Parts of Weapons, Accessories, Cartridge Magazines, Ammunition and Projectiles as Prohibited, Restricted or Non-Restricted. [Emphasis in original.]*

The Mini-14 was manufactured by Sturm Ruger in the United States beginning in 1975. This particular firearm was sold or shipped to Marr's Leisure Products Inc. in Winnipeg, Manitoba, on December 14, 1988. The Canadian National Firearms Tracing Centre had possession of the ledgers of Marr's Leisure Products Inc., but they were destroyed on November 1, 2012, by order of the director general of the Canadian Firearms Program of the era. Further tracing on this firearm was therefore impossible.

Stephen Parks was friends with both the perpetrator and Tom Evans. When the perpetrator called to tell him that Mr. Evans had died, Mr. Parks said in a statement to the RCMP on May 21, 2020, he mentioned the Mini-14. He was not sure whether Mr. Evans or the perpetrator owned the firearm, but one of them had a hunting camp and the gun was usually kept there. Mr. Parks said, however, that at the time Mr. Evans died, the Mini-14 was locked in his gun cabinet, and the perpetrator asked him for it. He had no ownership of the firearm himself, so he gave it to the perpetrator – early in 2010, he thought. He believed it had a brown stock with a black barrel and took a five-round clip. He did not know the history of where it originated, nor did he know its serial number and the firearm was not registered under his name.

In his statement to the RCMP on June 30, 2020, Lisa Banfield's brother James Banfield said the perpetrator had "a .223." Richard Ellison, the father of Corrie Ellison, said in his interview with the RCMP on April 19, 2020, that the perpetrator showed him the Mini-14, which had a "large capacity magazine" with it, around 2010 or 2011.⁹

Other Firearms

Several other firearms were associated with the perpetrator. The Remington Arms Wingmaster shotgun was recovered by the RCMP in the burned remains of his warehouse in Portapique after the mass casualty. The RCMP determined that the firearm was originally transferred or sold to Remington's subsidiary, Remington Arms GmbH, in West Germany on January 4, 1985. The subsidiary liquidated in 1988. As the firearm was traced to an inactive and out-of-business foreign entity, records availability was undetermined and further trace of this firearm was impossible.

The RCMP seized a black pistol, what appeared to be a 40mm handgun, at the Blair residence after the mass casualty. This firearm was found on top of the wood pile on the front deck. The firearm had a warning stamp on it that also said it was "Made in Taiwan by Aftermath." The rubber grips of the firearm had a circular imprint with a skull head emblem and the words "Special Operations Command Miami, FL" on both sides. The slide was pulled back and no magazine was located or submitted as part of the crime scene analysis. The Commission has no evidence to indicate whether this firearm belonged to the perpetrator, whether he fired it during the

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mass casualty, or whether forensic firearms testing was performed to assess its discharge capability.

The RCMP recovered several firearms from the residence of Sean McLeod and Alanna Jenkins after the mass casualty, all of which were classified as non-restricted and damaged by fire. Mr. McLeod had a Possession and Acquisition Licence for restricted-class firearms, and Ms. Jenkins had a similar licence for non-restricted firearms. The firearms were unregistered, so it is impossible to know with certainty whether they belonged to Mr. McLeod and/or Ms. Jenkins or whether the perpetrator brought them to the residence and abandoned them there. Ammunition of the calibre of these firearms was not recovered at any of the scenes associated with the mass casualty.

The perpetrator was known to own a .357 Magnum firearm, but, by the close of the Commission's proceedings, its current location was not known. In his 911 call on April 19, 2020, Robert Doucette, a contractor who worked on the perpetrator's warehouse, told the Halifax Regional Police that the perpetrator had a Barrett .50 sniper rifle, but the Commission has no other evidence about this rifle.

Perpetrator's Smuggling of Firearms into Canada

The available evidence indicates that the perpetrator smuggled three of the five firearms used during the mass casualty into Canada from the United States (the Glock 23, the Colt Carbine, and the Ruger P89). The Mass Casualty Commission has information about his border crossings as well as the fact that he had a Nexus card from 2015 to 2020. Although the Commission does not know the exact date on which the perpetrator smuggled the firearms into Canada, we have estimated those dates based on available information.

In one of her Commission interviews, Ms. Banfield said she believed the perpetrator had acquired these guns in the United States: "[W]hat he told me is the two that he got, the handguns, was down in the States from Sean, and the other ones, he went to a gun show in the States. Sean had given him two and he had purchased the other at a gun show there."¹⁰ The perpetrator told Ms. Banfield he did not get a

firearms licence because it would mean they would be subject to additional scrutiny at the Canada-US border. In both an interview and in her testimony, she mentioned this point:

He told me that he was going to take a firearms course, but he decided not to because he was bringing bike parts back and forth to the States, and if he had a firearm license, then he would be stopped more crossing over and he didn't want to be stopped. So that's why he didn't because he said if you have a license to carry then you're stopped more crossing over. That's what he told me. So I don't know if it's true or not, but that's ... that was what he said to me.¹¹

He – he told me that if we crossed over from – or from Canada to the States, because we were – we were bringing back, like I would bring more clothes than I should have, or perfume, or whatever I bought, he would also buy stuff from eBay and have it shipped to Sean's in the States. So whatever he brought over he would – like when we would cross over, he would write – like take all the receipts and do up it, so he would submit that to the person in the booth. And he said that if he had a fire [sic] licence that that sounds alarms kind of thing, that every time we'd cross over we'd get stopped. So I'm like, "Well, don't get a firearms," because I – I just wanted – I don't want to be stopped.¹²

Canada Border Services Agency

The evidence suggests that the perpetrator smuggled three of the firearms used during the mass casualty into Canada from the United States, and therefore the Canada Border Services Agency (CBSA) firearms policies and the information-sharing infrastructure between the CBSA and other law enforcement agencies is relevant to our inquiry. As part of its mandate, the Commission is directed to investigate communications between the RCMP and other agencies, including the CBSA, the Criminal Intelligence Service Nova Scotia (CISNS), and the Canadian Firearms Program.

In this section, we provide an overview of Canada's land border security regime and scrutiny of the perpetrator's border crossings in the years leading up to the

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mass casualty. We start with a description of the mandate and operation of the CBSA, how it interacts with the RCMP and the CISNS, and the US Customs and Border Protection. A key focus is on mechanisms for information sharing between these agencies. We then consider when and how the perpetrator came under scrutiny by this regime and the outcome of this scrutiny.

Canada's Land Border Security Regime

Canada Border Services Agency

The CBSA is a federal agency responsible for “providing integrated border services” including supporting national security and public safety priorities as well as facilitating the flow of persons and goods across the Canadian border.³ The CBSA is the primary agency responsible for “managing the flow of travellers and goods at [ports of entry]...” and enforces more than 100 pieces of legislation, including the *Customs Act*, *Firearms Act*, and immigration legislation.¹⁴

Ports of entry (POE) are official crossing points for travellers and goods to enter or exit Canada. There are three types of POE: air, land, and marine. CBSA border services officers (BSOs) are peace officers who are stationed at POEs and responsible for administering legislation at the border, primarily by inspecting and clearing travellers and goods. During a typical land border crossing, travellers first go through primary inspection, where a BSO asks a standard set of questions, including citizenship, length of absence from Canada, value of goods being brought into Canada, and whether the traveller has alcohol, tobacco, or firearms. The BSO will ask for identification, usually a passport, but the traveller can also present a NEXUS card. Based on the answers to questions and any information associated with the traveller in the CBSA's database, the BSO may then refer a traveller to secondary examination.

To legally import a firearm into Canada, a Canadian resident would need to hold a Possession and Acquisition Licence (PAL). A PAL permits residents to re-import a firearm, permits non-residents to import a firearm if they have a valid purpose, allows residents to import a newly acquired firearm (with some limitations), and specifies the class of firearm the holder may acquire and possess. Residents and non-residents can hold a PAL if they are 18 years old and over, meet certain

legislative criteria, and pass the Canadian Firearms Safety Course (CFSC) test for non-restricted firearms and/or restricted and prohibited firearms.

A registration certificate is required for restricted and prohibited firearms. To obtain a registration certificate, an individual must be at least 18 years old and have a valid firearms licence that authorizes them to possess a specific class of firearm. Non-residents who do not possess a Canadian firearms licence may import a firearm that is not a prohibited firearm if they have a valid reason for importing it and if their non-resident firearm declaration is confirmed by a BSO. That declaration then becomes a temporary licence for the firearms indicated on the form.

The illegal transfer of firearms into Canada continues to be an issue of concern in this country. According to a 2019 CBSA report, "it is suspected that most of the guns that are used to commit crimes in Canada are smuggled from the U.S."¹⁵ This may vary, however, across Canada. In his expert report, Dr. Blake Brown, a professor in the Department of History at Saint Mary's University, states: "In some parts of Canada, smuggled firearms seem to make up a substantial percentage of crime guns, but in other areas domestically sourced firearms appear to be the major problem."¹⁶ We provide more information about the extent of this problem in the text box.

Gun Smuggling from the United States into Canada

Guns are commonly smuggled from the United States into Canada because it is relatively easy to purchase firearms, gun parts, and ammunition in the United States. A July 2020 CBSA strategic assessment report frankly states that firearms are "readily available just a few kilometres away."¹⁷

It is difficult to estimate the number of firearms smuggled into Canada because only those that are intercepted are known to the CBSA. In his expert report, Dr. Brown notes that between 2016 and 2020, the CBSA reported that it seized more than 4,000 firearms at ports of entry. Between 2015 and 2020, 121 firearms were seized in Atlantic Canada, and 116 of those seizures occurred at the land border. The majority of firearms seized were from US citizens entering the country temporarily with their firearms, and Canadians hoping to avoid paying taxes on hunting rifles.

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In 2012, the CBSA was asked to “analyze the enforcement efforts of illegal firearms seizures at the Canada–United States border.” In an issue fact sheet about this, the CBSA wrote:

The CBSA will continue to place a high priority on the detection and interdiction of undeclared firearms and prohibited weapons at ports of entry. This includes ensuring that border services officers utilize proven indicators and intelligence, technological tools, information sharing and training to target high risk people and goods entering Canada¹⁸

Although the RCMP is the lead agency for the *Firearms Act*, the CBSA is responsible for controlling and preventing the flow of firearms at the border and enforcing compliance with existing firearms laws, regulations, and orders. When necessary, the CBSA also criminally investigates the illegal flow of weapons into and out of Canada and will prosecute border violations involving firearms. According to the CBSA, BSOs are highly trained and well equipped to identify and interdict high-risk goods including firearms.

The CBSA’s Atlantic Region conducted a Strategic Intelligence Assessment on Firearms Smuggling in July 2020. The assessment recognizes that firearms are smuggled through the New Brunswick ports of entry from Maine, a state with “weaker” firearms laws.¹⁹ However, before 2020, there were minimal intelligence and intelligence initiatives about firearms smuggling in Atlantic Canada because it was a “lower tiered priority” for the CBSA. The assessment concludes that it is likely that firearms are being smuggled into Canada across ports of entry in the Atlantic Region but are not being detected.

Information Sharing Between CBSA and RCMP

Given their overlapping responsibilities for “protecting Canada’s borders,” the CBSA and RCMP entered into a memorandum of understanding (MOU) in 2014 to establish “an administrative framework for the promotion of cooperation and mutual assistance.” The purpose of the MOU is “to define in general terms the basis for cooperation between the RCMP and the CBSA in the enforcement of border-related legislation.”²⁰ The specific areas of co-operation and their related parameters are set out in the annexes to the MOU.

The Information Sharing Annex sets out the framework for information sharing between the RCMP and the CBSA. It operates in the context of section 107(2) of the *Customs Act*, RSC 1985, c 1 (2nd Supp), which prohibits providing customs information, unless it meets the exceptions listed in section 107(4). That is, the CBSA may provide customs information to police agencies upon request and in the legislated circumstances. Therefore, while the annex “outlines the framework upon which the CBSA and the RCMP ... will exchange information for administrative or law enforcement purposes ... information may be shared only if there is a lawful authority to do so.”²²

The annex states that the CBSA and the RCMP may provide “access to the information it has collected” and the receiving agency “will use the information provided under this Annex and its Appendices only to the extent authorized by law.”²³ Further, information can be provided only for specific purposes: to fulfill the agencies’ respective mandates, and “for the purpose of conducting a lawful investigation or the administration and enforcement of program legislation that the CBSA is responsible for.”²³ The annex also stipulates that information sharing should be limited to “minimum relevant information that is necessary to fulfill the purpose of the request.”²⁴ The annex then discusses the procedure for requesting information, requirements for maintaining the confidentiality and security of information, and information management protocols.

The annex includes two appendices. Appendix C describes the information the RCMP may disclose to the CBSA. It notes that the RCMP’s authority to disclose information derives from “its mandate to perform all duties that are assigned to peace officers” to preserve peace and prevent crime. Appendix C states that the RCMP will only provide the CBSA with information if that information is relevant, in accordance with the law, falls within the CBSA’s mandate, and in accordance with the annex.²⁵ Appendix C then lists the type of information that the RCMP may provide to the CBSA, including *Criminal Code* Information, Criminal Operational Intelligence records, factual background information on completed RCMP enforcement cases, and forensic information. Criminal record checks are included in the list of information the RCMP can provide to the CBSA.

Appendix D mirrors Appendix C, setting out the CBSA’s authority to disclose information, the conditions for sharing information with the RCMP, and the categories of information the CBSA will disclose to the RCMP.

The Investigations and Referral Annex is another relevant annex to the RCMP / CBSA MOU. This annex is meant to clarify the division of responsibilities over

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investigations as between the RCMP and the CBSA, given the agencies' overlapping obligation to secure the border. The annex is divided into 12 sections, each relating to investigations under a specific piece of legislation, including customs, immigration, and controlled substances. The Investigations and Referrals Annex does not speak to each agencies' responsibilities over firearms.

Agreement with Criminal Intelligence Service Nova Scotia

In addition to the RCMP / CBSA MOU, the RCMP and the CBSA have entered into an MOU with Criminal Intelligence Service Nova Scotia (CISNS). CISNS is the Nova Scotia office of Criminal Intelligence Service Canada (CISC), one of 10 CISC provincial bureaus. CISNS's mandate is to analyze criminal intelligence about organized and serious crime and share this intelligence with member agencies, including the RCMP and municipal police agencies. CISNS intelligence information is also shared with CISC through a national database of criminal intelligence. CISNS is responsible for maintaining a database of criminal intelligence. CISNS is administered by H Division RCMP, staffed by members of the RCMP as well as members on secondment from participating municipal agencies.

In 2016, the CBSA entered into a MOU with the RCMP and CISNS; this MOU was renewed in 2019 for a three-year period. The MOU "provides a framework for cooperation between the CBSA, RCMP and CISNS" in order to better collect, evaluate, collate, analyse and disseminate criminal intelligence between law enforcement agencies.²⁶ The MOU seeks to "to facilitate the sharing of information" between agencies" by placing a CBSA analyst at the CISNS office.²⁷ The analyst would perform the duties of a CISNS analyst, while also conducting CISNS requests for the CBSA.

Integrated Border Enforcement Regime

The CBSA has entered into collaboration agreements with international partners in addition to its initiatives with other domestic agencies. In 2006, the CBSA – along with four other partner agencies, including the RCMP and US Customs and Border Protection – signed the Integrated Border Enforcement Team (IBET) Charter.²⁸ The charter outlines the framework for IBET's "intelligence-led, multi-agency,

field-level groups of law enforcement officials dedicated to securing the integrity of the shared border between Canada and the United States of America."²⁹ The charter states that IBET will not focus on a specific commodity, but rather "national security, organized crime and other criminal activity between the ports of entry."³⁰ The charter creates an international joint management team (IJMT), composed of representatives from the five partner agencies, meant to facilitate the "effective integration and delivery of the IBET program."³¹ The IJMT is responsible for developing regions, and each region will develop its own Joint Management Team (JMT). Each JMT should meet regularly to determine local and regional priorities, develop operational plans, and review operational effectiveness.

The information-sharing provisions of the charter state that any information sharing "is to be in strict accordance with applicable laws, policies, and regulations" and is subject to express written arrangements between the agencies involved.³² Confidentiality is to be maintained and protected by each agency. The IBET Information Sharing Protocol, a document created by the IBET Coordination Team and dated to 2008, sets out the various obligations and requirements for information sharing among the agencies. It describes the legislative regimes governing information sharing in both Canada and the United States and provides guidelines, a request form, and mock scenarios for determining when and if information can be shared.

New Brunswick had an IBET from 2012 to 2018 but it was disbanded in 2018. The Commission was not given any information on why it was disbanded.

Information Sharing at the Operational Level

Operationally, information sharing between the CBSA, RCMP, and US authorities goes through the agencies' respective intelligence teams. The CBSA's Intelligence Branch is separate from its other two operational branches, the Commercial Branch and Traveller Branch. CBSA intelligence analysts and officers are responsible for intelligence gathering and dissemination within the organization, including to front-line BSOs. For example, information about gun shows occurring in states near the Canadian border, for example in Maine, would be provided to BSOs from intelligence officers. Nevertheless, BSOs are an important source of intelligence for intelligence officers. Intelligence information is made available to BSOs through bulletins, which are sent by email, and information about a specific individual will

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be visible when their passport or NEXUS card is scanned. Another common tool for communicating possible threats is a "Lookout," a CBSA intelligence document that identifies an individual as possibly posing a threat to the health, safety, security, economy, or environment. CBSA intelligence analysts decide when a Lookout would expire.

Scrutiny of the Perpetrator at the Border

The perpetrator did not have a firearms Possession and Acquisition Licence and could not legally purchase firearms or bring them across the border from the United States into Canada. As noted above, he told Ms. Banfield that he did not get a firearms licence because it would mean they would be subject to additional border scrutiny at the Canada-US border.

While the perpetrator did not have a firearms licence, he did have a NEXUS card from 2015 to 2020. NEXUS is a "trusted traveller program designed to speed up border crossing for low-risk, pre-approved travellers into Canada and the United States."³³ The program is jointly administered by the CBSA and US Customs and Border Protection. Applicants must meet eligibility criteria, including that they are "of good character" meaning they do not have a criminal record. Applicants are assessed by both the CBSA and the US Customs and Border Protection. The CBSA will check a variety of databases, including the CBSA's Intelligence Management System and the Canadian Police Information Centre (CPIC), a database of criminal cases in Canada. If the card is granted, NEXUS cardholders have access to a NEXUS lane at ports of entry, expediting the border crossing process. NEXUS cardholders are still required to declare any restricted or controlled items or goods they have on them at a ports of entry and are still subject to examination.

The perpetrator applied for a NEXUS card on March 9, 2015. A Canadian risk assessment was conducted and passed on March 24, 2015, and he passed a US risk assessment on April 1, 2015. According to a CBSA memo on the perpetrator's application, "all indices" including CPIC and NCIC "were passed."³⁴ A periodic risk assessment for the perpetrator was started on July 25, 2018, and passed on August 27, 2018.

The perpetrator was able to obtain a NEXUS card despite the 2011 CISNS officer safety bulletin and a 2010 Firearms Interest to Police (FIP), discussed below. The 2011 CISNS bulletin was filed by Cpl. Gregory (Greg) Densmore of the Truro Police Service after he was approached by a member of the public who said the

perpetrator wanted to kill a police officer. The bulletin also notes that the perpetrator may be in possession of multiple firearms. We provide more details about this bulletin later in Part A.

According to the CBSA, it has no record of having received this bulletin and does not have the bulletin in its records. The evidence available before the Commission indicates that the MOU between the CBSA, RCMP, and CISNS was first introduced in 2016, and therefore a CBSA analyst would not have been in place when the CISNS bulletin about the perpetrator was published in 2011. Further, in her interview with the Commission, Aiesha Zafar, director general for intelligence and investigations, said that it was unlikely that BSOs would have direct access to CISNS bulletins. Rather, Ms. Zafar said that information exchange occurs between the agencies' intelligence teams, and CBSA intelligence teams would then process the intelligence and provide it to BSOs.

A record about possible firearms in the perpetrator's possession was added to the Halifax Regional Police's database on June 2, 2010. The heading to this FIP says that it is a "CPIC Attachment." The FIP listed the perpetrator's name and stated, "THIS PERSON MAY BE OF INTEREST TO FIREARMS OFFICERS."³⁵ **At the time that the perpetrator applied for a NEXUS card in 2015, the CBSA did not have access to the FIP section of the CPIC database. That neither the CISNS bulletin nor the FIP entry was visible to the CBSA when processing the perpetrator's NEXUS application clearly indicates that there are gaps in information and intelligence sharing between law enforcement and the CBSA.**

The perpetrator crossed the Canada-US border 21 times between November 2016 and April 2020, and he used his NEXUS card for the majority of those crossings. As both CBSA officials who the Commission interviewed explained, frequent border crossing, including crossing the border between Canada and the United States twice within a 15-minute period, is not necessarily cause for concern. Some of the perpetrator's behaviour at the border did catch the CBSA's attention, although not for illicit firearms activity. Rather, a 2010 CBSA Lookout flagged the perpetrator because of frequent travel to and from Jamaica and/or the Dominican Republic. The Lookout indicated that the perpetrator and Ms. Banfield should be referred to secondary examination on suspicion of possible drug activity. As a result of the Lookout, the perpetrator was referred to secondary examination at Halifax Stanfield International Airport twice, on March 19 and April 9, 2010, but because no seizures or reports were made from this referral, the perpetrator was removed from the Lookout on April 26, 2010.

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In July 2016, a Lookout was issued about the perpetrator based on an incident at the border in April 2016. On April 23, 2016, US Customs and Border Protection called the CBSA POE in Woodstock, New Brunswick, to alert BSOs that the perpetrator may be undervaluing four motorcycles he purchased in Florida and was importing into Canada. The Lookout for "Smuggling (Customs)" advised that the perpetrator should be referred for further examination because he may be undervaluing imported motorcycles and ATVs. Because of the Lookout, the perpetrator was referred to secondary examination seven times between July and November 2016. On most occasions, BSOs verified the items the perpetrator declared. One time, the perpetrator returned to the United States to drop off some items that he and Sean Conlogue, with whom he was travelling, would otherwise be charged import duties on. The Lookout expired on November 21, 2016. After November 2016, the perpetrator was referred to secondary inspection five more times based on referral from primary inspection. No seizures or reports were filed from these examinations. Despite the 2010 and 2016 Lookouts and a total of 16 secondary examinations (plus an additional one as a companion to Ms. Banfield, who was referred for secondary examination, and he was subsequently examined), the perpetrator held a Nexus card from 2015 to 2020.

MAIN FINDING

Incomplete information sharing between the Canada Border Services Agency (CBSA) and other law enforcement agencies, including Criminal Intelligence Service Nova Scotia, meant CBSA was not able to fully assess risk factors when the perpetrator applied for a NEXUS card or when he crossed the border. The information-sharing infrastructure at that time left the CBSA with incomplete knowledge about the perpetrator.

MAIN FINDING

In this context of incomplete information available to the CBSA, the risk factors that were known to the CBSA (including that the perpetrator was possibly undervaluing motorcycle parts, and that he crossed the border frequently) were not assessed holistically with other indicators of concern that were known to other agencies but not the CBSA.

Perpetrator's Previous Use of Firearms and Research into Them

According to people who knew him, the perpetrator liked to shoot from the deck of his residence in Portapique, often aiming at the ocean. They said he also engaged in target shooting and had at least one firearm he used especially for this purpose. A woman who interacted with him for a short time in 2014 or 2015 said the perpetrator sent her a message on the dating website Plenty of Fish. In it, he proposed a first date that involved shooting at targets he had set up in the woods. This suggestion made her very uneasy, and she ceased communicating with him after he had proposed it.

Sean Conlogue explained that he and the perpetrator engaged in target and clay pigeon shooting at his camp in the Haynesville Woods, Maine. He said they used a variety of guns, including a commemorative Smith & Wesson pistol, shotguns, and two Glock handguns he owned. Mr. Conlogue described the perpetrator as an "average shot" who enjoyed shooting the Glock handguns. He said they also shot together at a gravel pit in Haynesville and off the porch at a target at another camp he had in Forkstown, Maine.⁶⁶

On several occasions, the perpetrator pointed at a gun at Ms. Banfield, threatening to kill her if she left him. She also saw him shoot a bullet at their Dartmouth home the night he threatened to kill his parents.

The forensic examination of the data stored on the perpetrator's computer revealed a number of searches and website visits. The browser history included visits to websites and internet searches regarding restricted and non-restricted firearms safety courses; rifles; RCMP carbine implementation and type used; Colt Canada C7; the Ruger Mini-14 rifle; applying for a firearms licence; and where to get .50-calibre ammunition.

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Perpetrator's Storage of Firearms and Ammunition

Lisa Banfield said the perpetrator moved firearms around the Portapique cottage and between the cottage and the warehouse.

COMMISSION COUNSEL: And was the gun normally kept there?

LISA BANFIELD: No. He would change it and move it around all the time, and I don't know where he moved it, but I found it there when I cleaned the week before, so I knew the gun was there unless he moved it. But he went in that room, so I assumed it was still there.³⁷

At times the perpetrator hid firearms on a shelf with a removable front board at the cottage or in a bench next to the fireplace in the warehouse. Ms. Banfield also said that he kept firearms under the platform board of the pergola at the cottage, including the firearms of Mr. Evans he obtained after his friend's death. Several people reported that the perpetrator hid firearms in a workbench in his garage.

Community Knowledge of the Perpetrator's Firearms

Many people knew that the perpetrator owned firearms. Some of them knew he did not have a firearms licence, and others assumed he did have one. He showed some of his firearms to visitors in his home and his warehouse in Portapique.

Jeff Samuelson, the perpetrator's biological brother, said weapons were "hidden in plain sight" around the perpetrator's residence and were easily accessible.³⁸ He recalled that the perpetrator did not say where he obtained the firearms.

David McGrath, the partner of Maureen Banfield at the time of the mass casualty, remembered that sometime between 2010 and 2015, when he was on the pergola at the perpetrator's residence in Portapique, the perpetrator was outside with an "assault rifle" shooting into the red mud exposed when the tide goes out at

Cobequid Bay. He said the perpetrator told him it was a police-issue assault rifle and that he had purchased something police used to secure these types of firearms in their vehicles.⁴³

Rod Oliveira, who was dating Lisa Banfield's sister Janice at the time, said the perpetrator showed him his guns on two occasions when he visited the Portapique residence. On the first occasion, the perpetrator showed him approximately five rifles that were all large and very similar to each other. Mr. Oliveira described them as "like automatic guns ... a drug dealer would use." When he asked why he had the guns, the perpetrator said they needed to protect themselves, and it was good to have some guns. He said the perpetrator kept the guns in a hiding place behind the bar. When he told Ms. Banfield the perpetrator had shown him the guns, she said he was a collector.⁴⁴ On the second occasion, a family party around the middle of 2019, the perpetrator told Mr. Oliveira to stand up, then took a gun from the place where Mr. Oliveira had just been sitting and showed it to him.

Mr. Oliveira said he did not report the firearms to the police because he was concerned he would be "banished from the family." However, he was conflicted about not reporting them to the police.⁴⁵

Leonard Bonner, a denturist who went to school with the perpetrator, said the perpetrator visited him at his denture clinic in Dartmouth in approximately 2016 or 2017 in order to purchase something from him. Mr. Bonner recalled that the perpetrator showed him a "big chrome handgun" he said he used to "protect his money."⁴² He also showed him a toolbox full of money.

Chris MacAloney, one of the perpetrator's patients, remembered that during a visit to the denture clinic in September 2019, the perpetrator told him he had bought a shotgun and service pistols "the same as what Mounties use." He also said he had an "assault rifle" with an explosion-proof case. The perpetrator told him he bought the guns through a brother or brother-in-law who was a cop. The perpetrator also showed him a picture of a shotgun he bought and said it was "police issued."⁴³

Ian Lowden, a dental technician who had known the perpetrator for about 20 years, said that in December 2019 or January 2020, he pulled into the parking area of the perpetrator's Novalea Drive clinic in Halifax. The perpetrator was there, standing by his vehicle, and opened the trunk to show him "some type of big military gun." He said the perpetrator told him he brought the gun with him when he returned from Maine. He also told him the gun had no firing pin and that he would use it in a movie he planned to make.⁴⁴

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Ms. Banfield openly acknowledged that she knew the perpetrator had firearms. In one of her Commission interviews, when counsel asked her why she had not confronted him about them, she explained how scared she was of him:

BANFIELD: There was a couple of times that he – if we had a fight, he'd put the gun to my head to scare me and he said that he could blow off my head. So I was scared. I'm not going to, sorry. I'm not going to say anything.

COMMISSION COUNSEL: Okay. And so given that you were scared and that he had sometimes used those firearms to threaten you, why didn't you think of calling the police and asking them to come get those guns?

BANFIELD: I was scared of what he would do, and grown men knew that he had guns, and when he did it they were scared of him, so what am I – what am I going to do?⁴⁵

Conclusions About Perpetrator's Acquisition of Firearms

The perpetrator owned a range of firearms, including assault-type weapons. He did not have a firearms licence, so all these firearms were illegally acquired and possessed.

The perpetrator smuggled the Glock 23 semi-automatic pistol from the United States into Canada, possibly in 2017 or 2018. At the time of the mass casualty, this firearm was prohibited in Canada, and it continues to be prohibited. Even if the perpetrator had possessed a valid licence, he could have lawfully owned it only if he was in compliance with the grandfathering provisions of the *Firearms Act*.

The perpetrator smuggled the Ruger P89 semi-automatic pistol from the United States into Canada sometime between 2015 and 2018. This pistol was and is restricted in Canada. The perpetrator could have lawfully possessed it only if he met three conditions: he had a valid Possession and Acquisition Licence for restricted firearms; the pistol had been registered to him; and the authorities had accepted that its intended use conformed with firearms regulations.

In the spring of 2019, the perpetrator smuggled the Colt Carbine semi-automatic rifle from the United States into Canada. At the time of the mass casualty, this rifle was a restricted firearm, and it has since been added to the list of prohibited firearms.

The perpetrator had the Ruger Mini-14 semi-automatic rifle in his possession since approximately 2010, following the death of the previous owner, his friend Tom Evans, in 2009. His ownership began about the same time that he was reported to the police for uttering threats in June 2010 to shoot his parents and, in 2011, to shoot a police officer. The Ruger Mini-14 rifle was not listed at the time of the mass casualty, and it is now prohibited.

At least 35 people knew the perpetrator had acquired firearms, and quite a few had seen them. The perpetrator was not particularly secretive about them and, as we have described, he was known to show them off. There were only three reports to police about the perpetrator's firearms and, as we discuss below, they were not adequately investigated. Given the perpetrator's patterns of violent, intimidating, and coercive behaviour, it is clear that many people were frightened of him, so the lack of reporting can be readily understood. At the same time, it is this very history of violence that underscores the importance of effective enforcement of firearms regulations.

However, the possession and use of firearms, if people (incorrectly) assumed he had a licence to do so, is not in itself the issue. It is the failure to appreciate that possession and use of firearms, in combination with a pattern of violent behaviour independent of having firearms, is a significant risk factor for future violent behaviour.

We find there was a collective failure to address two known and related red flags: the perpetrator's violent behaviour and, more specifically, his threats to kill his parents and a police officer; and his possession and use of firearms. The Canadian regulatory regime was ineffectively enforced and did not prevent him from illegally acquiring and storing these firearms, one of them for about a decade.

We examine the firearms regulatory scheme and its enforcement, identify further lessons to be learned, and make recommendations in Volume 4, Community.

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MAIN FINDING

The perpetrator's illegal acquisition of firearms provided him with the means to carry out the mass casualty. Despite many red flags, existing enforcement practices were ineffective in preventing the perpetrator from illegally acquiring and possessing these firearms and from smuggling them across the land border between the United States and Canada.

CHAPTER 4

**Perpetrator's Acquisition of
the Replica RCMP Cruiser and
Police Kit**

The replica RCMP vehicle played a pivotal role in the mass casualty. It allowed the perpetrator to hide in plain sight and manoeuvre in the province in ways that other active shooters who have gone mobile have not been able to do. The same is true, though to a lesser extent, about the perpetrator's disguise as a police officer. In this section, we set out our findings about how the perpetrator created the replica RCMP cruiser and assembled elements of police kit (clothing and other items) that he used to disguise himself on April 18 and 19, 2020.

Ms. Banfield's Contemporaneous Evidence

Lisa Banfield provided the RCMP with a considerable amount of evidence about the perpetrator's replica RCMP vehicles on the morning of April 19, 2020, later that same day, and in the days following April 20.

Ms. Banfield made her first statement to the RCMP on April 19, beginning at 6:58 am, after having survived an assault by the perpetrator, escaping from his confinement, and spending the night hiding in the woods. She said the perpetrator had a car that was "identical to a police car" and that the lights on it looked identical to an RCMP car. She said the perpetrator had it as decoration and that he purchased it at an auction. She also said the vehicle had all the RCMP stickers, and the perpetrator had put everything brand new on the vehicle - "the CB thing," a speaker, a siren, and the lights on top.' (A "CB" or "Citizens' Band" is a range of radio frequencies that the general public is allowed to use to send messages to one another.)

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The perpetrator had three or four police cars, Ms. Banfield said, but only one looked identical to a real RCMP car. The others were just white Taurus vehicles. She told the RCMP that the vehicle was a Taurus Interceptor and said, to look at it, you would think it was a brand-new police car. She said the perpetrator put everything on the vehicle, including the divider (the silent patrolman, the Plexiglas divider that serves as a safety shield between the front seat and back seat of a police vehicle). She said the perpetrator did not drive the replica RCMP cruiser around because it was not licensed or registered.

In one of her April 20 statements to the RCMP, beginning at 1:02 pm, Ms. Banfield quoted the perpetrator as saying that the vehicle was "nice to have for a party, like, we would have the lights on inside." She said she told the perpetrator he needed to call the police to see if he was allowed to have the vehicle, and he replied that as long as the vehicle was not licensed or registered, he was just collecting it. Ms. Banfield said the perpetrator told her he intended to call and ask, but she reiterated that because the vehicle was not licensed or registered, he could not drive it. She said the perpetrator joked around about being prepared, saying, "if something ever happened and we had to get out of town really quick," they would be in the "safest vehicle." When the perpetrator got the CB and other accessories, she said, she asked why he needed them, and he again said that if things got really bad and they wanted to get out of town, they could hear where the bad situation was and go in a different direction. Ms. Banfield said she thought nothing would come of the perpetrator having the vehicle.²

In a subsequent RCMP interview on April 20, Ms. Banfield said the perpetrator purchased four decommissioned police vehicles at auctions. She said that "the stripes and stuff on the back were on the car when he got it" and that he got the rest of the stickers by ordering them online, "some from the government thing, they just gave to him." She said he ordered the lights, the backup light, the glass, windows, and divider, and the vehicle looked brand new. She said he used the other vehicles he purchased to replace parts. Ms. Banfield said the perpetrator ordered the accessories "[o]n eBay and stuff" and put it all in himself.³

In her April 28, 2020, statement to the RCMP, Ms. Banfield clarified that the perpetrator had four decommissioned vehicles: the one he turned into the replica RCMP cruiser; one that did not have a front end, was not road worthy, and was mostly used for parts; one that she drove; and one that he normally drove. She said the perpetrator was "obsessed" with getting the vehicles, considering them good and safe cars. She added that he purchased the vehicles at Crown Assets and bought

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them at different times. Ms. Banfield said that to her knowledge, the perpetrator never drove the replica RCMP cruiser around and drove it only when he took it out of the warehouse to wash it.⁴

Perpetrator's Online Research

As part of H-Strong (the RCMP's criminal investigation of the mass casualty), the RCMP sought and obtained search warrants that authorize a search of data associated with the perpetrator's and Lisa Banfield's email addresses. The investigation revealed that the perpetrator had been searching online for information about the RCMP and police paraphernalia since at least the beginning of 2018. Between January 15, 2018, and September 27, 2019, he searched items such as RCMP badge and insignia, various items of RCMP uniform, RCMP police radio, general information about "cop cars," and items used for police vehicles (partitions, installation guide for a "silent patrolman," bumpers, push bars, red flashing lights, LED lights, and RCMP car decals). On July 31, 2019, his Google searches included an open search for "RCMP 26B11 patrol car."⁵

Purchase of Decommissioned Police Vehicles

The perpetrator was a collector. Sometime in 2019, he switched from being obsessed with vintage Honda motorcycles to being obsessed with police vehicles. He was reported to have told several people that he bought the decommissioned police vehicles because they were cheap, well maintained, and well built.

In total, the perpetrator had four decommissioned police vehicles at the time of the mass casualty: three 2013 Ford Taurus vehicles and one 2017 Ford Taurus. Two of the 2013 vehicles and the 2017 vehicle were registered to Berkshire Broman

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Corporation, a company the perpetrator owned. One of the 2013 vehicles was not registered after the perpetrator purchased it.

The perpetrator purchased the vehicles through the Government of Canada moveable asset online auction site known as GCSurplus. This "online, closed bidding system" sells moveable assets (including vehicles) for more than one hundred departments and agencies within the Government of Canada.

The GCSurplus website explains how the auctions work as follows:

- a) A government department, agency, or public organization declares an item surplus.
- b) A GCSurplus sales representative works with the department, agency, or public organization to create an auction listing.
- c) GCSurplus posts the auction on gcsurplus.ca.
- d) The general public and businesses browse items posted for sale.
- e) Registered users bid on the items they are interested in. The highest bid wins.
- f) GCSurplus publishes the winning price online.
- g) GCSurplus emails the successful bidder an invoice, payment instructions, and removal deadline.
- h) Winning bidder takes possession of their purchase.

(no photo)

Car: 2013 White Ford Taurus
(VIN: 1FAHP2M88DG126717)

Licence Plate:
Nova Scotia licence plate GJX365

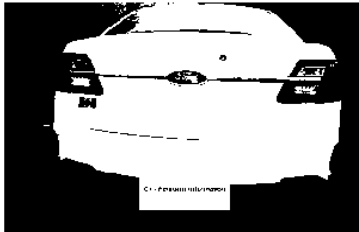
Acquisition: Sold to Berkshire Broman by GCSurplus for \$4,194.05 on March 21, 2019.

The vehicle was transferred on March 22, 2019.

Description: This vehicle had been involved in a front-end collision while in the possession of the RCMP.

A repair estimate provided to the perpetrator by Ford indicates that the number assigned to the vehicle was 26B11.

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Car: 2013 White Ford Taurus (VIN: 1FAHP2M83DG205258)

Acquisition: On July 26, 2019, the vehicle was owned by the RCMP and sold to Berkshire Broman Corporation via GCSurplus for \$3,805.21.

Description: The vehicle was transferred to the perpetrator's company Berkshire Broman Corporation from the RCMP on October 2, 2019, and the Nova Scotia licence plate GMK905 was attached to the vehicle on November 6, 2019. The vehicle was located at 193 Portland Street, Dartmouth, during the execution of a search warrant on April 20, 2020.

The perpetrator had outfitted this vehicle with reflective stickers and a "thin blue line" Canadian flag decal.



Car: 2017 White Ford Taurus (VIN: 1FAHP2MK9HG143589)

Acquisition: Sold to the perpetrator from GCSurplus on June 27, 2019, for \$10,990.55.

Description: The vehicle was transferred to the perpetrator with no licence plate attached on July 3, 2019. The vehicle was registered to Berkshire Broman Corporation.

This was the vehicle the perpetrator turned into the decommissioned replica RCMP cruiser, which the perpetrator later numbered as 28B11. The perpetrator drove this vehicle during the mass casualty and set it on fire. It was subsequently recovered by the RCMP.

(no photo)

Car: 2013 White Ford Taurus (VIN: 1FAHP2M84DG218858)

Acquisition: This was purchased by the perpetrator form GCSurplus on September 3, 2019, for \$2,607.

The vehicle did not have a licence plate. The perpetrator failed to register this vehicle after it was purchased from GCSurplus.

Purchase of Associated Equipment

The perpetrator ordered many of the parts to repair or enhance the decommissioned police vehicles on online shopping websites, primarily Amazon and eBay. This associated equipment included items he used to turn the 2017 Taurus into a replica RCMP cruiser – reflective vinyl, decals, a light bar, and a silent patrolman, among other things. The perpetrator also purchased the raw materials (reflective vinyl) for making decals and decorating the vehicle.

Some materials were shipped to addresses in the United States, including Sean Conlogue's, where the perpetrator picked up the packages and transported them across the border into Canada. On May 7, 2019, eBay sent confirmation of payment to the perpetrator for a Whelen Liberty two-light bar for US\$210.90. The item was shipped to Mr. Conlogue's address in Maine.

In his statement to the RCMP on May 29, 2020, the chief compliance officer at PayPal advised that the perpetrator had an account with PayPal and used it to purchase items related to police vehicles. These purchases were reported to the Financial Transactions and Reports Analysis Centre of Canada (FINTRAC) after the mass casualty. The witness said these items included:

- police push bumper ram bar;
- gun racks;
- light consoles;
- sirens;
- decals;
- K-Ban radar calibration tuning forks;
- centre console Ford Taurus Police Interceptors;
- wheel hub covers;
- emblems;
- municipal TS-2 moving radar;
- reflective safety tape; and
- Motorola palm microphone.

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Purchase and Installation of Decals

Ordered the RCMP decals for the doors good deal ordered 4 @ \$18.00⁶

The perpetrator was able to fabricate and install decals to the decommissioned car – the single most important detail to the transformation. Jamie Blair, the first 911 caller the night of the mass casualty, warned that the car was “decked and labelled.” There is some controversy over how the perpetrator acquired these decals.

Kevin von Bargaen, the perpetrator’s lawyer friend, told him he would never be able to drive the replica cruiser on the road and he could not impersonate a police officer. Although he replied he knew that, the perpetrator told Mr. von Bargaen he had spent \$12,000 or \$15,000 on the vehicle trying to make it look more authentic. In a follow-up email on May 19, 2019, he wrote that the door decals were “amazing.”

In an interview with the Mass Casualty Commission on January 7, 2022, Christine Lamarche, director general of RCMP Procurement, Materiel and Asset Management, explained that while the specifications for items such as the decals were available publicly at the time of the mass casualty, changes are being made internally to the process.

The Commission’s record contains detailed information about the steps the perpetrator took to acquire decals for the decommissioned vehicles, particularly the 2017 Taurus. They include:

- On April 11, 2019, the perpetrator ordered a sticker described in his eBay records as “police interceptor ABS emblem badge car trunk sticker for Ford cars.”
- On April 26, 2019, the perpetrator ordered a large RCMP decal from American Vinyl through Amazon.com.
- On April 26, 2019, the perpetrator purchased four large RCMP logo crest decals from American Vinyl through Amazon.com.
- Two invoices from ND Graphics, a company that sells reflective vinyl material, show the perpetrator’s purchases in July and October 2019.
- On June 10, 2019, the perpetrator had an email correspondence with American Vinyl about a custom RCMP sticker. In another email on the same day, he requested a full set of customer decals for an RCMP vehicle and advised that “most of the information is available online.” Initially, American

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Vinyl emailed the perpetrator and said they were no longer doing custom orders; two hours later, American Vinyl sent another email stating, "Good news - he said he'll do it, since you're a repeat customer."

- On June 11, 2019, American Vinyl informed the perpetrator that it declined his request to make a custom-size RCMP decal.
- On June 12, 2019, the perpetrator bought credits for a company called Custom Designs. These credits allowed him to make purchases. This company ultimately sent the perpetrator the RCMP door decals.
- On June 12, 2019, the perpetrator prepaid Custom Designs for large RCMP decals.
- On July 1, 2019, the perpetrator ordered a sticker described as "police interceptor ABS emblem badge car trunk sticker for Ford cars."
- On September 2, 2019, the perpetrator ordered two stickers on eBay described as "subdued Canadian flag thin blue line sticker vinyl decal police law enforcement."

Two of ND Graphics employees interacted with the perpetrator during the sale of the vinyl to make the decals. They mentioned that they told the perpetrator he could not drive the car once it was mocked up. The perpetrator made a show of agreeing.

Peter Griffon did odd jobs for the perpetrator and was an employee of Sid Sells Signs. Mr. Griffon initially told the RCMP that he did not know where the perpetrator had purchased the decals but figured he "probably got them online or something." Mr. Griffon said he never made any of the decals that were on the replica RCMP cruiser.⁸ The owner of Sid Sells Signs told the RCMP that Mr. Griffon had sought permission to print the RCMP horses on their machine, and they refused to grant it.

Mr. Griffon said he did not print the decals for the perpetrator, but he eventually told investigators that he printed "the horses" even though his boss had told him not to. He said he also printed the "Call 9-1-1" decal, the hazard stripes including the word "Police" on the back tailgate, and the 28B11 decal. Mr. Griffon said the perpetrator paid him "like five bucks" for the decals in the summer of 2019.⁹

During his interview, the Commission asked Mr. Griffon if he knew where the perpetrator obtained the "big, long lines in the three colours" that were on the side of the replica RCMP cruiser. He replied that he saw them in pieces at the warehouse

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and that it was not one long strip. He described these decals as small “chunks” that went in different places on the side of the vehicle. Mr. Griffon said the perpetrator could not have cut the pieces himself from the rolls of vinyl he had because the vinyl on the rolls was “this solid type of vinyl,” while the vinyl for the stripes on the car were a “Hexi Style.” In his words, “[I]t almost looks like it was ripped off a car and you’re putting it on another one.” He said the pieces of vinyl were sitting on pieces of wax paper in the warehouse, but he did not know where the perpetrator obtained them.¹⁰

The Commission had a follow-up call with Mr. Griffon and wrote a supplementary report to clarify his information regarding the “chunks” of RCMP decals he had seen at the perpetrator’s warehouse. During this follow-up conversation, Mr. Griffon said the decals he saw in the perpetrator’s warehouse appeared to have been torn off an RCMP vehicle. Mr. Griffon believed the perpetrator was going to use these pieces of decals to build the striping on the replica police vehicle. Mr. Griffon did not see the perpetrator apply any of the striping to the replica RCMP vehicle, nor was he aware of where the pieces of decaling came from or how the perpetrator obtained them.¹¹

Other people provided additional and sometimes contradictory information about how the perpetrator acquired and installed the decals. In his statement to the RCMP on April 19, 2020, Robert Doucette said he knew that the perpetrator had decals from several police services and that he saw RCMP decals in the perpetrator’s garage. An acquaintance informed the RCMP that the perpetrator told him the decals were in the trunk of the white ex-police vehicle when he purchased it. The perpetrator told several people that he ordered the decals online and that he obtained some from Crown Assets (through GCSurplus). Another said that after taking pictures of the RCMP decals, the perpetrator took them to a decal shop to have replicas made. David McGrath said “there was the young fella up here who actually made a couple of the decals, a couple of the small ones, because he couldn’t get them, apparently.”¹² The perpetrator told another person that he had a friend who had a business in Bangor, Maine, and that he planned to go there to have decals made.

In an email exchange on September 6, 2019, Mr. von Bargen asked the perpetrator about removing decals from a tank without damaging the paint. The perpetrator explained how he cleaned the decals of the RCMP cars:

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Decals are they on plastic or metal tank? Sign shops have special stuff that works well best to call them. I had gotten some to clean the decals of the RCMP cars. Then I cleaned the area / neutralized with alcohol.¹⁴

The Role of GCSurplus

As noted above, GCSurplus is an online auction site that sells moveable assets (including vehicles) for more than 100 departments and agencies within the Government of Canada. It was established in 1944 and was first known as the War Assets Corporation and then as Crown Assets Distribution.

GCSurplus, sometimes referred to as Crown Assets, is part of Public Service and Procurement Canada, a department of the federal government. GCSurplus "manages the sale and divestment of surplus items on behalf of Government of Canada departments and agencies" including the RCMP.¹⁴ GC Surplus sells a "broad range of items such as electronic and communication equipment, as well as office furniture and equipment that no longer meets operational requirements and/or have reached the end of their life cycle."¹⁵ Items are sold through an online bidding platform, but GCSurplus also has nine sales centres across Canada, with its Atlantic Canada centre located in Dartmouth, Nova Scotia.

The RCMP's Materiel and Assets Management Office and GCSurplus share the responsibility of decommissioning RCMP vehicles. The RCMP has about 12,000 active vehicles, including police-duty vehicles but also ATVs and snowmobiles. A vehicle's lifecycle is determined by the strategic fleet management framework. According to this framework, RCMP vehicles are decommissioned and replaced once the odometer reaches 130,000 kilometres or the vehicle has been on the road for eight years.

Once the vehicle has reached either of these milestones, the decommissioning process begins at the RCMP detachment where the vehicle is inspected and evidence, loose items, and garbage are removed from the vehicle. Then the vehicle is generally sent to an RCMP post garage where technicians remove specialized equipment such as sirens, lights, and the silent patrolman. There is no RCMP post garage in Atlantic Canada and therefore this work is contracted out to third-party garages. In Nova Scotia, Diesel and Auto Electric Ltd. is contracted to provide post

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garage services for the RCMP. Before the mass casualty, when Diesel and Auto would receive a vehicle for decommissioning, they would remove all the police equipment before sending the vehicle to GCSurplus. Diesel and Auto would not remove the vehicle's decaling unless instructed to do so.

Throughout this process, the people responsible for inspecting the vehicle and removing the equipment are required to complete an RCMP Vehicle Inspection Tracking document. According to Andres Casimiri, Manager of Moveable Assets for the RCMP, "the vehicle cannot be decommissioned without that form being completed in its entirety."¹⁶ The document acknowledges that the vehicle was inspected. It was updated in 2021 after the mass casualty and now also requires an acknowledgement that equipment and decals were removed.

For GCSurplus, the decommissioning process starts when they receive a request of surplus (ROS). The ROS is reviewed for accuracy, approved, and then the vehicle is delivered to a GCSurplus warehouse. GCSurplus will also receive a copy of the RCMP Vehicle Inspection Tracking document, and its employees will verify the information on the document and inspect the vehicle. The vehicle is then prepared for auction, and GCSurplus employees will remove any federal identity markings on the vehicle, including decals and any residual glue in accordance with the standard operating procedures. Once prepared, the vehicle will be posted online for auction.

Max Liberatore, a manager at GCSurplus in Dartmouth, gave a statement to the RCMP on April 21, 2020. He was also interviewed by the Commission twice, on December 17, 2021, and April 21, 2022, and he gave testimony during the Commission's April 25, 2022, proceedings. He told the Commission that when vehicles arrived at the depot from Diesel and Auto Electric Limited, police equipment such as lights and radios had been removed and the decals were the only police accessory still on them. He said the decals were removed with heat guns, and, when they were ripped off, they were stretched and in pieces. As he explained:

So, if you get them to do pretty good, you might get about, you know, three of ... you know, four or five, six inches of a piece off it.

...

When I'm done doing one side of a car, all the decals are probably the size ... like round like a softball because it's all crumpled up and it's thrown in the basket.¹⁷

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Mr. Liberatore indicated there was a checklist regarding the decommissioning of police vehicles. In addition to the RCMP's vehicle inspection form, GCSurplus has generated a vehicle inspection sheet. The document states that the RCMP is responsible for ensuring that vehicles are properly decommissioned and cleaned prior to sale and that the GCSurplus employee completing the form must visually inspect the car and ensure that it does not contain inappropriate items. It then lists, and requires a GCSurplus employee to check off as complete, mandatory decommissioning tasks. These tasks include visually inspecting, and if necessary cleaning, all areas of the car. If the vehicle is sold at a GCSurplus location, then employees are also required to confirm they have removed all government decals.

Mr. Liberatore said all the vehicles the perpetrator purchased were previously marked vehicles, and he stated that the perpetrator never asked for or tried to buy any decals from him. Mr. Liberatore told the Commission that he asked the perpetrator why he was buying all the vehicles. He thought the perpetrator wanted to make one car into a "cop car because he was going to put the fallen down cops that died in Moncton at the time, and he's going to put it on the hood of the car."⁸ In his opinion, the perpetrator intended to use the replica RCMP cruiser for parades. Mr. Liberatore said he discussed the perpetrator's intention to build a replica police cruiser with the staff, but he did not report the matter up the chain or to the RCMP.

Mr. Liberatore also told the Commission that the perpetrator came into GCSurplus in the same way other individuals did to look at vehicles. The warehouse usually had four or five cars with the decals removed on site, and another five or six cars with the decals still in place. When people asked if they could purchase any of the latter group, Mr. Liberatore said, he advised them that the decal vehicle they were inquiring about would be ready for purchase when it was ready to "come up" for sale.⁹

Mr. Liberatore's evidence was not always consistent, and was at times vague, especially on two issues: where the perpetrator got the decals from, and whether Mr. Liberatore received denturist services from the perpetrator.

Regarding the decals, Mr. Liberatore told the RCMP when giving his statement on April 21, 2020, that the perpetrator told him that he bought the decals online. However, later in the statement Mr. Liberatore also said, "Oh, I made a joke with him. I was ordering deals, decals online ..."²⁰ When asked about this statement during the April 25, 2022, proceedings, Mr. Liberatore said he did not remember that conversation with the perpetrator, nor did he recall having a conversation with the perpetrator about where the perpetrator got the decals from. Mr. Liberatore said that

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he himself had never ordered decals online and he did not tell the perpetrator that decals could be purchased online.

Mr. Liberatore said that based on his experience removing decals from RCMP vehicles that were sent to GCSurplus, once the decals were removed, they could not be put back on the vehicle. They came off the vehicle in pieces and he would put those pieces in a garbage can and then a dumpster. However, during his April 21, 2022, interview with Commission investigators, Mr. Liberatore speculated that decals could possibly be removed from a vehicle in the GCSurplus lot on a hot day. He said:

[D]id he, when he was ... when that sun was on, did he take a little piece off or something like that? But I mean, it takes a goddamn while to be doing that. You know what I mean? You just don't go, and that's it. Right? So he was, when we were gone somewheres, or Kenny was gone somewheres, or somebody was in here gone somewheres, and he's walked around the car and he took a peel off or whatever. I don't know. I didn't see.²¹

Mr. Liberatore said that when the car comes in they still have decaling on them, and it is possible for customers who come in to GCSurplus to access those cars (but not buy them). He speculated that it was possible for the perpetrator to access, and rip off, some of the decals: "Like I said, you know, could he, could he have ripped a piece off? Like, like you said, anything is possible. You know, I don't sit there and go, Oh yeah, go and take a piece off the car."²²

Mr. Liberatore also gave contradictory evidence about whether he received, and paid for, dentist services from the perpetrator. When speaking to the RCMP on April 21, 2020, Mr. Liberatore said that he had attended the perpetrator's North End Clinic in Halifax and he was not charged for any services. Later in his statement he again said that the perpetrator helped him with his tooth. However, when asked during the December 17, 2021, interview with the Commission whether he had done any business with the perpetrator outside of the GCSurplus warehouse, Mr. Liberatore answered that he had not. Commission counsel asked Mr. Liberatore if the perpetrator had made dentures for him, and Mr. Liberatore replied that he had not. Mr. Liberatore explained that, just like he would ask a mechanic for advice on a car, he asked the perpetrator his professional opinion on an issue Mr. Liberatore was having with his tooth.

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When asked again about any services he may have received from the perpetrator when he was interviewed on April 21, 2022, by Commission investigators, Mr. Liberatore explained:

One time I asked him about my tooth. And he said, come to the shop North End and I'll take a look at it because I've got a tooth right here, and I wanted to put a post in there; I wanted to give him something ... So he said, if you ever get some chance, whatever, you come over, whatever. And I did go and he did look at my tooth. He did it like an imprint or something, I don't know exactly what he did. And he explained to me that he could build something there, but I wanted a post. And he said, I don't do that; can't do that. And and truthfully, I gave him my health card, that's the first time I ever met his girlfriend, I gave him a health card and he must ... he must have charged me something on my health card, I don't know what he did. And that was the end of that whole thing.²³

Mr. Liberatore said he gave Ms. Banfield his health card and did not know whether the service was covered or whether he was charged. Mr. Liberatore also said that he took his father to the perpetrator's clinic, but he did not know whether his father was charged for the service or not.

During the Commission's April 25, 2022, proceedings, Mr. Liberatore was also asked about whether he received denturist services from the perpetrator. Mr. Liberatore said that the perpetrator made him a tooth in September 2019. In answer to a question about whether he paid for the services, Mr. Liberatore said, "I gave him my health card. I work for the government, so all the insurance and everything would be paid. So I passed it on to him."²⁴ In his testimony, Mr. Liberatore admitted that he also took his father to the perpetrator's clinic but he was "told that he asked to pay for it and he said he didn't want to pay for it, he didn't have to pay for it."²⁵ When asked who told him this information, Mr. Liberatore answered vaguely, saying he "heard it through guys or somewhere" but he had never spoken to his father about whether his father paid for the service. When asked about the inconsistent answers Mr. Liberatore had given to the question of whether he received denturist services from the perpetrator, Mr. Liberatore said that he was confused by the questions he was asked during the December 2021 interview with the Commission. He admitted that his original statement to the Commission that he had not received denturist services was inaccurate.

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The Commission's investigation and other witness evidence indicates that Mr. Liberatore did receive denturist services from the perpetrator. First, there is a record of two appointments for 'Max' in the perpetrator's appointment book, and Mr. Liberatore confirmed that the associated phone number was his. Further, the insurance provider for federal government employees, Canada Life insurance, provided the Commission documents in response to a subpoena. These records show that Mr. Liberatore submitted a claim for denture services provided by the perpetrator in 2019. Under his insurance plan, Mr. Liberatore was eligible for 50 percent coverage of denturist services, and the payment was sent directly to the perpetrator on January 3, 2020. Finally, Commission investigators asked Nova Scotia's Medical Services Insurance program whether Mr. Liberatore filed a claim for denture services with the perpetrator. Investigators were told to contact Green Shield Canada (GSC), and GSC confirmed that they had no record of payments made to the perpetrator for services provided to Mr. Liberatore. In an investigations supplementary report, Commission investigators concluded that there is no evidence Mr. Liberatore was billed or paid for the denturist fees not covered by Canada Life insurance.

Mr. Liberatore's vague and inconsistent evidence is especially concerning given that Ms. Banfield stated during her May 17, 2022, interview with the Commission that the perpetrator had bartered denturist services for items from GCSurplus. Ms. Banfield said she would have taken down the GCSurplus employee's (who she did not name) health card information, but would not have taken any other payment. During her testimony on July 15, 2022, Ms. Banfield said that the perpetrator had told her that he had received the decals from GCSurplus. She believed the GCSurplus employee she identified was Max Liberatore, but she could not remember if the perpetrator bartered with Mr. Liberatore. Ms. Banfield's testimony that the perpetrator told her he received some of the decals from Crown Assets is consistent with the similar testimony of some of the perpetrator's other acquaintances, as discussed above.

Mr. Liberatore's inconsistent and at times vague evidence raises concern about the credibility of his evidence. Further, the evidence available to the Commission indicates that Mr. Liberatore likely received denturist services from the perpetrator and did not pay for the full cost of services.

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MAIN FINDING

GCSurplus and RCMP asset management policy were inadequate for ensuring that sensitive material such as decals were fully removed from decommissioned RCMP vehicles and destroyed. These inadequacies facilitated the perpetrator's access to the means to fabricate the replica RCMP cruiser.

MAIN FINDING

GCSurplus training and oversight of its warehouse employees were inadequate, particularly with respect to what steps should be taken to identify and report suspicious activity.

Timing of Transformation

The perpetrator worked on the 2017 Ford Taurus decommissioned car to transform it into the replica RCMP cruiser in the summer of 2019. He informed Lisa Banfield about his progress in a series of emails. On July 3, he wrote that he had registered the "last RCMP car" at the motor vehicle office.²⁵ On July 22, he stated: "Going to make the new car into the cop car."²⁷ Three days later, he said: "So happy with the decals."²⁸ On July 26, he joked: "IF you will need a Police escort to BINGO call me."²⁹ On July 30, he wrote, "The window is cut and installed. Car looks new."³⁰ On August 24, he reported: "Put the front bumper ram on the police car yesterday."³¹ On September 1, he stated, "Got the cage in and the windows moved to the real cop car."³²

On December 31, 2019, when Ms. Banfield sent the perpetrator a photograph of a motorcycle via email, the replica RCMP cruiser is visible in the background.

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Perpetrator's Explanation for the Replica Cruiser

Many people knew about the perpetrator's replica RCMP cruiser: Ms. Banfield, Ms. Banfield's family members, friends, acquaintances, workers who laboured at the Portapique properties, other denturists, a police officer, and neighbours, including survivors and surviving family members and friends of those who lives were taken during the mass casualty. Adam Fisher, who considered himself an acquaintance of the perpetrator, said he had a conversation with him in June 2019 about building a police car but never saw the vehicle.

Many people in the communities where the perpetrator lived and worked and in other Nova Scotian communities and beyond also knew about the replica RCMP cruiser. One witness said "everybody knew" about it.³³ Quite a few of them questioned why he would fabricate it and own it. In responding to these queries, the perpetrator gave a range of explanations.

Lisa Banfield was very clear in both her Commission interviews and in her testimony that she expressed concerns about the perpetrator's replica RCMP cruiser. She would not ride in it and, when evidence to the contrary was put to her during public proceedings, she refuted it:

COMMISSION COUNSEL: — that he saw the perpetrator drop you off at the Mercedes dealership in the fully decked out RCMP car.

MS. LISA BANFIELD: Never happened. It would have been the one with the stripes.

COMMISSION COUNSEL: And so Mr. Gilmour was quite firm in his recollection that he provided to the Commission.

MS. LISA BANFIELD: I'm firm in mine.³⁴

Ms. Banfield also said that she expressed concern to the perpetrator about whether he could own a fully marked police car, and she offered to inquire about it. Ms. Banfield said that the perpetrator told her he would do it, and later told her that he was told that he could own the car as long as he did not drive it. She did not remember who he said he had spoken to, but she said it was someone in authority.

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Ms. Banfield's family members gave similar accounts. Janice Banfield said the perpetrator told her the decommissioned cars were sturdy and he was going to fix them up. When he decked out one of the vehicles with decals, she told him she was sure it was illegal. He replied that he had checked with the Crown prosecutor or someone to see if he could use the replica RCMP cruiser in a parade or as a memorial for fallen RCMP members. Maureen Banfield provided the same information. Other family members had also seen the replica vehicle either in person or in a photograph or video and asked about it.

Rod Oliveira said he attended a New Year's party at the warehouse in Portapique and saw the replica RCMP cruiser. The perpetrator told him, he said, that he intended to rent the vehicle to people making films in Nova Scotia.

James Banfield recalled telling the perpetrator, "You'd swear it was an RCMP car," and that he could not drive it around. He reported this conversation:

And he, you know, I said, you, well you, you can't drive that around. I said, you, you know you can't drive them. He goes, no, I'm just going to put a heart on it and have the pictures from the RCMP put people that got killed up in New Brunswick. I'm going to have them there and have you know, take pictures and have it like a show car.³⁵

In one email to a friend, the perpetrator commented on having a "privately owned brand new RCMP car,"³⁶ a vehicle he described as "just a fun thing." In the friend's words, it was "a toy he knew he couldn't drive it anywhere."³⁷

The perpetrator told many people he would not drive the replica RCMP cruiser around, acknowledging it would be wrong. Nevertheless, some people believe they saw him driving it, including one person who said it was around Truro. Others observed the replica RCMP cruiser in front of the perpetrator's cottage in Portapique and en route between the cottage and the warehouse. One individual had sat in it. Another told of seeing it in the Halifax clinic parking lot.

Ronald Gillis met the perpetrator while visiting his friend Aaron Tuck on the Mother's Day weekend in 2019. The perpetrator invited him to the warehouse, where he saw inside the full decal package for the vehicle along with an RCMP uniform and a 9mm handgun. The decals had not yet been put on the car. Mr. Gillis also observed the light bar for the car and the silent patrolman, which were also not installed, as well as a belt and holster. Mr. Gillis said the perpetrator told him he planned to use

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the vehicle in parades, and, before he left the garage, Mr. Gillis took a photo of the replica RCMP cruiser.

In his statement to the RCMP on April 28, 2020, Robert MacAskill, another friend of Aaron Tuck, said he discussed the replica RCMP cruiser with Mr. Tuck and suggested they might call Crime Stoppers to report it. Mr. Tuck replied that he could not report it because the perpetrator had threatened him previously. Neither Mr. MacAskill nor Mr. Tuck reported the vehicle to the authorities before the mass casualty.

DD, the daughter of EE, a neighbour of the perpetrator, said that when she and her mother were at his house one day, along with a friend II, the fully marked replica RCMP cruiser was in the garage and two unmarked decommissioned cars were parked outside. The perpetrator told her he had the vehicle for a movie he was making about the apocalypse. EE said she was at a party at the perpetrator's Portapique residence in August 2019 and, on that occasion, saw the fully marked replica RCMP cruiser.

Another acquaintance said that the perpetrator told him he intended to make one of the cars a "mobile monument" for officers who had lost their lives. The perpetrator told him that Mountie cars were well taken care of and "you cannot get a better car."³⁸

In a Can-Say statement (a statement summarizing anticipated witness testimony) for the RCMP dated April 23, 2020, Cst. Wayne Tingley recalled seeing a "new looking RCMP police vehicle with a black push bumper on the front and no licence plate on the back of the vehicle in Elmsdale on Friday April 17, 2020." He wrote that the vehicle was clean and appeared to be new. He did not remember the call number but did see a "B." He did not see the driver or get a good enough look to provide a description. In his statement, he noted the lack of a licence plate and wrote, "I thought this was strange but assumed the Enfield detachment may have gotten a new vehicle."³⁹

Acquisition and Use of Uniforms and Kit

The perpetrator acquired the police uniform and kit items and other uniforms he owned primarily through friends and family. The Commission did not uncover evidence to suggest that the perpetrator ordered such items online.

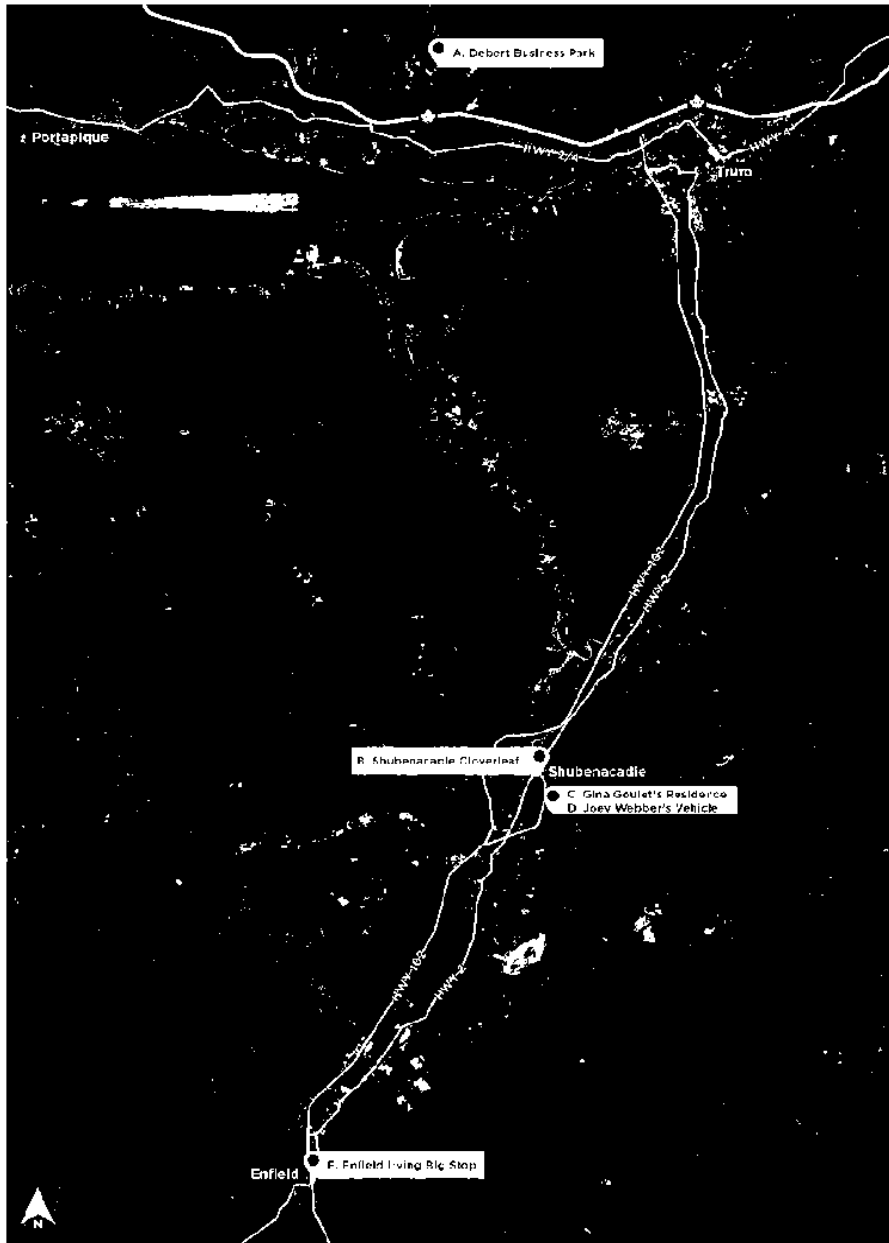
The perpetrator possessed several items of RCMP uniforms. Some were elements of the RCMP dress uniform: a red serge jacket, high brown boots, a Sam Browne belt, dark blue pants with a yellow stripe, and a Stetson hat. The perpetrator also possessed various other items of a RCMP duty uniform including a shirt and handcuffs.

Two of the perpetrator's uncles were retired RCMP members. Chris Wortman had given the perpetrator his red serge jacket and his high brown boots, which the perpetrator had displayed at his warehouse. Mr. Wortman had not given the perpetrator any uniform shirts, but he said the perpetrator had access to his shirts and other uniform items when he visited. He doubted, however, that the perpetrator had taken these items because they would not have fitted him. Mr. Wortman said he is around 5'10" and the perpetrator was 6'2" or 6'3". The other uncle, Alan Wortman, had not given the pants with the yellow stripe or any other uniform items to the perpetrator.

Ms. Banfield testified that the perpetrator acquired the RCMP duty uniform and handcuffs from Sean McLeod, along with a Correctional Service Canada uniform. She also said the perpetrator bought a paramedic's badge at a surplus store in Maine and that he carried it in a case with one of his uncle's RCMP business cards.

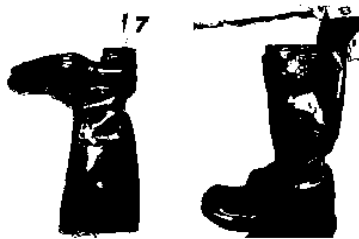
In addition, the perpetrator also owned a "fireman's outfit"⁴⁹ and a military uniform.

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Map of locations where uniform and kit items were recovered

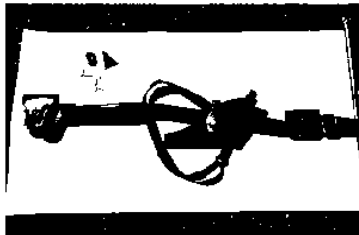
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Item: High brown boots

Location Found: Debert Business Park (A)

Where and How Acquired: Perpetrator's uncle, Chris Wortman



Item: Sam Browne belt, including a shoulder strap, handcuff pouch, magazine pouch, and pistol holster

Location Found: Debert Business Park (A)

Where and How Acquired: Unknown



Item: RCMP blue pants with yellow stripe (authenticated)

Location Found: Front passenger seat of Joey Webber's Ford Escape (D)

Where and How Acquired: Sean McLeod

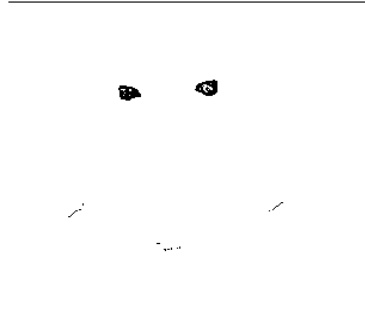


Item: Correctional Service Canada (CSC) jacket

Location Found: Front passenger seat of Joey Webber's Ford Escape (D)

Where and How Acquired: Sean McLeod

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Item: Long-sleeved uniform shirt, intact and stamped with "RCMP" on the inside of the collar (authenticated)

Location Found: Gina Goulet's residence (C)

Where and How Acquired: Sean McLeod

(no photo)

Item: Thin Blue Line patch

A Canada flag patch with a blue line, Canadian maple, and SWAT police wording

Where and How Acquired: Ordered by the perpetrator online



Item: High-visibility yellow vest

Location Found: Gina Goulet's residence (C)

Where and How Acquired: Unknown

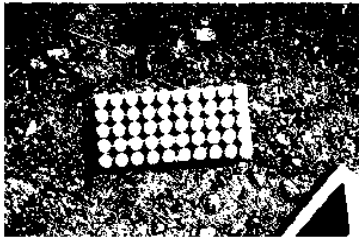


Item: Emergency Medical Technician (EMT) badge

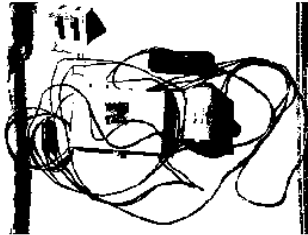
Location Found: Within a black wallet the perpetrator had at the time of his death (E)

Where and How Acquired: Bought at a surplus store in Maine

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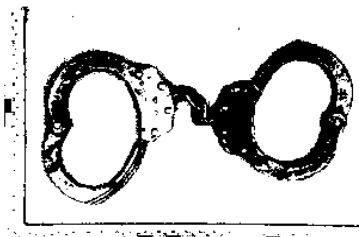
Item: Plastic bullet holders
Location Found: Debert Business Park (A)
Where and How Acquired: Unknown



Item: Radar speed-measuring device
Location Found: Debert Business Park (A)
Where and How Acquired: The perpetrator ordered this device on eBay



Item: Webbed duty belt
Location Found: Gina Goulet's Mazda3 (E)
Where and How Acquired: Unknown



Item: Handcuffs
Location Found: Shubenacadie cloverleaf scene, side of the road (B)
Where and How Acquired: Sean McLeod

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Community Awareness About Police Uniform

Many community residents knew about the perpetrator's RCMP uniform and/or other uniforms. For the most part, people reported the red serge dress uniform, not the duty outfit that he wore during some points of the mass casualty. Maureen Banfield said the perpetrator had the whole uniform, including a hat, and perhaps a bulletproof vest as well. In her words, he was an "odd collector."⁴¹ Other members of Lisa Banfield's family had also seen the RCMP dress uniform. Niece Stephanie Goulding said she saw the police uniform (and the fully marked replica RCMP cruiser) at the Portapique residence.

A man who did electrical work for the perpetrator in 2015 saw a mannequin wearing an RCMP uniform in the warehouse. Denturists, denture clinic patients, and associates also knew about the RCMP uniform after the perpetrator showed them photographs of it or told them about it. Mr. Gillis recalled that he saw the "full uniform" at the perpetrator's warehouse on the Mother's Day weekend in 2019. EE, DD, and II all saw the red serge dress uniform when they were socializing with the perpetrator during the summer of 2019. A man who had employed the perpetrator in the 1990s told the RCMP that, in either April or July 2019, the perpetrator told him he had "the uniform" because he wanted it to be authentic when he took the replica RCMP cruiser to "the car show."

An acquaintance of the perpetrator who did work for him over the years told the Mass Casualty Commission that, sometime after 2014, the perpetrator showed him a uniform, a bulletproof vest, and a badge at the warehouse.

Angel Patterson, an acquaintance of the perpetrator who lived in Maine, told American authorities that the perpetrator "always" carried a badge in his wallet. She said it "looked like [an] RCMP badge," but she did not recall if it "said RCMP on it." She said the perpetrator told her he used the badge to get discounts when staying at hotels.⁴² Ms. Banfield also told the Commission about the badge and the fact he used it to get first-responder discounts at hotels. She said it was a paramedic's badge he bought at a surplus store in Maine and that he carried it in a case with one of his uncle's RCMP business cards.

YY told the RCMP that the perpetrator collected memorabilia. She said he told her that, at one time, he had wanted to be an RCMP officer.

Use of Disguise During the Mass Casualty

Ms. Banfield stated that when she last saw the perpetrator, he was wearing black jeans, a plaid shirt, a burnt-orange vest, and a black hat. A witness who saw the perpetrator in Portapique on April 18, 2020, after the shooting began said he was wearing jeans, brown sneakers, and a brown jacket "that went down to about his hip" and a black baseball cap.⁴² Another witness who saw the perpetrator at this time said:

Yeah, he was wearing black with a hat; he was wearing like a police disguise in his police car.

...

So he was like, he – he had like – he had like all the details; he didn't have like a police badge or anything ... But he had a lot of the details and then he had the police car.⁴⁴

An individual who was at the football field in Debart on the very early morning of April 19, 2020, saw the perpetrator in his replica cruiser at around 12:30 am. He said he saw a police car driving by, and the person driving the car looked like a man wearing an RCMP officer uniform.

Video surveillance footage recorded the perpetrator stopping at the Millbrook Trading Post at approximately 10:25 am on April 19. In the first of these images, he is wearing a long-sleeved black shirt or jacket that appears to have a crest or patch on the left shoulder along with black pants, dark coloured shoes or boots, a yellow high-visibility vest, and a black hat. On camera, the perpetrator is seen to remove the long-sleeved black shirt or jacket as he holds the yellow vest. He is still wearing the black pants, dark brown shoes or boots, and black hat. It appears, however, as though there is a patch or writing of some kind on the front of the baseball cap. By the end of the footage, the perpetrator is donning the yellow vest again but now over the beige or grey long-sleeved shirt with the patch on the shoulder. He is wearing the same black pants, black hat, and dark brown shoes or boots that he is wearing in the earlier photographs.

Some witnesses to the events at the Shubenacadie cloverleaf of the morning of April 19, 2020 – the scene of the homicides of Cst. Heidi Stevenson and Joseph (Joey) Webber – reported seeing the perpetrator wearing pants with something reflective on them, or potentially with a yellow stripe. However, the photograph

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below of the perpetrator taken by a witness at the scene shows that he is wearing the grey / beige RCMP shirt with flashes and the yellow reflective vest. The black pants he is wearing in the photograph do not appear to have a yellow stripe, and they match the description of the pants he was wearing at the time of his death.

Surveillance footage from the Petro-Canada gas station in Elmsdale shows the perpetrator wearing a white or light-coloured T-shirt at 11:14 am on April 19, 2020. This still image comes from the footage taken after the perpetrator left Gina Goulet's residence; the vehicle in this picture is the Mazda3 he stole from her. At the time of his death at the Enfield Big Stop later that morning, the perpetrator was wearing brown Timberland boots, a black belt, a white or light-coloured T-shirt, and black jeans.

Conclusions About the Perpetrator's Replica RCMP Cruiser and Disguise

The perpetrator had a good understanding of the power he could wield by driving the replica RCMP cruiser, particularly while wearing a police uniform. Before the mass casualty, he had experienced the effectiveness of doing so while driving one of the other decommissioned police cars with only partial markings. Lisa Banfield testified about the sensation he described to her. She said that he would drive the decommissioned vehicle that still had some stripes on the back, not the fully marked police vehicle. He would also put a high-visibility vest on the back of the driver's seat. Ms. Banfield said that the perpetrator told her that when he did this, other drivers thought it was a police vehicle:

[W]hen he would leave Dartmouth to go to the cottage, he would fly in the passing lane and if somebody was in front of them, he would ride them, and as soon as they, I guess, seen this vehicle, they would pull over, and he got a thrill off of thinking that they think he's a police officer.⁴⁹

The perpetrator's use of the replica RCMP cruiser, coupled with elements of the RCMP uniform, confounded the critical incident response in numerous ways (see Volume 2, What Happened).

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Many community members knew about the perpetrator's replica RCMP cruiser, and quite a few questioned him about its purpose and challenged him about the propriety of this ownership, warning him that it would be illegal to drive it. These responses were more widespread than were reactions to his violence and intimidation and to his possession of restricted and prohibited firearms. Nevertheless, these red flags met a similar fate in the sense that they were not reported to authorities. Ms. Banfield was **not** aware of the perpetrator driving the vehicle beyond their two Portapique properties, but other community residents did report seeing it on the roads. There is no record of a formal report of any kind. We find that yet again, the perpetrator was protected by his privileged status.

We received many submissions about the need for more regulation of police paraphernalia and of the role GCSurplus plays in selling decommissioned police cars. We turn to these issues and examine them in the broader context of the impact of police disguises and the regulation of police paraphernalia in Volume 4, Community.

MAIN FINDING

The perpetrator's acquisition of decommissioned police cars and police uniform and kit, and particularly his fabrication of a replica RCMP cruiser, provided him with additional means to carry out the mass casualty. Ownership of many of these elements is unregulated, although it was unlawful to possess some of the items he acquired.

MAIN FINDING

Many community residents knew about the perpetrator's replica RCMP cruiser, but no one reported its existence to authorities.

CHAPTER 5

**Interactions with Police and
Other Authorities**

Introduction

Earlier in this volume, we set out our findings about the perpetrator's violent and coercive behaviour in intimate partner relationships and toward other people – other women, denture patients, male acquaintances, friends, and strangers – and his threats and threatening behaviour toward police officers. We also made findings on how the perpetrator acquired the means to carry out the mass casualty, including his illegal acquisition and possession of several firearms, ownership of which is restricted or prohibited by Canadian law. The perpetrator had a long history of illegal behaviour and other problematic incidents before the mass casualty. When viewed together, we discern long-term and harmful patterns in his behaviours.

Our findings indicate a significant number of red flags or warning signs about the dangers that the perpetrator posed to those around him. We have found there was significant community knowledge about his violence and his illegal acquisition of firearms over many years. Similarly, the perpetrator did not hide the replica RCMP cruiser. Many people knew him as a collector of decommissioned police cars, and a number of acquaintances were aware that he was building the replica cruiser. Our conclusions are not attributable to hindsight, nor are they the result of developing a profile of the perpetrator as a consequence of the mass casualty.

In this chapter, we examine the history of when these red flags were reported to authorities and the steps taken by authorities in response.

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Complaints to the Denturist Licensing Board of Nova Scotia

The perpetrator was known by some for his abusive and violent behaviour toward denture clients. The summary set out earlier describes a number of specific incidents as well as a pattern of behaviour. Here, we discuss complaints about the perpetrator's actions that were made to the Denturist Licensing Board of Nova Scotia, the agency responsible for licensing and regulating the profession of denturists, and the actions the board took in responding to these complaints. We also discuss the role of professional licensing bodies and whether the board's response was a missed opportunity for intervening in the perpetrator's pattern of violent and intimidating behaviours toward his patients.

Denturists as a Regulated Profession

Denturists are dental healthcare professional who provide denture care directly to the public. Denture services are not insured under the Nova Scotia health insurance plan, and patients must pay for them out of pocket unless they have private insurance that covers these services. The province pays for some denture services for low-income individuals who qualify for a public subsidy.

Unlike dentists, who work with a variety of patients and can treat a range of dental issues such as cavities or gum disease, denturists are specialized dental care professional who are trained to work exclusively with patients requiring tooth replacement solutions.

To become a denturist in Canada, individuals must first graduate from high school and then either graduate with an associate degree or complete a minimum of two years of university in a science program before they can apply to a denturism / denturology program. This program lasts for two to three years. Before they can start working in the field of denturism, they must pass a certification exam administered by a provincial regulatory body. Once the exam is passed, they can call themselves denturists and begin practising under that title. In Nova Scotia, the Denturist Licensing Board is the regulatory body that certifies that a person is fit to practise as a denturist.

As for all professions, the denturist educational and licensing requirements are important mechanisms that protect the public. These requirements, along with ongoing requirements for continuing education and compliance with a *Code of Ethics*, provide a system of checks and balances that ensure that a professional healthcare service provider is competent and ethical. Members of the public rely on and trust this system to work effectively to protect their health and safety and to promote the public interest.

Complaints and Their Outcome

The Denturist Licensing Board regulates the denturist profession in Nova Scotia. It administers competency exams for individuals who have completed denturist school and who wish to enter the profession and begin their healthcare practice. The board also receives, reviews, and approves applications for licences. Each licence to practise denturism is valid for one year and requires the denturist to complete and submit an annual denturist licence renewal application. In addition to the education, examination, and licensing process, a denturist must be registered with the Denturist Licensing Board to practise legally as a denturist in Nova Scotia. The denturist profession is relatively small in this province. The board is responsible for ensuring that denturists are competent to practise and that their standard of practice is consistent with the standards established under the *Denturists Act* and its regulations. The board has also developed a *Code of Ethics* that states: "Denturists shall act to safeguard the public" – a standard that is achieved by "avoiding the incompetent, unethical or illegal practices of Denturism." The Code describes principles regarding the relationship of denturists with their patients which include the following:

The welfare of the patient should always be paramount, and expectation of remuneration or lack thereof should not in any way effect the quality of service rendered to the patient;

Absolute honesty should characterise all transactions with patients;

The Denturist shall avoid assistance in practices of questionable propriety.

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A patient can make a complaint about a dentist's professional misconduct, including a violation of the *Code of Ethics*, to the Dentist Licensing Board. On receipt of a formal complaint, the board creates a Complaints Investigative Committee and appoints investigators (usually other members in good standing with the profession) to inquire into the complaint. This investigation could include visiting the clinic to observe the dentist's practice and standards. After receiving the investigators' report, the board may refer the allegations to a hearing panel. This panel is a decision-making body that reviews the evidence gathered by the investigators and meets with the dentist to determine whether the complaint is valid. The dentist may have legal counsel for representation before the panel. If the investigation concludes that the dentist has not met the standards of practice, then the panel can impose disciplinary measures on the dentist such as suspending the licence to practise, mandating retraining sessions or counselling, and imposing fines.

Neither the complaints process nor the Code is well publicized to patients. This point emerged from the Avalon consultations. The marginalized communities the perpetrator was preying on had no knowledge or awareness they could complain. A complaints process is useful and relevant only if people know about it and have the resources to access it.

The perpetrator completed dentist school, passed his dentist licensing exams, and applied to the board for a licence to practise dentistry, which was granted in 1998. Between 1998 and 2020, the length of his career as a licensed dentist, at least eight patients made complaints about him to the Dentist Licensing Board. The first few complaints show a pattern: when patients expressed concerns to the perpetrator, he became angry and aggressive in response. When approached by the board, the perpetrator denied responsibility and blamed the patients.

Several of the perpetrator's female denture patients, referred to as BN, BO, and BP, made complaints to the board about his behaviour and the quality of his work. In her complaint, BO described sexual harassment. The perpetrator's defence to all these complaints demonstrates that he was prepared to stigmatize others or to adopt stigmatizing stereotypes about poor or mentally ill people in order to make the case that he was the one being wronged. He claimed he was acting with generosity in assisting those with limited means to pay for his services.

In 2005, the board put in place a Complaints Investigative Committee comprised of two professional dentists to investigate four of the complaints against the perpetrator. In response, the perpetrator harassed a member of the committee

by calling her workplace to express his feelings about the investigation, which he called a "witch hunt." The member found his call "quite upsetting" and asked that he not contact her again.⁴ Her concerns about his behaviour were apparently not addressed by the board. After receiving the committee's report, the board referred the allegations against the perpetrator to a hearing panel, along with an additional complaint that the perpetrator interfered with the investigation. The board had retained a consultant (another denturist colleague in the province) to evaluate the quality of the perpetrator's dentures. When the consultant wrote an unfavourable letter, the perpetrator called him and told him to change it.

In 2007, the perpetrator signed a settlement agreement with the board. The agreement states that the perpetrator "admits each of the above allegations and agrees that they constitute professional misconduct." The panel reprimanded him, suspended him for one month, and directed him to attend counselling to improve his interaction with patients. He was also directed to pay \$8,000 for the cost of the investigation. The perpetrator attended two counselling sessions at a psychology clinic and a seminar called "Dealing with Difficult People: How to Communicate with Tact and Skill" in May 2007. There is nothing in the denturist records to suggest he did not fulfill the directions imposed in the settlement agreement.

The Commission heard additional examples of abusive and exploitative practices that never formed the basis of a complaint. Needless to say, the board cannot serve as an effective check against behaviour it does not know about. We also need to be careful about criticizing the board when the criticism would not be justified by the record.

We conclude that the Denturist Licensing Board was not able to serve as an effective check on the perpetrator's unethical and abusive treatment of his patients. The board dutifully and thoroughly responded to the complaints, but they were not an effective check: they used the tools they had, but the tools were not sufficient. The perpetrator's response to the board's regulatory efforts are an additional example of his use of intimidation tactics, failure to accept responsibility for his actions, and lack of fear or responsiveness to discipline.

Over time the perpetrator became more strategic in his response to patient complaints. He offered complainants money with the objective of convincing them not to pursue their complaints about him at the Denturist Licensing Board. He continued to deny any wrongdoing, stating he believed the complaints against him were unwarranted and vindictive.

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We conclude the Denturist Licensing Board's role as regulator of its members was a missed intervention point because the perpetrator's pattern of violence, harassment, and intimidation of his patients came to their attention on several occasions. At the same time, we recognize that this type of complaints process is not designed to address these serious concerns. At present, professional regulatory bodies, such as the Denturist Licensing Board, are not oriented to, nor have the capacity for, monitoring these aspects of their members' practices. In Volume 4, Community, we examine the broader policy issue of why and how the role and responsibilities of professional licensing bodies should change in order to learn the lessons of the April 2020 mass casualty.

Our review of the perpetrator's denturist practice also uncovered a pattern of financial predation on members of African Nova Scotian communities near his two practice locations, Dartmouth and the North End of Halifax. We have identified a second missed intervention point of government oversight of health professionals who receive public funding to provide services to people of lower economic means. We also address this issue in Volume 4, Community.

Police and Community Knowledge and Interventions

Introduction

The perpetrator's violence was reported to, investigated by, and in some cases witnessed by the police with minimal repercussions or intervention. We review the actions individual police officers took in response to these reports and analyze the patterns we see in these responses. We also set out our findings concerning the community perception that the perpetrator was a friend of one or more police officers as well as the impact of this perception.

Chronology of Reports to Police

The Commission has developed a timeline of 12 interactions between the police and the perpetrator from 1996 to February 2020. We provide an overview of these interactions here, and they are summarized in the visual timeline – Perpetrator’s History of Police Interactions.

In addition to these 12 reports, the Commission also received information about the perpetrator’s assault of Lisa Banfield during a party at the cottage of an acquaintance at Sutherland Lake in 2003. Sutherland Lake is in Cumberland County, about 25 kilometres from Portapique. Ms. Banfield told the Commission about this assault. Renee Karsten, who worked at the Atlantic Denture Clinic at the time, also told the RCMP about it in an interview following the mass casualty. It is clear that the perpetrator assaulted Ms. Banfield at Sutherland Lake, but we are unable to find whether a report was made to the police on that occasion. The Commission took active steps to investigate this incident, but despite these efforts, we have insufficient evidence on which to make a finding.

Ms. Banfield told the Commission that after the perpetrator assaulted her at Sutherland Lake, Ms. Karsten found her in the woods and brought her back to the cottage there. Ms. Banfield said the police came to the Sutherland Lake property and drove the perpetrator back to Portapique, approximately 30 minutes away. She stated it was the only time the police got involved in the perpetrator’s physical violence toward her.

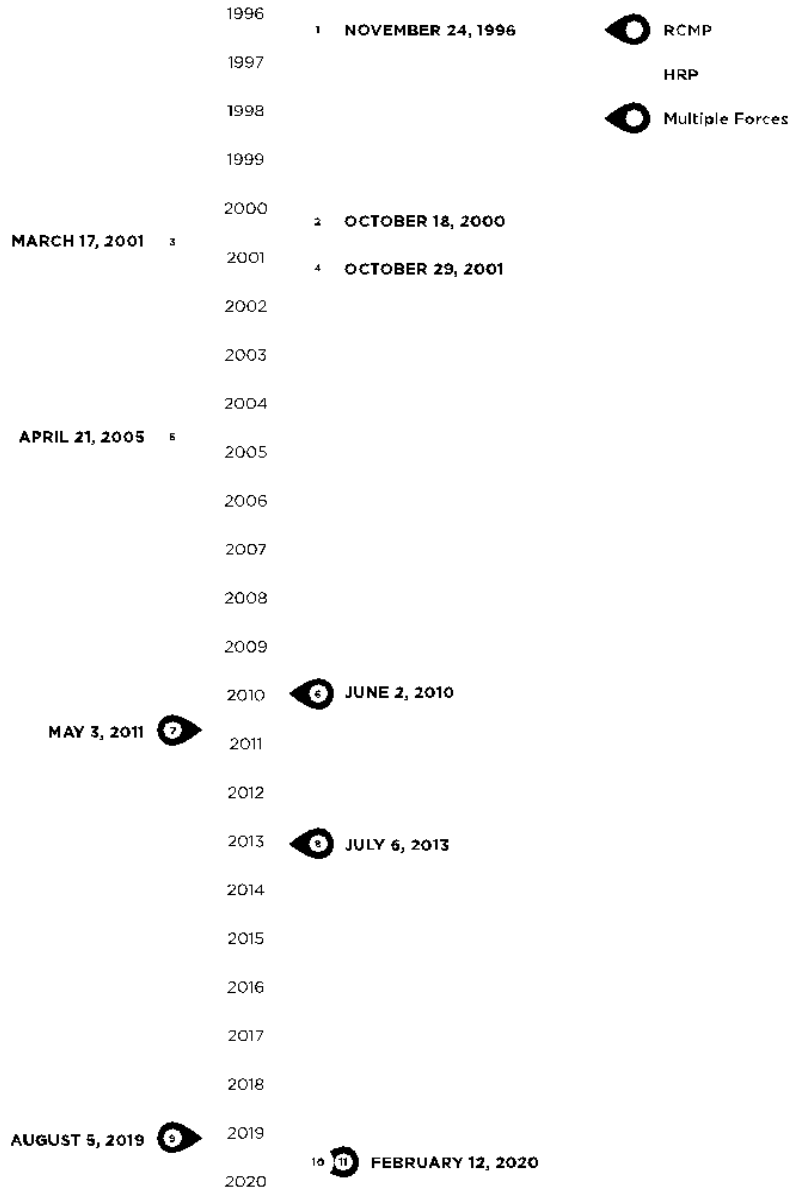
In her interview with the RCMP, Ms. Karsten described the incident as follows:

[T]hey had a verbal argument, they ended up leaving, they got into an argument in the driveway [and,] um, when I could hear Lisa screaming I went out and he was dragging her by [her hair - by] the hair of [her] head in the driveway and of course I lost it and tried to intervene and he let her go.⁴

Ms. Karsten declined to be interviewed by the Commission.

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Perpetrator's History of Police Interactions



Part A: The Perpetrator - Chapter 5: Interactions with Police and Other Authorities

1	<p>NOVEMBER 24, 1996 Incident: Alleged assault of Vincent McNeil: report to HRP Police Response: HRP investigator decided "more of a civil matter"</p>
2	<p>OCTOBER 18, 2000 Incident: Alleged assault of Dave Quinlan: report to HRP on Oct. 20 Police Response: HRP advised Mr. Quinlan he could lay an information. HRP did investigate the perpetrator's Oct. 19 complaint that Mr. Quinlan had slashed his car tires in retaliation and charged Mr. Quinlan</p>
3	<p>MARCH 17, 2001 Incident: Alleged assault of Dave Quinlan: reported to HRP Police Response: Mr. Quinlan did not want the perpetrator charged with assault. HRP recorded the incident: no further action</p>
4	<p>OCTOBER 29, 2001 Incident: Assault of Matthew Meagher (a minor), report to HRP Police Response: Charge of assault; the perpetrator pled guilty and received a conditional discharge with nine months of probation; firearms and weapons prohibition; ordered to take anger management course</p>
5	<p>APRIL 21, 2005 Incident: Verbal altercation with pawn shop employees and attempt to leave shop with boat: report to HRP Police Response: HRP attended scene and defused situation; no charges laid</p>
6	<p>JUNE 2, 2010 Incident: Alleged threat to shoot parents: report to RCMP including information about firearms Police Response: RCMP wrote report and HRP initiated investigation; some investigative steps taken by HRP but not followed up by RCMP; file closed</p>
7	<p>MAY 3, 2011 Incident: Alleged threat to "kill a cop" and information about several firearms: anonymous report to Truro Police Service Police Response: TPS issued CISNS bulletin; HRP made connection with 2010 complaint and contacted RCMP to follow up; no meaningful investigation. CISNS Bulletin not shared with CBSA</p>
8	<p>JULY 6, 2013 Incident: Third-party report of assault of Lisa Banfield and possession of firearms: report to RCMP Police Response: RCMP did not properly investigate these complaints</p>
9	<p>AUGUST 5, 2019 Incident: Report of disturbance and attempted report by I.I. of alleged sexual assault earlier that evening Police Response: RCMP documentation of incident does not mention perpetrator or sexual assault report</p>
10	<p>FEBRUARY 12, 2020 Incident: Blockade of HRP officers' car in the Atlantic Denture Clinic and verbal altercation Police Response: Additional HRP officers attended and defused situation and filed report</p>
11	<p>FEBRUARY 12, 2020 Incident: Stopped for speeding in decommissioned car (not replica RCMP cruiser) Police Response: RCMP officer issued ticket, took photographs of the perpetrator's driver's licence and vehicle</p>

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Other bystanders at the party did not take steps to intervene. Later that evening, Ms. Banfield drove herself back to Portapique in the perpetrator's Jeep. She intended to pick up her own car and drive back to Dartmouth, but the perpetrator thwarted her plans by taking the wheels off her car and preventing her from entering the cottage to collect her things. John Hudson, a neighbour, told the RCMP that he tried to help Ms. Banfield by going to the perpetrator's cottage to get her things so she could leave. When he arrived, the perpetrator refused to let him in, telling him: "No one's coming in this house and I'm just letting you know, I've got guns in here." Mr. Hudson went back to the home of a neighbour, where Ms. Banfield was waiting, and told her he could not go into the cottage. Ms. Banfield called her niece, who came to Portapique to pick her up "in the middle of the night" and took her home with her to the Dartmouth area. Even at times when bystander apathy was not a factor and people tried to intervene, both men and women were afraid of the perpetrator and were prepared to go only so far with their help.

There were also discrepancies about the year when this incident took place, but it is likely that it occurred in the fall of 2003. Ms. Banfield's niece, who came to pick her up in Portapique, was pregnant at the time – and this objective fact anchors the timeline. Ms. Banfield gave this evidence during her testimony. Neither the RCMP investigation nor the Commission's independent investigation found a police record relating to this incident. It may have been purged, given the RCMP's eight-year retention period from the date an assault violation incident report is concluded. We address the inadequacy of this record retention policy as part of our analysis of the patterns of police responses below.

The circumstances surrounding police involvement in the Sutherland Lake incident are unclear. Details around who called the police (or if anyone called at all), when the police arrived (if they did), why the police were called, and what police understood at the time are unknown. It is clear the perpetrator assaulted Ms. Banfield and that others witnessed this assault. We are not rejecting Ms. Banfield's evidence that the police responded to the Sutherland Lake assault. It is simply not clear which version of events should be relied on so many years after the fact. For these reasons, we have not included this incident in the timeline of police interactions.

Vincent McNeil Assault, November 1996

Vincent McNeil was the perpetrator's neighbour in Dartmouth. In November 1996, Mr. McNeil called the Halifax Regional Police to report that the perpetrator had assaulted him and taken his ring and bracelet. When the police interviewed Mr. McNeil and the perpetrator, they both gave conflicting accounts of the events. The perpetrator said he chased Mr. McNeil and confronted him after seeing him break the side mirror off his vehicle. He said Mr. McNeil agreed to pay for the damage in jewellery and gave the perpetrator his ring and bracelet. According to Mr. McNeil, the perpetrator kicked him in the leg and punched him in the face twice, knocking him to the ground. Mr. McNeil had visible injuries from this incident. The perpetrator told police that Mr. McNeil's injuries were from a fall to the ground after he chased him and demanded payment to fix the vehicle.

After interviewing both the perpetrator and Mr. McNeil, the investigating officer for the Halifax Regional Police, Cst. James Henry MacVicar, wrote in his report that he felt the perpetrator's story was true and that Mr. McNeil was "hiding something":

In all respect[s] the writer feels that [the perpetrator's] story was the truth and that Vincent was hiding something. Obviously, the writer feels that Vincent had fallen down on his face because of the bruising on the side of his left eye coincides with scraping along the ground and his ear was red.⁶

Cst. MacVicar noted that the perpetrator had "no priors." He interviewed Mr. McNeil again, he maintained that the perpetrator had stolen his jewellery, but said he would pay for the vehicle damage even though he did not do it. Cst. MacVicar concluded that "it was more of a civil matter" and wrote: "There was no robbery in my mind and it is a case of two people making an agreement on how the vehicle should be paid for."⁷ The perpetrator did not wish to lay charges against Mr. McNeil for property damage to his side mirror, and no further action was taken.

Dave Quinlan Assaults, 2000 and 2001

There were several violent interactions between the perpetrator and an acquaintance and sometimes friend, Dave Quinlan.

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On October 18, 2000, the perpetrator punched Mr. Quinlan, giving him a bloody nose after he danced with the perpetrator's girlfriend. Mr. Quinlan contacted the Halifax Regional Police to report the assault on October 20. The police explained to Mr. Quinlan that, in a case of common assault such as this one, he could go to the Dartmouth courthouse and lay an information (provide a concise statement of an alleged offence) against the perpetrator. Mr. Quinlan took no further action. The incident was recorded in the Versadex database – the police records management software used by the Halifax Regional Police, the Halifax District RCMP, and other municipal agencies. The RCMP uses a different records management software for its police records (the Police Reporting and Occurrence System, or PROS) and did not have independent access to the Versadex database at the time of the mass casualty.

A related incident occurred on the day in between the perpetrator's assault and Mr. Quinlan's reporting it. On October 19, the perpetrator called the Halifax Regional Police to report he had seen Mr. Quinlan puncture the tires on his vehicle. Cst. Arthur Robert Merrick investigated this report and, based on witness interviews, believed that Mr. Quinlan had slashed the tires in retaliation for the assault. The police charged Mr. Quinlan with mischief.

Later, the perpetrator offered to have his "police friend" make Mr. Quinlan's criminal mischief charge "go away" if he paid the perpetrator \$200. However, when Mr. Quinlan arrived to pay the money, the perpetrator lost his temper, and they had a physical altercation. On March 17, 2001, Mr. Quinlan called the Halifax Regional Police to report the assault, but he did not want the perpetrator charged with assault. The police recorded the incident as an assault in its file synopsis, and no further action was taken.⁸

Matthew Meagher Assault, October 2001

On October 29, 2001, the perpetrator assaulted a teenage boy named Matthew Meagher at the Tim Hortons coffee shop located beside the Atlantic Denture Clinic. The perpetrator struck Mr. Meagher in the head, kicked him in the back, and was subsequently charged with assault. On October 7, 2002, he pled guilty and received a conditional discharge with nine months' probation. Pursuant to the order, the perpetrator was forbidden for the duration of his probation to possess any firearms, prohibited weapons, ammunition, or explosive substances. He was

also instructed to attend anger management assessment programs and counselling as directed by his probation officer. The perpetrator was not charged with breaching his court order, so there is no reason to believe he did not successfully complete the period of probation.

Pawn Shop Incident, April 2005

On April 21, 2005, the perpetrator saw an inflatable rubber boat at a pawn shop in Dartmouth. It matched the description of a boat he had reported stolen five years earlier. When he attempted to leave the shop with the boat, he got into an argument with employees. The Halifax Regional Police attended the scene and defused the situation, and no charges were laid.

Threat to Kill His Parents and Firearms Complaint, June 2010

As mentioned earlier, on June 1, 2010, the perpetrator called his uncle Glynn Wortman and warned that he was going to drive from Nova Scotia to his parents' house in New Brunswick and kill them. Mr. Wortman called the perpetrator's father, Paul Wortman, and told him about the threat. Paul Wortman in turn called the Codiac detachment of the RCMP in Moncton, NB, and, in his report, said he had seen firearms at the perpetrator's Portapique residence five or more years before. Cst. Len Vickers wrote up an initial officer's report about the complaint and shared with the Halifax Regional Police, which assigned Sgt. Cordell Poirier as the lead investigator.

In the very early hours of June 2, 2010, Sgt. Poirier attended at the perpetrator's Dartmouth residence and spoke with Lisa Banfield, who told him the perpetrator was passed out drunk. Ms. Banfield also denied that there were any firearms in the home. This incident was yet another missed intervention point. In our earlier discussion on the perpetrator's use of firearms, we explained that Ms. Banfield did not feel she could safely report the perpetrator's possession of firearms to the police. He had fired a gun in the house several hours earlier. Sgt. Poirier's actions were an insufficient response. If he had spoken to the perpetrator or even stepped inside the house, he may have learned the seriousness of the threat and possibly seen a bullet hole in the wall of the living room, which the perpetrator had made hours earlier.

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Later that evening, Sgt. Poirier checked the Canadian Firearms Registry Online for any weapons registered to the perpetrator, with negative results. He also followed up with Ms. Banfield by phone. She told him the perpetrator would be away until June 6 and that he did not have a cellphone. Sgt. Poirier made a note in his file to follow up with the perpetrator if he did not hear from him by June 7.

Sgt. Poirier conducted two Canadian Police Information Centre (CPIC) queries on the perpetrator on June 7, 2010. He also completed an offline search through the Canadian Firearms Registry Online Police Help Line in Ottawa which turned up negative results. In his report, he wrote, "If [the perpetrator] has any weapons they are not registered."⁹

That same day, having again attended at the perpetrator's Dartmouth residence, Sgt. Poirier spoke to the perpetrator on the telephone. He noted:

When asked if he was in possession of any firearms, he stated that the only guns he has [are] a pellet rifle, as well as 2 antique muskets that are in-operable and hanging on the wall at his Portapique Beach cottage.¹⁰

When Sgt. Poirier told the perpetrator he wanted to speak with him face to face, the perpetrator replied that "he had nothing more to say to me and if I was going to charge him for the threats then go ahead and do so" - and terminated the conversation.¹¹

As his investigation progressed, Sgt. Poirier made several attempts to contact the original complainants Glynn Wortman and Paul Wortman by phone, but was unsuccessful.

After Sgt. Poirier learned the perpetrator had a cottage in Portapique, he contacted the RCMP's Bible Hill detachment (which had jurisdiction for Portapique) and spoke to Cst. Greg Wiley. The perpetrator made the call to his uncle from Dartmouth, but because he had a cottage in Portapique, both the Halifax Regional Police and the RCMP jurisdiction were triggered. Sgt. Poirier was reliant on Cst. Wiley to check the Portapique cottage for firearms. No record of Sgt. Poirier's call was made through a Canadian Police Information Centre message, which would have created a record and possibly required a supervisor to review before being assigned. Alternatively, the call could have been made through the Operational Communications Centre. If so, it would have created a computer-aided dispatch number and been assigned to a member officially as an "assist to other agency." It would also have started a chain of accountability for reporting.

Sgt. Poirier recorded in his notes that Cst. Wiley “advised he is a friend of [the perpetrator]” and would try to attend at the Portapique residence to speak to him in relation to the complaint.¹² In his testimony before the Commission, Cst. Wiley denied describing himself as a “friend” or “good friend” of the perpetrator.¹³ Given the totality of Cst. Wiley’s recorded statements and Commission testimony, we find that he did in fact describe himself as a friend of the perpetrator.

According to Ms. Banfield, Cst. Wiley subsequently stopped by the Portapique residence and asked whether the perpetrator had firearms. He took a cursory look around and observed an antique musket hanging over the fireplace, but did not otherwise search the property. Ms. Banfield was not able to provide a date, so her description could relate either to the 2010 incident or the 2011 incident discussed below.

In his testimony, Cst. Wiley did not provide any temporal precision to Ms. Banfield’s clear memory. He was unable to find his notes from this event and did not have any recollection of visiting the perpetrator’s property in response to Sgt. Poirier’s call. The inadequacy of notes and the failure to retain notes in this case is an example of the broader inadequacies of the RCMP policies and practices with respect to note-taking.

Cst. Wiley did not recall having attended at the Portapique residence on the occasion as described by Ms. Banfield. He said that if he had asked the perpetrator about firearms, he would have done so in a more indirect manner, referencing wild-life in the area.

Sgt. Poirier called Cst. Wiley on July 9, 2010, and left a message requesting an update. When he eventually made contact on July 17, he learned that Cst. Wiley had not yet spoken to the perpetrator. Sgt. Poirier heard nothing further from Cst. Wiley. Sgt. Poirier did not lay charges against the perpetrator for uttering threats, as the threats were of an “in-direct and [veiled] nature.” The file was closed on August 26, 2010.

Threat to “Kill a Cop” and Firearms Complaint, May 2011

On May 3, 2011, Cpl. Greg Densmore of the Truro Police Service was approached while on duty by an unknown source who provided information that the perpetrator had said he wanted to “kill a cop.” The source also said the perpetrator

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possessed at least one handgun and several long rifles, which he was transporting between the Atlantic Denture Clinic and his Portapique cottage, and that he stored the rifles in a compartment behind the flue at the cottage. Finally, the source said the perpetrator was "under a lot of stress lately and starting to have some mental health issues."¹⁴

The next day, as a result of this information, Cpl. Densmore wrote and issued a Criminal Intelligence Service Nova Scotia (CISNS) officer safety bulletin to all police agencies regarding the perpetrator. We refer to it as the 2011 CISNS bulletin and it contained the following information:

Information has been received that [the perpetrator] ... stated he wants to kill a cop. [The perpetrator] is in possession of at least one handgun and may be transporting this firearm back and forth between 193 Portland St. in Dartmouth and 200 Portapique Beach Rd., Portapique, Colchester County, NS.

[The perpetrator] may also be in possession of several long rifles located at his cottage at 200 Portapique Beach Rd. These firearms are stored in a compartment located behind the flue.

Police have been advised [the perpetrator] is upset over a break and enter complaint he filed, is under a lot of stress, and has mental issues.

Use extreme caution when dealing with [the perpetrator].¹⁵

After the mass casualty, Cpl. Densmore provided the RCMP with a report on the 2011 CISNS bulletin. He explained why he had created the report:

The information was concerning to me because of the officer safety aspect. The level of detail that was given added to the credibility of the information. The information was not for the Truro area but covered other agencies. As a result of this I decided to initiate a bulletin through CISNS.¹⁶

Cpl. Densmore filed this information in the Truro Police Service database as a "source debrief" report. Because of the perpetrator's Dartmouth connection, he relayed his information to S/Sgt. Bill Morris of the Halifax Regional Police. S/Sgt. Morris shared a copy of Cpl. Densmore's report within the agency, and, after Sgt. Poirier read it, he remembered the 2010 incident when the perpetrator threatened to kill his parents.

In that incident, less than a year earlier, the Halifax Regional Police, via the Codiac RCMP detachment, had received information from Paul Wortman that the perpetrator had firearms. Sgt. Poirier again contacted the Bible Hill RCMP detachment and spoke to Cst. John MacMinn, who said he would pass the information on to Cst. Wiley. Cst. Wiley did not recall speaking to Cst. MacMinn. He told the Commission he received an email saying that the perpetrator had "threatened somebody or something out in New Brunswick."¹⁷ The conclusion is inescapable that Cst. Wiley received the 2011 CISNS bulletin, which came with a covering email.

Sgt. Poirier wrote in his report that he contacted Cst. MacMinn of the Bible Hill RCMP detachment after receiving the 2011 CISNS bulletin and provided him with a summary report of the 2010 investigation, noting that Cst. Wiley had followed up on it. Sgt. Poirier wrote that Cst. MacMinn said he would follow up with Cst. Wiley and then contact Sgt. Poirier with an update. Sgt. Poirier said he never received an update from Cst. MacMinn. In his response, Cst. MacMinn told the Commission: "I don't recall telling Sgt. Poirier that I would call him back. I recall telling him that I would pass on his message to Cst. Wiley, which I did."¹⁸ In his testimony, Cst. Wiley said he had no recollection of any dealings with Cst. MacMinn, nor of speaking with anyone from the Bible Hill detachment with respect to the perpetrator during this period. He stated he was not tasked with investigating the possession of firearms and not asked to interview the perpetrator's neighbours in this regard.

There is no evidence that the 2011 CISNS bulletin led to any meaningful investigation of the perpetrator by any police service. For example, it was not provided to the Canada Border Services Agency. This missed intervention point is notable in part because of the officer safety aspect it entailed.

Brenda Forbes's Report of the Assault on Lisa Banfield, July 2013

On July 6, 2013, Brenda Forbes called the RCMP to complain about the perpetrator. As we mention above, the subject of the complaint is a matter of disagreement. Ms. Forbes said in interviews with the RCMP and the Commission, as well as in her testimony before the Commission, that she reported an assault by the perpetrator on Ms. Banfield at their Portapique residence. Cst. Troy Maxwell, the RCMP officer who responded to the call, testified that Ms. Forbes's complaint was about the perpetrator driving a decommissioned police car too fast around the neighbourhood and scaring people. The steps the police took to address or investigate

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Ms. Forbes's call are also the subject of disagreement. There is conflicting evidence on nearly every aspect of this incident.

According to Ms. Forbes, her complaint was about a domestic violence incident involving Ms. Banfield which other individuals had witnessed and was reported to her by Glynn Wortman, the perpetrator's uncle. Ms. Forbes testified that although she had known about other times when the perpetrator assaulted Ms. Banfield, she decided to go to the police this time because she was "getting concerned that the perpetrator was going to kill her."¹⁹

After placing her initial call, two male RCMP officers attended at Ms. Forbes's place of work, the Debert Airbase, to take her statement. She said the officers told her there was not much they could do and that Ms. Banfield would have to file the complaint herself. Ms. Forbes said she also reported that the perpetrator had firearms at his residence. We find that Ms. Forbes reported this information.

It is equally clear to us that Ms. Forbes's information was not properly understood by Cst. Maxwell. It appears that the passage of time, the scourge of post-traumatic stress disorder affecting both Ms. Forbes and Cst. Maxwell as witnesses, and inadequate record-keeping conspire to prevent us from knowing exactly what Ms. Forbes said and what Cst. Maxwell heard. In our view, neither one tried to mislead us. What we can conclude is that Ms. Forbes reported intimate partner violence and a firearms complaint that were never properly investigated.

Post-traumatic stress disorder (PTSD) can occur after a traumatic event or experience. It may cause flashbacks, nightmares, intrusive thoughts, panic attacks and anxiety, insomnia, mood changes, and avoidance of triggering places or situations. PTSD can also affect memory, both in terms of the ability to recall past events and the ability to form new memories. This is because trauma can disrupt each of the three processes involved in memory: encoding, storage, and recall.

For non-traumatic moments in our day-to-day lives, we encode memories every time we receive information and experience events. We convert this information so it can be stored in various parts of our brains. Over time, our memory works to edit the information we have stored. Sometimes this means we lose memories, or forget the details of memories we retain, or modify aspects of other memories. In every case, we use retrieval and recall to access our stored memories.

Trauma interferes with the neurological pathways involved in encoding and storing memories. When we perceive or experience fear, threats of danger, or states of intense stress, our brain's defence circuitry releases stress hormones that can cause traumatic memories to be intensified or fragmented. This occurs through neurological processes involving two brain structures: the hippocampus (which is responsible for putting experiences into chronological order and perspective) and the amygdala (responsible for cataloguing sensory experiences).

The results of activating the brain's defence circuitry are varied. On the one hand, trauma can cause more acute memories to be deeply embedded in our minds because they are emotionally charged. In other cases, traumatic memories can be fragile, impaired, and poorly contextualized into memory. Most of the time, people who have experienced trauma have enhanced memories coexisting with incomplete memories of the traumatic event. This is true for many individuals with PTSD, who can have vivid, involuntary flashbacks of the traumatic event as well as fragmented, disorganized, voluntary memories of the event. When an individual is burdened with distressing mental and sensory information from the past, it can interfere with their ability to encode and store new memories.

Further research has shown that the hippocampus can be damaged by PTSD, leading to memory loss and gaps as well as disordered and disjointed memories. A damaged hippocampus can also impede the ability to process and create new memories. In addition to neurological changes, other aspects of daily life with PTSD, such as sleep disruptions, insomnia, and difficulty relaxing, can make it hard for individuals to preserve new memories of routine, everyday life experiences. These interacting elements of PTSD mean that many people with PTSD experience both trauma-related memory disruptions and ongoing memory difficulties.

Cst. Maxwell has a significantly different recollection about the subject of Ms. Forbes's complaint. In both his Commission interview and his testimony, the complaint he recalled was about the perpetrator driving a decommissioned police vehicle in an unsafe manner, scaring people in the neighbourhood.

We note the evidence that the perpetrator did not begin collecting decommissioned police cars until 2019, about six years after Ms. Forbes's complaint. While we cannot say for sure that he didn't have a decommissioned car in 2013 at the

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time of this incident, there is no evidence that he had any such vehicle before 2019. When presented with the suggestion, Cst. Maxwell was firm in his evidence that the complaint had been about a decommissioned police car, although this point is recorded nowhere in his notes.

In his one-page notebook entry about his conversation with Ms. Forbes, Cst. Maxwell wrote down the names of Glynn Wortman, Richard Ellison, and "Lisa." During his testimony, he said: "This is the information Ms. Forbes provided."²⁰ According to Ms. Forbes's consistent evidence in RCMP interviews and in her Commission interview and testimony, it was Glynn Wortman who told her about the incident and that it was witnessed by other men. She understood the men to be Ellison Sutherland and a man with the last name of Ellison, who others say was David Ellison (Richard Ellison's brother). Glynn Wortman also recalled that it was Richard Ellison and maybe also David Ellison. Richard Ellison recalled that it was his brother David who witnessed the assault.

In his interview and subsequent testimony, Cst. Maxwell told us that he would not have made notes of things such as the perpetrator's address and/or phone number, the substance of the complaint, or his follow-up actions because those would have been saved in the RCMP file instead. Cst. Maxwell's notes did, however, include Ms. Forbes's phone number. A comparison of his notes from July 6, 2013, shows that his notes of the unrelated incident he investigated later that afternoon are significantly more detailed.

In his testimony, Cst. Maxwell said he could not charge someone with a crime unless he actually witnessed it. He said that his job in this case would be to catch the perpetrator driving in an unsafe manner. He described his actions as follows:

Well, we made a patrol. We went out there looking for the individual.
We're looking for – to obtain the information that's going to allow us to –
again, to proceed with a charge under the Motor Vehicle Act and/or if we
locate and speak with the individual or anybody else that has witnessed
this event, we would have taken statements at that point in time

...

So we went to the house. We go to the house. We knock on the door,
There's nobody else out on the street, there's nobody come to us to say,
"We witnessed this" or whatever. And we're off to another call.²¹

The statement that a police officer needs to witness a crime is incorrect. A police officer does not have to find an offender committing an infraction or a crime in order to investigate. It appears there is a conflation here with the fact that an officer needs reasonable and probable grounds of an indictable offence in order to arrest without a warrant. In this case, further steps should have been taken to investigate.

Cst. Maxwell said he did not try to reach any specific witnesses because he "didn't know any of the individuals named" in his notes.²² The names had been provided to him by Ms. Forbes. In his testimony, Cst. Maxwell said that he had probably heard about Ms. Forbes giving an interview, but he had not come across her comments to the media about contacting the police and did not specifically recall her name until he reviewed his notes at the request of the RCMP.

Cst. Maxwell also said in his testimony that he attended the perpetrator's Portapique residence with Cst. Karl MacIsaac; then he said Cst. Kenda Sutherland; and finally said he didn't remember. Neither Cst. MacIsaac nor Cst. Sutherland had any notes relating to this incident. Cst. Maxwell also said he attended at Debert Airfield with Cst. MacIsaac, but told Acting Sgt. Angela McKay, in the context of the H-Strong investigation, he may have attended with Cst. Sutherland.

Just as Cst. Maxwell and Ms. Forbes have different recollections about the nature of the incident report, so too they differ on its conclusion. Cst. Maxwell said he followed up with Ms. Forbes by attending her workplace at the Debert Airbase and told her the outcome of her complaint; Ms. Forbes said she never received any follow-up from the RCMP. Following the mass casualty, the RCMP interviewed Christine Lonergan, a friend / co-worker of Ms. Forbes, who also did not recall the RCMP attending the Debert Airbase.

After the mass casualty, the RCMP searched through purged occurrences for a domestic violence complaint on July 6, 2013. The only relevant occurrence they found was for a "cause disturbance" complaint that had concluded as "assist general public."²³ As the RCMP and other police forces classify incidents, "assist general public" simply means a general category, but it provides no description of the incident that is helpful in determining the nature of the call or the report. Compared with other categories such as "crimes against property" or "suspicious person," it is a general kind of category.

Taking into account all the above, we find that Ms. Forbes tried to make a third-party report about intimate partner violence and that the RCMP did not act on this

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information. Cst. Maxwell had heard enough information to decide he should go to Portapique. We find that the lack of clarity about his policing role that day and the actions he took in response to the report demonstrate a systemic RCMP failure of investigative training, policies, and practices. While Cst. Maxwell's notes are insufficient, the notes of his colleagues are completely absent. Cst. Maxwell's notes allow us to have some insight into what happened, and they mean that we focus on his actions, but there is no reason to single him out.

As we mentioned above, the perpetrator began to threaten Ms. Forbes after she told Ms. Banfield that he had been bringing other women to the Portapique properties. When the perpetrator learned that she had reported his assault of Ms. Banfield to the RCMP, he came to her house and threatened her. During her testimony, Ms. Forbes was asked why she did not report his threats and she replied:

The reason I didn't report it to the police, because when I originally reported that her – she was getting assaulted and stuff and nothing was ever done, I lost a lot of respect for the police, and I didn't think anything would ever get done.⁷⁴

As explained in Chapter 1, the Forbeses moved away from Portapique because of the perpetrator's behaviour, eventually leaving the province and moving to Alberta.

Attempt to Report Sexual Assault, August 2019

On August 5, 2019, police were called to a residence in response to a disturbance between three women who had spent time socializing with the perpetrator at his Portapique warehouse earlier in the evening. The women are anonymized with the initials EE, her daughter DD, and their friend II. DD called the police because her mother, EE, was out of control and physically preventing DD and II from leaving EE's property in Portapique, where they had gone after leaving the warehouse. The perpetrator had provided alcohol to the women.

In an interview following the mass casualty, II told the RCMP that when the two RCMP officers responded to the disturbance call, she had tried to report that the perpetrator had sexually assaulted her earlier in the evening and that she wanted to charge him with sexual assault. DD told the police officer that II was "just

drunk." DD and the officer then put II a car, and II's next memory is of the following morning.²⁵

In her statement to the RCMP, DD agreed that II tried to report the assault and that she deliberately distracted the police. DD and EE were worried about the possibility of a report being made, and DD took steps to make sure it did not happen.

There is no reference to the perpetrator in RCMP documentation of the incident. Neither are there any notes from one of the two attending officers.

Parking Lot Blockade of Police Car, February 2020

On February 12, 2020, a man matching the perpetrator's description blockaded the car of Halifax Regional Police D/Cst. Duane Stanley and his partner from the Major Crime Unit in the parking lot of the Atlantic Denture Clinic and refused to let them out. The partner is unnamed in the General Occurrence Report. D/Cst. Stanley called Sgt. Craig Robinson of the Halifax Regional Police to report the incident, and Sgt. Tanya Chambers-Spriggs, Cst. Craig Conrad, and Cst. Ian Walsh responded to the incident. Although Sgt. Chambers-Spriggs' report does not record the man's name, it is clear it was the perpetrator because the encounter happened in his clinic's parking lot.

Sgt. Chambers-Spriggs entered the denture clinic and observed a man in an exam room who "kept going back and forth, he was extremely irate and appeared to be having a physiological response as a result of his anger (he was shaking and pacing back and forth)." Sgt. Chambers-Spriggs wrote in her report:

I advised him that I was the Supervisor on duty and confirmed for him that the people he had locked in were indeed on duty police officers conducting a canvass for evidence and they had not simply parked there to go to Tim Hortons as the male seemed to insinuate. The male was extremely irate as Cst. Conrad had opened the door to exit for a moment and started yelling that we were letting his heat out. He then said we could talk outside which we agreed to do. He then put his hand on my arm as if to push me out. I asked him not to touch me I felt he was trying to use his size and aggression to intimate me in a way. He refused my request that he release the car from the lot and I advised him he could not block our access to the Police Vehicle and that we would be forced

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to cut the lock and potentially replace it should he refuse to let them exit as they were in the lawful execution of their duties. He advised he would "Charge Police with Property Damage."²⁶

Eventually, the perpetrator unlocked the parking lot chain to allow the vehicle to exit.

Although no charges were laid in this incident, Sgt. Chambers-Spriggs wrote in her report that the man's behaviour was "out of context for the situation" and the man "seemed to be extremely confrontational."²⁷ Because he refused to identify himself, she was unable to confirm the man's identity. She noted, however, that files in the Halifax Regional Police system showed the perpetrator as the owner of the business.

Perpetrator Speeding in a Decommissioned RCMP Vehicle, February 2020

Also on February 12, 2020, the perpetrator was pulled over by Cst. Nick Dorrington and ticketed for speeding. The perpetrator was driving a decommissioned RCMP vehicle at the time. The vehicle was not the replica RCMP cruiser the perpetrator used in the mass casualty, but it did have a stripe of reflective "hazard tape" on the back. Cst. Dorrington issued a speeding ticket and also took photographs of the back of the vehicle the perpetrator was driving and of his driver's licence. In Volume 2, What Happened, we explain how this photograph was used during the critical incident response to further identify the perpetrator on the morning of April 19, 2020.

Friendships with Police Officers

Some community members perceived that the perpetrator had established friendships with police officers. For example, Halifax Regional Police Sgt. Barry Warnell shared an interest in collecting police paraphernalia with the perpetrator, and they had conversations about it. Renee Karsten, a former employee at the perpetrator's denture clinic, described Sgt. Warnell as a frequent visitor to the clinic:

[W]hen I first started to work with him a police officer came in whom I had known, I had a little altercation when I was in college or whatever and I (sigh) with somebody and he happened to be ah, one of the police officers involved. His name Barry WORNELL [*sic*] and he came to the clinic one day, which was shocking I thought he was coming for me or something I didn't know and but I had found out that he was friends with [the perpetrator], which I found really bizarre, so I asked [the perpetrator] how he knew him and he said, "He had made teeth for his mother and they just became friends" and what not, and I thought, OK and Barry would come into the clinic probably every other week, most of the time they would go to the garage so ah, I never sat there, I never really got to hear their conversations exactly what they were talking about anything like that, but he was around a lot and um ... (chuckles) I don't know.²⁸

Sgt. Warnell knew that the perpetrator was fixing up decommissioned police cars but stated that he did not see the replica RCMP cruiser.

Cst. Greg Wiley was also perceived to be the perpetrator's friend, although he disputes this perception. He explained his relationship with the perpetrator as follows. Around 2007 or 2008, he said, the perpetrator made a complaint about the theft of tools from his cottage, which Cst. Wiley described as being from his "log home," on Portapique Beach Road. Cst. Wiley explained he was trained at the RCMP Depot in Regina to try to get to know people in the community in small-town or rural policing. After the file on the theft was closed, Cst. Wiley followed up with the perpetrator:

We chatted a bit, had some rapport and things were good and I thought, OK. Another time when I was down I stopped in to talk with him. I don't know what it would have been, four months, six months later, whatever and ... I continued to do that probably, I'm gonna guess ... two to three times a year.²⁹

Cst. Wiley did not see himself as a friend to the perpetrator. Rather, he said he was on "friendly terms with him" and had a "good rapport with him":

The other thing with his [Sgt. Poirier's] report, where I wonder about the content of his report, is where he describes me as a friend or that I said I was a friend of the perpetrator. I would have never described myself as a friend. I may have said I'm on friendly terms with him; I have good rapport

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with him, something like that. I would have never described him as a friend. I never saw him in my personal time. As I said before, I was only ever in uniform, only ever in a police vehicle, and only ever on the clock the few times that I stopped there and saw him as a community contact.³⁴

Cst. Wiley recalled that he may have seen the perpetrator between 10 and 20 times over the approximately eight years in total between 2006 and 2018 that he was stationed at the Bible Hill detachment, spending between 5 minutes and 30 minutes on each occasion as he maintained his community contact. He had occasionally been inside the perpetrator's home, but only in the kitchen and living room.

We are not in a position to determine whether Sgt. Warnell and Cst. Wiley were friends with the perpetrator. The important point is that interactions between these police officers and the perpetrator gave rise to a perception among some community members that a friendship existed. We discuss later in this volume how perceptions of this type had an impact on the willingness and ability of community residents to report to the police.

Patterns of Inadequate Police Response

The perpetrator's violence and illegal acquisition of firearms was reported to, investigated by, and in some cases witnessed by the police with minimal repercussions or intervention. We identify several problematic patterns in the police response: implicit bias, failure to investigate, poor note-taking and record keeping, and inadequate information-sharing between and among police services and other agencies. The patterns of failure to investigate and poor note taking are symptoms of poor supervision, which we discuss in more detail in Volume 5, Policing, Part D.

From our review of these incidents, with the exception of the incident involving his assault of the teenaged Matthew Meagher, it appears police were inclined to either ignore complaints against the perpetrator or even be persuaded by his version of events. **There was a clear preference for the perpetrator's information over that provided by complainants.** This pattern raises a concern of implicit bias in police decision-making. Implicit bias is a form of bias that occurs automatically and unintentionally, that nevertheless affects judgments, decisions, and behaviours. A common example of implicit bias is favouring or being more

receptive to people with whom we identify because of shared characteristics. We see this type of identification in the way that Cst. Wiley refers to the perpetrator as “exceedingly polite” and “very well mannered”;⁹ a man who “seemed pro-police” and was “pretty handy.”⁵² The perpetrator was able to build this rapport in multiple interactions with police and other authorities, not only with Cst. Wiley, and to use it to his advantage to evade scrutiny. This is one of the dynamics that reflects and reinforces our finding that the perpetrator’s pattern of violent and intimidating behaviour was facilitated by the power and privilege he experienced as a white man with professional status who made displays of his substantial means.

Where complaints were not ignored, it does not appear that the RCMP or other policing agencies investigated any of them with appropriate seriousness. **“No further action taken” is a common and troubling refrain as files were quickly closed.** One example of this systemic pattern is the failure to interview witnesses. The lack of investigation is discernable in the three types of complaints made about the perpetrator: gender-based violence (intimate partner violence and sexual assault), threats of assault, and illegal possession of firearms.

Another exception to this pattern is Sgt. Poirier of the Halifax Regional Police who took steps to initiate an investigation of the perpetrator in response to the 2010 complaint and the 2011 bulletin. Both of these incidents involved people with knowledge of the perpetrator providing information of uttering threats and about his firearms and they were relatively proximate in time. Sgt. Poirier had checked and verified that the perpetrator did not have a firearms acquisition certificate. His investigation was stymied by the fact that the perpetrator was often resident in Portapique and therefore outside his jurisdiction. He made repeated attempts to follow up with the local RCMP detachment but was dependent on cooperation that was not forthcoming. Despite Sgt. Poirier’s efforts, there is no evidence that either incident led to any meaningful investigation of the perpetrator by any police service.

None of the other officers involved saw it as their responsibility to carry out an investigation to build a case for a search warrant. We find this lack of meaningful investigation to be the result of failures and inadequacies in policing training and practices with respect to firearms complaints. If, at any stage, particularly with respect to the 2010, 2011, and 2013 complaints, the police had conducted thorough investigations to justify seizing the firearms with or without a warrant, it is likely they would have located illegal firearms in the perpetrator’s possession. While we know that he acquired additional firearms after these dates, we

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also know he was storing firearms by then. We have also learned that quite a few people knew about the firearms. Our finding gives rise to the need to revisit the requirements for obtaining a public safety warrant with respect to firearms complaints. We discuss this in Volume 5, Policing.

The failure to take meaningful steps in response to Brenda Forbes' report concerning the perpetrator's 2013 assault on Lisa Banfield is an example of a more general pattern of systemic inadequacies in response to gender-based violence. This failure is striking given Ms. Forbes' third party report of the assault including information about the perpetrator's illegal possession of firearms and her ongoing concerns about Ms. Banfield's safety. The general lack of effective police responses to gender-based violence is well-documented, including in the Commission's Environmental Scan of Prior Recommendations. We discuss this pattern in Part C of this volume and in Volume 5, Policing.

More specifically, we find a correlation between the systemic failures in this case and ones identified in the Independent Officer Review conducted by the RCMP following the 2017 homicide of Susie Butlin by her neighbour, Ernie Duggan, in Bayhead, Nova Scotia. In that case, Ms. Butlin had repeatedly reported his violent and intimidating behaviour and threats but insufficient steps were taken to ensure her safety. A report from Mr. Duggan's wife, which included a report that she believed her husband had purchased a firearm, similarly resulted in an insufficient response. The connections between the Butlin case and this case are strengthened by an appreciation that the calls were placed to the RCMP Bible Hill Detachment and Cst. Wiley was responsible for investigating some of the calls.

Overview of the Susie Butlin Case

On August 7, 2017, Susan (Susie) Butlin, who lived in Bayhead, Colchester County, Nova Scotia, called 911 to make a complaint of sexual assault by her neighbour, Ernie "Junior" Duggan.

That day, a male RCMP member from the Bible Hill detachment phoned Ms. Butlin and, upon hearing her describe her complaint, advised her there was no criminal offence and referred her to the peace bond process. Dissatisfied with this response, Ms. Butlin reiterated her initial request to speak with a female member. A female member attended at her home later that day and interviewed Ms. Butlin.

Part A: The Perpetrator - Chapter 5: Interactions with Police and Other Authorities

In her complaint, Ms. Butlin described Mr. Duggan as a very strong, very drunk man who initiated unwanted sexual activity in her home. She said she clearly and repeatedly stated she was not open to that activity. She expressed her fear of him and her effort to keep him calm. She described his threat that he might be back. She also described Mr. Duggan's continued threatening calls, texts, and a threat to her son. The female RCMP member informed Ms. Butlin that there was no criminal offence and referred her to the peace bond process. No charges were brought against Mr. Duggan and there is no record of the RCMP having sought to interview Mr. Duggan about these allegations.

On August 10, 2017, Ms. Butlin filed her own information for a peace bond against Mr. Duggan, reporting the sexual assault. On August 16, 2017, Mr. Duggan was served a summons for the peace bond. At 11:30 pm on August 21, 2017, Mr. Duggan's wife, April Duggan, called 911 "in distress," having fled her home, terrified. She reported that her husband was very upset over Ms. Butlin's allegation, that he was in a violent rage, and that she feared he was going to kill Ms. Butlin and harm himself. She then called 911 again to say that her husband may have obtained a gun.

In response to Ms. Duggan's call, RCMP members Cst. Rodney MacDonald and Cst. Stuart Beselt from the Bible Hill detachment attended and spoke to an intoxicated Mr. Duggan. Later on, while still in the area, they spotted him driving, at which time they arrested him for impaired operation of a motor vehicle.

On August 25 and 26, 2017, Ms. Butlin contacted the RCMP to report ongoing harassment and intimidation by Mr. Duggan. Cst. Greg Wiley created a file regarding Ms. Butlin's harassment complaint and determined there was no basis for charges.

On August 29, 2017, a Crown attorney advised the RCMP that the judge on the peace bond application had suggested that the police look into the matter "as it was likely more than a Peace Bond." Two additional RCMP members reviewed the file and subsequent criminal harassment complaint and concurred with previous investigators that there were no grounds for charges.

Ms. Butlin's peace bond application was adjourned from the initial hearing date of August 30 to September 13, when it was again adjourned to October 3.

On September 13, 2017, Ms. Butlin again contacted the RCMP about not being satisfied with the police response to her sexual assault complaint. A further

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member met with Ms. Butlin on September 14 to advise her he had reviewed the file and agreed no charges were warranted.

On September 17, using a shotgun, Mr. Duggan fatally shot Ms. Butlin at her home.

The RCMP conducted an Independent Officer Review into Ms. Butlin's 2017 complaints. The December 19, 2018, report sets out nine areas for improvement, including deficiencies in investigation, documentation, and supervision and training in sexual assault investigations. The report observes that the members and supervisors all concluded that the sexual contact was consensual. As we note in Volume 5, Policing, Part D, where we discuss Ms. Butlin's case in detail, they did so based on a misapprehension of the Canadian law of consent.

On July 19, 2022, the Civilian Review and Complaints Commission announced a public interest investigation into the RCMP's conduct of the sexual assault investigation and response to concerns about Ms. Butlin's safety. The results of this investigation had not been published as of March 1, 2023.

Our examination of the police responses to complaints about the perpetrator was hindered by many instances of missing or inadequate officer notes. Furthermore, there is no consistency in the way these notes are stored nor retained. Record-keeping through notes is an essential part of good everyday policing. Complete and accurate notes help to ensure that officers carry out their duties according to high standards and serve the purpose of refreshing memory of police observations and activities, interviews, investigations, reports and testimony. Notes facilitate individual recall of events, accountability and learning, and are one way to evaluate an officer's competence and credibility. Monitoring of notetaking and follow up by supervisors provides further opportunities for these two essential processes.

The lack of information sharing between police agencies also resulted in prior history of complaints and violence being missed. The gaps in information-sharing can be attributed to a number of systemic problems: failure to share information between police services, siloing of information between police services, and the existence of separate and incompatible databases. Lack of effective communication between the Halifax Regional Police, the Truro Police and the RCMP regarding the 2010 and 2011 complaints compounded the systemic gaps, all of which contributed to missed intervention points. These discontinuities are further replicated

and magnified in the operation of Canada's land border regime, which has similarly resulted in lack of information sharing.

A related issue is that record retention of these types of complaints and bulletins is too short. Longer record retention assists police to identify patterns of complaints and red flags in repeated behaviours. Such bulletins should be accessible across enforcement agencies and searchable for people who have been flagged for possession of illegal firearms, for threatening to kill people and other serious matters that would be the subject of such a bulletin.

We discuss these patterns of inadequate policing and the need to move toward more proactive policing strategies in Volume 5, Policing.

MAIN FINDING

The perpetrator's violence and illegal firearms came to the attention of police on repeated occasions in the years prior to the mass casualty. Due to a number of structural and systemic problems, these serious allegations regarding a single individual did not prompt an appropriate police response. These structural problems are: implicit bias in police decision-making, failure to identify and address gender-based violence, the lack of effective investigation by the police forces, the lack of detailed notes by RCMP members and ineffective supervision, the short period of record retention, the siloing of information between agencies, whether due to different database systems or failure to share information, and lack of effective communication between the HRP, the Truro Police, and the RCMP.

CHAPTER 6

Missed Intervention Points

Intervention in the Short, Medium, and Long Term

The perpetrator's history leads us to conclude that it is misguided to maintain a hyper-focus solely on the police response during the events of April 18 and 19, 2020, though this is clearly also important. As succinctly stated by counsel for the Participant coalition of Women's Legal Education and Action Fund, Avalon Sexual Assault Centre and Wellness Within during her closing submissions: "Though it may appear to have spontaneously occurred on April 18th, 2020, the mass casualty event formed over the lifetime of the perpetrator."¹ **Significant lessons can be learned from missed opportunities to intervene in the perpetrator's behaviour prior to the mass casualty.**

There were many warning signs or 'red flags' about the perpetrator's violent and illegal behaviour. We have learned there was widespread community knowledge about his violence and intimidation and about his illegal ownership of firearms over many years, and about the replica RCMP cruiser for several months before the mass casualty. We have also learned that Ms. Banfield became concerned about the perpetrator's mental health in the weeks leading up to April 18, 2020. His worrisome behaviour intensified in the context of the first month of the COVID-19 lockdown, which lockdown forced the closure of the dentist clinic, and which isolated them and restricted any actions that might have been taken to seek mental health support and assistance. In hindsight we can see how the perpetrator's acquisition of firearms, ammunition, and the replica RCMP cruiser gave him the means to carry out the mass casualty and support a theory that he had been planning it for some time. We did not find, however, any evidence of the perpetrator uttering threats to commit this violence nor any leaked details about any aspects of his plans. Leaked

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details is a common fact pattern in some mass casualty incidents but not in the April 2020 mass casualty. In fact, the perpetrator continued with his usual pattern of problematic and illegal behaviour. As we noted above, a number of people questioned the perpetrator about the replica RCMP cruiser and he provided plausible reasons about his intended purposes (to be used in parades and for rental for film-making and so on). Furthermore, the perpetrator used several intermediaries to purchase ammunition on his behalf to avoid detection.

We conclude there were a number of missed opportunities to intervene in and respond to the perpetrator's actions in the short, medium, and longer term. It is clear that our current systems for intervention are deficient and strengthening these systems is a priority for helping to prevent and respond to similar incidents in the future. We set out a few examples here to illustrate the breadth of system change required to achieve this purpose. Proximate to his commission of the mass casualty, accessible emergency mental health support and strong community awareness of how a partner, family member or community member can seek help on someone else's behalf could have provided a point of intervention. In the short and medium term, safe, accessible and responsive reporting mechanisms could have intervened in the perpetrator's violence and acquisition of means used during the mass casualty, particularly concerns over the replica RCMP cruiser. Our outline of the perpetrator's life history provides insight into a broad range of interventions aimed at violence prevention. Examples here include:

- interrupting the intergenerational cycle of violence in the perpetrator's family;
- addressing the perpetrator's adverse childhood experiences;
- addressing the perpetrator's violent and intimidating behaviour at university; and
- identifying, understanding and interrupting patterns in the perpetrator's illegal behaviour across and within systems.

This is a short list of missed intervention points that arise from our examination of the causes, context, and circumstances of the mass casualty. The way forward involves a shift in emphasis from mainly intervening to respond to specific incidents and toward preventative approaches that recognize patterns of violence and factors that interrupt rather than perpetuate these patterns. This shift in turn requires transforming cultural attitudes away from perceiving sharing information about warning signs as 'ratting' or 'tattle-taling' and replacing it with an

understanding of how this behaviour reflects collective responsibility for safety. In the balance of our Report, we examine and make recommendations for building new systems for intervention and ameliorating existing systems for community safety and well-being, including related and necessary cultural shifts in attitudes and behaviours.

Seeing Red Flags

One essential feature of an effective system for intervening in and preventing violence, including its escalation to a mass casualty, is ensuring the system can 'see' the red flags so that appropriate and proportional steps can be taken. Members of several communities were aware of and expressed concerns about the perpetrator's behaviour over several years. They saw the red flags but relatively few had the knowledge of how and where to safely report these concerns and direct harms to authorities or service providers with the responsibility and capacity to intervene. Many did not have a strong enough sense of security that they could do so without exposing themselves to harm or further harm from the perpetrator. These fears are understandable given the perpetrator's known history of retaliation. We received evidence from Ms. Forbes, Glynn Wortman, a member of the Denturist Licensing Board involved in the assessment of complaints against him, and several individuals who had been employed by the perpetrator about his violent or intimidating behaviour when he learned that his behaviour had been reported to authorities. More generally, we heard from Lisa Banfield about how the perpetrator succeeded in inculcating fear through threats to her about retribution against her family. Others joined her in reporting that "grown men" were afraid of him.

Additionally, in some cases, community members were also dissuaded from reporting through fear and concerns about how authorities would respond and potential negative repercussions from those responsible for ensuring everyone's safety. The women who participated in the Avalon process, discussed above, provided clear evidence for the foundation for these concerns.

Systemic reform must include learning about and addressing the obstacles to reporting red flags as experienced by community members and ensuring these red flags are properly seen and acted upon by responsible institutions and actors.

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These reforms must be underpinned by a shift in our cultural narrative about our individual and collective responsibility to report warning signs through appropriate channels. We identify two requirements as a starting point for this fundamental reorientation: accounting for privilege and reckoning with lack of trust and confidence.

Accounting for Privilege

One impediment to systems seeing red flags is the operation of power and privilege within Canadian society. Throughout this volume, we have made findings about how the perpetrator was able to use his social status and wealth to assert his power and privilege in many areas, including by using violence, intimidation, exploitation, and coercion to get his way. An additional pattern of behaviour evident on our record is the way the perpetrator used his wealth to grant favours to individuals, for example by providing them with food, alcohol, or denture services, to create a sense of indebtedness to him. This pattern further reinforced his privilege relative to others and made it more difficult for them to report concerning behaviour. It also appears to have shielded his dangerousness from view. The perpetrator's power and privilege appears to have also had an impact on the lack of action taken in response to the complaints to police in 2010, 2011, and 2013 as set out above.

The perpetrator's status and wealth, power and privilege was an integral aspect of his perpetration and predation in two respects: material and symbolic. The Participant coalition of Women's Legal Education and Action Fund, Avalon Sexual Assault Centre and Wellness Within articulated the material aspects of this dynamic in their final submissions:

We again highlight that the perpetrator was a white, university-educated, wealthy male of professional status, a business owner and a multiple real-property and vehicle owner. These intersecting privileges gave him a significant advantage in his interactions.⁷

During our Phase 3 Participant Consultation with Justice Organizations, Ms. Sheila Wildeman, representing the East Coast Prison Justice Society expanded on this point and spoke about the symbolic aspect:

And to this point – so the facts, as they've come out to the Commission suggest that the perpetrator used his social position, so his position as a White male of a typically well-off and able-bodied person to cultivate relationships with police, and those are relationships – both the relationship we've heard about from Cst. Wiley as an informal informant, and to cultivate sort of symbolic relationships and alignment with police in ways that reinforced his exercise of power over vulnerable and marginalized persons.⁷

Both these material and symbolic dynamics and the obstacles they create to institutions and actors seeing red flags about powerful and privileged members of communities must be addressed in the pursuit of more effective systems for intervention and violence prevention.

Reckoning with Lack of Trust and Confidence

Lack of trust and confidence in systems for intervention, support and the provision of services also pose obstacles to reporting red flags to authorities. Negative interactions with an institutional authority or one of its representatives can generate mistrust and cause someone to question whether they can rely on that person or organization. Common negative interactions include where someone has tried to report an incident but is met with disbelief and where they are believed but their report still does not result in effective action. In particular, trust and confidence are undermined where there is an institutional pattern of disbelief and failure to act. For example, there is a recognized and longstanding pattern of disbelief and failure to act in by police systems when women report gender-based violence. We discuss this pattern and its impact in Part C.

Lack of trust and confidence is magnified where there are patterns of negative interactions across systems as a result of broader inequities and oppression including systemic racism. For example, members of marginalized communities, including Indigenous people and Black Canadians, have experienced discrimination and poor treatment from policing, justice, educational, health, and support service systems. Here we focus on how these historical and ongoing dynamics create barriers to members of these communities reporting about warning signs, including for example, red flags about the perpetrator.

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Members of marginalized communities may not seek out the police for assistance or to provide information to assist with ongoing investigations for a variety of reasons. As individuals they may have had negative experiences themselves or observed members of their families or communities have negative experiences ranging from being disbelieved about their experiences to being the victims of assaults or even killed in interactions with police. Individuals may be aware that police agencies hold information about them (such as their past interactions with police, the existence of an outstanding warrant or information about their mental health) that they may expect will discredit the information they want to provide or become the focus of their interaction. These concerns are well-founded and based on the past and current actions of police forces in Canada which have harmed Indigenous, Black, 2SLGBTQI+ (Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse people); and disabled individuals and communities.

The Avalon Report described this experience and its impact:

African Nova Scotians have faced violence, racism, and significant over-policing. Canadian police services, such as the Royal Canadian Mounted Police (RCMP), have historically participated in the marginalization and brutalization of Indigenous people. Police services continue to inflict violence on Indigenous people and communities. Law enforcement officers have also physically and sexually assaulted sex workers.

Those who try to engage with institutions often face victim blaming. Indigenous women have shared that their past attempts to report violence to the police have been met with skepticism and racism from police officers. For example, many women reported “experiences of being seen as a criminal, being blamed, being seen as not a victim, causing it on themselves.” Sex workers have reported experiencing victim-blaming when reporting violence to law enforcement.

Credibility discounting also causes significant harm to members of marginalized communities. This term refers to the actions, judgements and more that are utilized to minimize the credibility of another person. They are often weaponized to silence people who are marginalized, and who lack power in certain situations. Credibility discounting silences these people when they speak up or take actions to defend their rights. The

people who most often experience credibility discounting are women, racialized people, Indigenous people, and 2SLGBTQQA+ people.⁴

In addition to this experience of police responding by engaging in victim blaming and discounting of credibility, the Avalon Report recognizes that some members of marginalized communities may fear risks to their own safety and to that of their partner or another member of their community if they make a complaint against that person. These concerns based on prior police actions, extend to the use of lethal force against racialized men accused of crimes.

During our roundtable on contemporary community policing, community safety and well-being, several experts talked about the dynamics leading to and perpetuating this lack of trust and confidence. Dr. Sulaimon Giwa, the endowed chair in criminology and criminal justice at St. Thomas University in Fredericton, as well as an associate professor and associate dean of social work at Memorial University in St. John's Newfoundland, provided another perspective on these dynamics:

I think that, yeah, you know, the issue with policing vis a vis racialized communities or indigenous communities and also 2SLGBTQ+ communities have been long standing, particularly when you think about the history of these communities' experiences vis a vis the states and how the human rights and the role that those individuals play within the communities are, for the longest time, being stymied by policies and regulations that have essentially curtailed their ability to live life freely, so I think a lot of the incidents that we've seen in the past have really shaped the ways in which these communities have come to experience policing in contemporary times.⁵

Ms. Mukisa Kakembo, representing the Elizabeth Fry Society, a Participant at the Commission, expanded on these points with a vivid example of how institutional racism operates in the educational system, further reinforcing the lack of trust and confidence:

[W]e have seen in the Wortley Report that Black people are less likely to even be referred to restorative justice, so we don't even get the opportunities to participate in these programs because that institutional racism is a barrier. And I also have an example, which we haven't really talked about, the use of community policing in the educational system, which is one type of community policing, but where – there was an example of

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in 2019, the police was called to respond to an incident in an elementary school. So what happened was there was a nine-year-old boy. He was being bullied, and he was upset, and sort of in response to that bullying kind of was acting out, and instead of the school being able to handle it internally, they actually called the police. So after lunchtime, the school locked this nine-year-old Black child outside, put the school in a hold and secure, and called the police. And then when the police responded, they were treating the young, Black boy like a criminal and asking, "Oh, like, do you have weapons?" and such and such. And this is in contrast to a pretty famous case in Halifax from 1995 when the police were called to respond to three 12-year-old girls who had been alleged to have stolen \$10. The police were called to the school, and as a result, these three 12-year-old girls who were Black were strip searched. So when we do resort to sort of these community policing, we resort to calling the police as a response, then police tend to respond to these problems as if they're responding to a crime. So the behaviour that police are trained to do doesn't really change when they're addressing these community situations. But bringing it back, the central issue there is institutional racism. So racism causes people to see adults, teachers to see these young, Black children as adults and treat them as such. And then when the police are called, they're responding as if it is a crime. So while police are trained to address criminality, this ends up criminalizing these children, or even when charges are not laid, it still traumatizes them for the rest of their life.⁶

Ms. Kakembo's remarks provide an important lesson to us all about the drastic consequences of our failure to disrupt patterns of racism across several institutional systems. Her examples also demonstrate how the failings of other institutions can cause people to have to interact with police. For example, the failings of education, housing, health and mental health agencies and systems necessitate a law enforcement response where one could have been avoided had these other agencies more effectively addressed the person's needs. In her discussion points, Ms. Kakembo also illustrates how overt and implicit bias in systems create disparate outcomes and reliance on public systems that aren't effective.

Steps must be taken to reckon with the history and continuing dynamics that have resulted in this lack of trust and confidence. These steps involve developing, implementing and evaluating confidence-building measures so that institutions and their representatives in authority earn the trust of members of marginalized

communities. This trust will only be rebuilt through the establishment of patterns of intervention and response that disrupt existing harmful dynamics. During this same roundtable on contemporary community policing, Dr. Jamie Livingston, associate professor in the Department of Criminology at Saint Mary's University, expressed the overriding importance of these steps:

And from a sort of social justice and equity lens, this is certainly an important goal in relation to people who have histories of individual and collective trauma stemming from police violence and systemic racism discrimination around police practices, in which they don't find the police to be particularly helpful and won't reach out for help for situations in which they're feeling themselves in distress or in crisis.⁷

Strengthening our ability to see and respond to red flags requires building systems for intervention that include accessible, safe and credible reporting mechanisms. It also necessitates transforming cultural attitudes about reporting and the role of individuals in promoting community safety and well-being. One of the central lessons learned through this inquiry is that these two reforms are necessary but not sufficient. Systemic reform must also directly take into account and challenge the way power and privilege can operate to hide red flags from sight and rebuild trust and confidence in all public institutions, with a focus on addressing patterns of bias and inequities. Inclusion is a means to a safer, and more effective society.

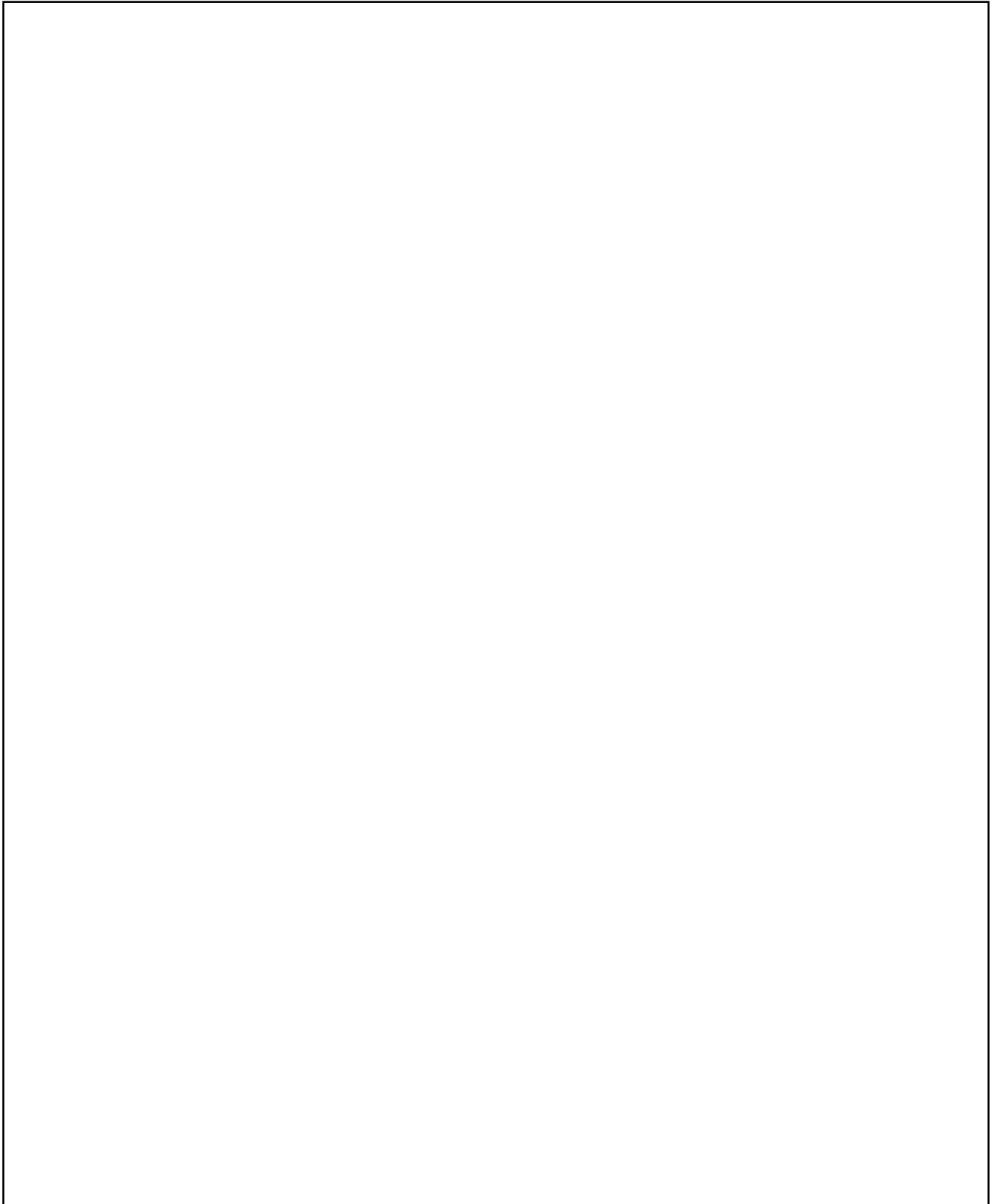
MAIN FINDING

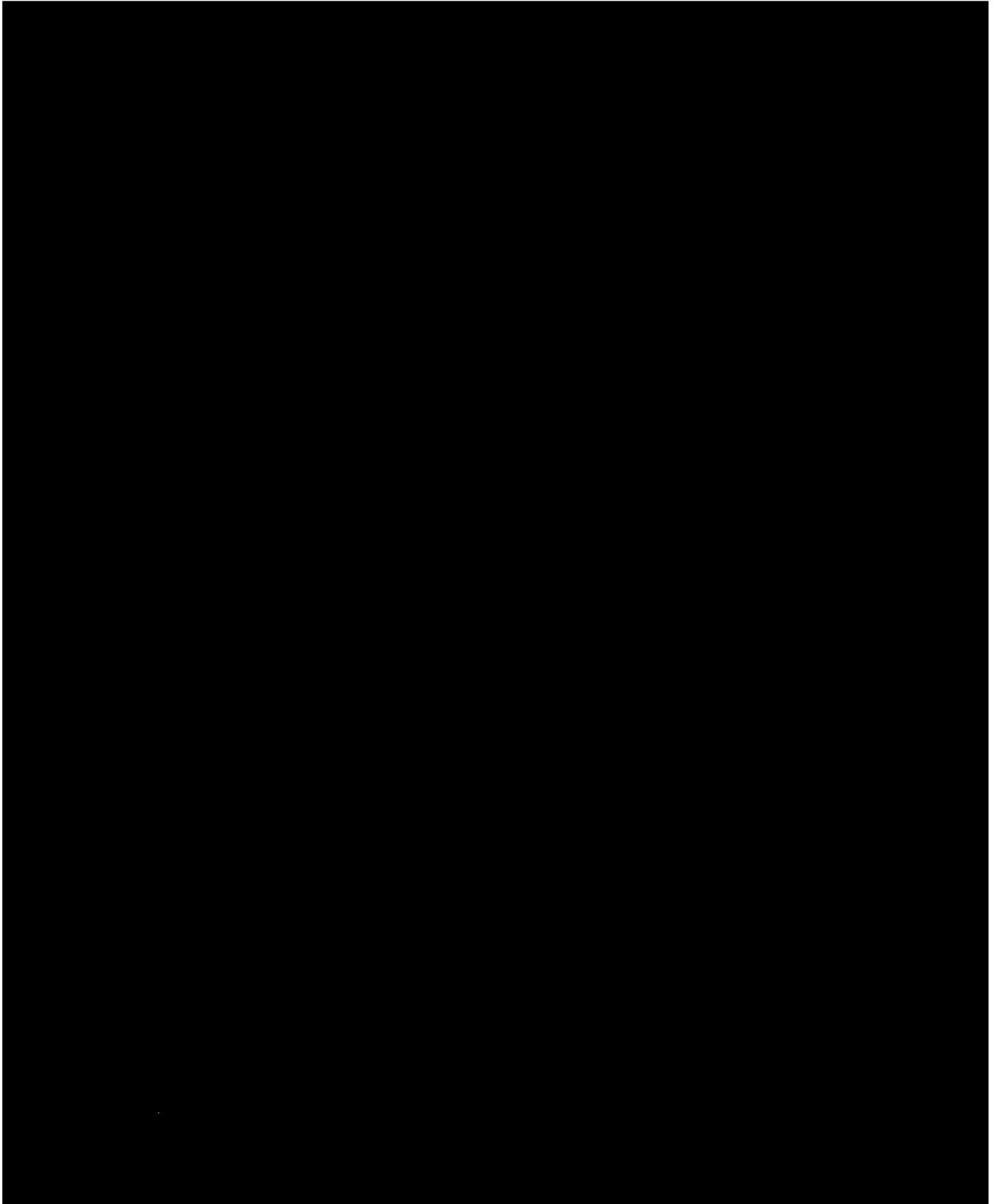
Despite widespread community knowledge of the perpetrator's violent and otherwise illegal, intimidating, and predatory behaviour over a number of years, there were impediments to safely reporting concerns, including a fear of retaliation, ineffective access points, and a lack of faith in an adequate police response. These impediments were magnified by the operation of power and privilege, and by a lack of trust and confidence in police and other authorities, particularly for members of marginalized communities. The barriers to reporting resulted in missed red flags and opportunities to intercede in his behaviour.

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LESSON LEARNED

A cultural shift is required so that (a) our institutions accommodate accessible, safe, and credible reporting mechanisms; (b) promoting crime prevention and community safety becomes a shared responsibility; and (c) existing systemic biases favouring privileged perpetrators are addressed.





**Part B:
Mass Casualty Incidents**

Introduction

Mass casualties are shocking incidents. These acts appear to be sudden, random, and isolated. Our first reaction is one of astonishment: nobody could have seen this coming. However, this sense of suddenness is contradicted by evidence that the paths to the perpetration of mass violence are marked by warning signs. In Part A of this volume, we examined aspects of the perpetrator's life and called attention to the red flags that were visible on his path to April 18 and 19, 2020. In Part B, we turn to the study of other mass casualties, in Canada and elsewhere, in order to broaden and deepen our understanding of the April 2020 mass casualty and to draw out further lessons to be learned.

This wider perspective provides us with a stronger vantage point from which to assess the ability to predict or prevent mass casualties. Research and analysis of mass casualties show the commonalities in patterns of behaviour and factors on the pathways to such occurrences. **The main lesson from this analysis is strikingly clear: The extreme violence of low-probability mass casualties is inextricably connected to everyday violence, and particularly gender-based violence. This insight reinforces the need to see mass casualty incidents as a complex problem that requires comprehensive responses.**

In Chapter 7, we provide an overview of the study of mass casualties. We examine trends in the rate and nature of mass casualty incidents. **The bottom line is that relatively little is known about mass casualty incidents. This lack of knowledge is partially due to the rarity of these mass attacks. It is also a relatively new area of study, and progress has been hindered by the lack of a shared definition of the term "mass casualty" and limitations on the collection of data.** We extended our knowledge base through an international scan of reports on mass casualties and will now share some of the comparative insights garnered through our review of reports from the United Kingdom, the United States, Norway, Australia, and New Zealand. (This environmental scan is reproduced in Annex B to this Report.)

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International Scan of Mass Casualty Reports

The Commission conducted a scan of reports on mass casualty incidents in:

- the United Kingdom;
- the United States;
- Norway;
- Australia; and
- New Zealand.

We share key insights from this scan in this volume, and in Volume 4, Community, and Volume 5, Policing.

In the conclusion to this chapter, we set out and discuss our recommendations for a single, inclusive definition of “mass casualty incidents” and also set out factors that would be integrated into data collection and future research and policy development.

In Chapter 8, we turn to the field of psychology and the psychological assessments that can be used to build our insight into the perpetration of mass casualty incidents. We review developments in behaviour profiling and investigate the potential for prediction and the application of risk assessment models. **We conclude that the focus should be on prevention rather than risk assessment, especially in light of research that has raised concerns about past risk assessment efforts, including concerns about the amplification of systemic racism and sexism by these tools.**

Preventing mass casualties requires us to understand more about the psychology of perpetrators and sociological conditions that increase the risks of this type of violence. We canvass approaches to understanding the psychology of perpetrators through comparative investigations of the personal histories of mass shooters in the United States and through the psychological autopsy of the perpetrator prepared by the RCMP and the Commission’s assessment of this study.

Chapter 9 sets out sociological approaches to understanding mass casualty incidents. Studies show that incidents resulting in mass casualties are committed almost universally by men. The consistency in this gender variable across time

and place warrants close scrutiny. We review findings from recent sociological studies that explore three interrelated dimensions of this gendered phenomenon: the connection between mass casualties and gender-based violence; traditional masculinity and masculinity challenges; and the role of gun culture.

CHAPTER 7

**The Study of Mass
Casualty Incidents**

Trends in Mass Casualty Incidents

This section summarizes what we have learned about the number of mass casualty incidents and about trends in these numbers - to the extent possible within the limitations imposed by inconsistent definitions between studies.

Mass casualties are rare events in Canada and most countries. The United States is an outlier, with a much higher frequency of mass shooting incidents, but mass casualties comprise a small fraction of the country's overall gun violence.

Canada

We commissioned sociologists Dr. David Hofmann and Ms. Willa Greythorn of the University of New Brunswick and Dr. Lorne Dawson of the University of Waterloo to prepare an expert report on Canadian mass casualty incidents. They reviewed 95 studies of Canadian, American, Oceanic, and European mass casualty incidents. **Their report concludes that there is "widespread ambiguity" in the definition of mass casualties and identifies 64 different terms that inform and shape the scholarly, legal, and government analyses of these incidents.** This lack of a consensus definition constrained their ability to analyze trends, and the authors championed the adoption and use of a single definition of "mass casualty incidents." We discuss this definitional issue below. Only five of the 95 existing studies identified by Dr. Hofmann, Ms. Greythorn, and Dr. Dawson had an exclusively Canadian focus. The researchers concluded that this sparse literature lacked "any sort of breadth from which to synthesize generalizable findings" about Canadian mass casualty incidents.

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In their report, Dr. Hofmann and his colleagues propose a definition of “Canadian mass casualty incident”: “A premeditated and successfully executed act of violence during which one or more perpetrator(s) influenced by personal grievances, beliefs, and/or outside ideological sources physically injure(s) and/or kill(s) four or more victims during a discrete period of time.”¹

These researchers apply their definition to the available data from 1970 to 2021 and identify 44 Canadian mass casualty incidents. The table setting out these results is reproduced below. It includes several incidents (highlighted in red) that are below the “four or more victims” threshold. The researchers explain they have included these incidents “due to their potential to escalate to a deadlier attack, and for more illustrative purposes.” In these 44 incidents, perpetrators employed a range of weapons, but firearms were used in the vast majority of incidents, either alone or in conjunction with other means. In his expert report on the history of gun control in Canada, Dr. Blake Brown, professor of history and chair of the Department of History at Saint Mary’s University in Halifax, underscored the prevalence of semi-automatic assault rifles in Canadian mass casualty incidents.

Dr. Hofmann and his colleagues also identify a range of “motives” and “location types” in these incidents. Categories of motive include: workplace; social, personal, political, and religious grievances (sometimes these grievances overlap); intimate partner disputes; anti-feminism; and terrorism. The deadliest Canadian mass casualty incident was the 1985 bombing of Air India Flight 182 that resulted in the death of 329 people. When the focus is narrowed to mass shootings as a subset of these 44 incidents, the April 2020 mass casualty is the most lethal, followed by the 1989 École Polytechnique shooting in Montreal, when a perpetrator killed 14 women and injured more than a dozen others.

Mass Casualty Incidents in Canada, 1970–2021

(Hofmann, Dawson, and Greythorn, 2022)

Incident Date (Y-M-D)	Location	Motive	Violence Type	Location Type	Injuries/Fatalities	Perpetrator Fatalities
1975-02-14	Brossard, QC	Unidentified grievance (perpetrator/s not found)	Firearm	Nightclub	4/4	
1975-05-28	Brampton, ON	School grievance	Firearms	School	13/2	1
1975-10-27	Ottawa, ON	School grievance	Firearm, knife	House, school	5/2	1
1982-10-14	Toronto, ON	Political grievance (anti-capitalism)	Bomb	Factory	10/0	
1984-05-08	Quebec, QC	Political grievance	Firearm	Government building	13/3	
1984-09-03	Montreal, QC	Religious grievance	Bomb	Inter-city rail station	45/3	
1985-06-21	Montreal, QC	Political extremism (terrorist connections)	Bomb	Airplane (in-flight)	0/329	
1989-12-06	Montreal, QC	Anti-feminism	Firearm, knife	University	14/14	1
1992-02-03	Waterloo, ON	Workplace grievance	Firearm	Manufacturing plant	0/3	
1992-08-24	Montreal, QC	Workplace grievance	Firearm	University	4/1	
1992-09-18	Yellowknife, NT	Workplace grievance	Bomb	Mine	0/9	
1994-09-17	Toronto, ON	Intimate partner dispute	Firearm	Nightclub	4/2	
1996-01-05	Surrey, BC	Intimate partner dispute	Firearm	House	0/4	1
1996-04-05	Vernon, BC	Intimate partner dispute	Firearm	House, hotel	0/9	1
1996-08-01	Gore Bay, ON	Intimate partner dispute	Firearm	House, reserve	0/4	

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Incident Date (Y-M-D)	Location	Motive	Violence Type	Location Type	Injuries/Fatalities	Perpetrator Fatalities
1997-04-13	Orangeville, ON	Intimate partner dispute	Firearm, arson	House	0/5	1
1997-07-12	Kitimat, BC	Social grievance	Firearm	Park	1/3	
1999-04-06	Ottawa, ON	Workplace grievance	Firearm	Garage	2/5	
1999-04-28	Tabor, AB	School grievance	Firearm	School	1/1	
2001-09-18, 2001-09-20	Kirkland, QC	Social grievance	Firearm	Multiple houses	0/6	1
2002-03-11	Quatsino, BC	Intimate partner dispute	Strangulation, firearm	Multiple houses, vehicle	0/ 6	Perpetrator injured
2002-06-14	Grimsby, ON	Intimate partner dispute	Firearm	Multiple houses	0/4	1
2006-04-04	Ottawa, ON	Intimate partner dispute	Firearm, bomb	House	0/4	1
2006-09-13	Montreal, QC	School / social grievance	Firearm	College	19/1	1
2006-10-29	Edmonton, AB	Social / personal grievance	Firearm	Nightclub	2/3	
2006-12-10	Halifax, NS	Social grievance	Firearm	Street	1/3	
2007-06-09	Toronto, ON	Social / personal grievance	Firearm	Car	4/2	
2007-08-09	Vancouver, BC	Unidentified grievance (perpetrator/s not found)	Firearm	Restaurant	6/2	
2012-06-02	Toronto, ON	Personal grievance	Firearm	Mall	5/2	
2012-09-04	Montreal, QC	Political grievance (anti-Quebecois nationalism)	Firearm, arson	Theatre (temporary location)	1/1	
2014-06-04	Moncton, NB	Social / political grievance	Firearm	Multiple public streets	2/3	

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Incident Date (Y-M-D)	Location	Motive	Violence Type	Location Type	Injuries/Fatalities	Perpetrator Fatalities
2014/10/20-21	Saint-Jean-sur-Richelieu, QC	Religious grievance	Vehicle, knife	Parking lot, multiple streets	2/1	
2014-10-22	Ottawa, ON	Religious grievance	Firearm	National War Memorial, multiple street & Parliament Hill locations	3/1	
2014-12-29	Edmonton and Fort Saskatchewan, AB	Intimate partner dispute	Firearm	Multiple houses, restaurant	0/9	
2016-01-22	La Loche, SK	School grievance	Firearm	House, school	7/4	
2017-01-29	Sainte-Foy, QC	Political / religious grievance	Firearm	Mosque	5/6	
2017-09-30	Edmonton, AB	Political / religious extremism (ISIS member)	Firearm, vehicles	Parking lot, multiple streets	5/0	
2018-04-23	Toronto, ON	Anti-feminism (incel member)	Vehicle	Street	15/11	
2018-07-22	Toronto, ON	Anti-feminism (incel inspired)	Firearm	Street	13/2	1
2019-06-03	New Sudbury, ON	Anti-feminism	Knife	Parking lot	2	
2020-02-20	Toronto, ON	Terrorism (ISIS sympathizer)	Hammer	Street	2/1	
2020-02-24	Toronto, ON	Anti-feminism (incel member)	Knife	Spa	2/1	
2020-04-18/19	Multiple locations, NS	To be determined (investigation ongoing)	Firearms, arson	Multiple houses, multiple streets	3/22	1
2021-06-06	London, ON	Political / religious grievance	Vehicle	Street	1/4	

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Comparing the United States and Canada

Trends in mass casualty rates are further explored by Dr. Tristan Bridges and Dr. Tara Leigh Tober, sociologists at the University of California, Santa Barbara, in their expert report "Mass Shootings and Masculinity." Their report provides us with illuminating comparative data. In their research, Dr. Bridges and Dr. Tober use the term "mass shootings" and include **only mass casualties committed using firearms**. This is consistent with most US databases and studies. Even when utilizing this less inclusive set of mass casualties, Dr. Bridges and Dr. Tober found a wide variety of definitions of mass shootings within databases. They also emphasized the desirability of a common definition.

Dr. Bridges and Dr. Tober use a 2014 comparative study by Professor Frederic Lemieux of Georgetown University to provide baseline data and explain its limitations. In his study, Professor Lemieux attempted to compare rates of mass shootings in 25 industrialized nations between 1983 and 2012. In order to have a common definition, he utilized the number of fatalities (four or more) as the defining factor. During this period, there were 78 mass shooting incidents in the United States and four in Canada.

Dr. Bridges and Dr. Tober take these "raw counts" of the number of incidents and plot them to show frequency over time. They conclude that the United States is an "outlier" among nations in terms of the frequency of mass shooting incidents. When comparing the volume of violent incidents, however, often scholars will look at the rate of incident, meaning how common the incident is based on the population of that society. Dr. Bridges and Dr. Tober turned the raw count of mass incidents into a rate of mass shootings per 1 million people. Given the US's large population, its rate of mass shooting incidents appears less exceptional. By this measure, countries with smaller populations – such as New Zealand, Finland, and Switzerland – have higher rates of mass casualty incidents than the United States. The ordering changes dramatically because of the law of small numbers: due to the overall rarity of mass shootings, it takes only one or two incidents to cause a significant rate jump in countries with smaller populations.

Counting Frequency Versus Rate

Frequency and rate both measure the number of times a phenomenon occurs. Frequency states in simple terms how often that phenomenon occurs. In this context, rate is a measure of frequency that accounts for population size. Rate is a more useful measure where the phenomenon is sufficiently common and the population sufficiently large to ensure that random fluctuations in data can be distinguished from meaningful changes in frequency. Where a difference of one or two occurrences produces a large change in rate, frequency is the better measure.

Dr. Bridges and Dr. Tober conclude that focusing on frequency rather than rate is a more useful approach. They point out that this approach is consistent with medical research techniques that disregard the rate when a disease is not prevalent enough in society and instead look at frequency. Smaller populations or groups are more susceptible to random fluctuations when examining relatively rare events. Similarly, because mass shootings are relatively rare, using rates to assess the volume of mass shootings makes random fluctuations indistinguishable from meaningful changes in the phenomenon. **Canada ranks in the middle of the 25 countries studied in terms of the frequency and rate of mass shootings. The United States had twice as many shootings as all the nations combined.**

According to multiple studies, there has been an increase in the frequency of mass shootings in the United States since 2000. This trend is clear in Federal Bureau of Investigation (FBI) data about “active shooter” incidents, which the agency began to gather and publish statistics about in that year. The FBI defines active shooter incidents as “public incidents where someone shows up with the intent to kill, to shoot and kill large numbers of people,” and so the definition does not depend on whether there are actual fatalities or injuries.² Dr. Bridges and Dr. Tober contrast active shooter incidents with mass shootings: “These are not all mass shooting incidents but rather incidents *like* mass shootings, or incidents that might have become mass shootings, in which authorities had the opportunity to intervene to possibly change the outcome and save lives.”³ The authors note that “[d]espite the short span of time in which the FBI has been studying active shooter incidents, they have already changed the frequencies of incidents for years prior to 2019 in the data set because they realized they had undercounted incidents.”⁴ Dr. Bridges and Dr. Tober explain that this realization “is important, as it speaks to the fact that

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estimates of mass shootings and incidents similar to mass shootings have always been conservative estimates of the actual frequency of these incidents.”⁵

In the US, there were 3 active shooter incidents in 2000, 40 in 2020, and 61 in 2021. There is no definitive answer as to whether the frequency of mass casualty events has increased in Canada due to the lack of clear data or a settled definition of these incidents. During his testimony, Dr. Bridges told us that it is difficult to extrapolate based on this data to make conclusions about what is happening in Canada. He said:

Most scholars of mass shootings suggest that what’s going on in the United States is just sort of an exaggeration of what’s going on in the rest of the world. And so if I had to guess, based on the data that I know about Canada, I would say that it’s likely that incidents like mass shootings are becoming more common in Canada as well, but I bet that the curve isn’t quite as steep.⁶

International Scan of Mass Casualties

In addition to commissioning three expert reports on mass casualties, the Commission conducted a scan of reports and recommendations from international jurisdictions that have responded to similar incidents. (This environmental scan is reproduced in Annex B to this Report.) A comparison of the expectations and standards in public safety between Canada and our international peers offers a useful perspective. The scan focused on countries that have a similar legal and constitutional structure to our own. **We identified reports about recent mass casualty incidents that were significant not only because they investigated mass casualties that were similar to the one in Nova Scotia but also because they set relevant standards, were comprehensive, or offered solutions and recommendations pertinent to our mandate.**

We found that agencies in the United States had generated many reports about mass casualty incidents. It was not possible to summarize them all. Instead, after a preliminary review, we focused attention on the National Policing Institute’s review of the Pulse nightclub shooting in Orlando, Florida, in 2016. This is the most comprehensive of the institute’s recent reports on mass shootings, and it helpfully

articulates the fundamental principles of a successful critical incident response that emerge from this and other reports. In addition, it identifies effective aspects of the Orlando Police Department response, allowing it to serve as a model in this regard.

We prepared and published summaries of the Pulse nightclub shooting and five reports from other countries. Three of these are mass shootings in the United Kingdom (Hungerford, England, in 1987; Dunblane Primary School in Scotland in 1996; and Cumbria, England, in 2010). In addition, we provided an overview of a mass casualty in Plymouth, England, in 2021, although the report relating to that incident has yet to be released. The two other summaries deal with the 2011 Oslo and Utøya Island mass casualty in Norway and the 2019 terrorist attack on the Christchurch masjidain in New Zealand. After we had completed our summaries, a further report was published, this one discussing a mass casualty committed in Kongsberg, Norway, on October 13, 2021. We have included a summary of this incident here. In addition, the coroner's report and a government review stemming from the 2014 Lindt Café Siege in Sydney, Australia, were also helpful to our work. These documents are discussed in an expert report prepared for the Commission by Dr. Jude McCulloch and Dr. JaneMaree Maher, and so we did not prepare a separate summary. Another Australian incident, the 1996 Port Arthur massacre, is discussed in an expert report prepared for the Commission by Professor Joel Negin, Mr. Philip Alpers, and Ms. Rebecca Peters. We have included a summary of this incident, but again did not prepare a separate summary as part of our international scan.

Below we provide a brief description of each of these incidents. Throughout this Report, we integrate lessons learned from these reviews in our discussion of issues and recommendations. These descriptions provide further information about trends in mass casualty incidents and serve as a background for the more focused discussion of these reports that follows in subsequent sections.

An important point that emerges from the international scan is that Canada is not alone in having to face the reality of mass casualty incidents and the significant though rare threat these incidents pose to public safety. These reports provide Canada with the opportunity to measure its standards and levels of preparation against those in other countries and to benefit from the recommendations and solutions emerging from comparable countries facing similar concerns.

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**A Sample of International Mass Casualty Incidents
(Listed in Chronological Order)**

Location	Date	Perpetrator	Means	Victims
Hungerford, England (rural area and small town)	August 19, 1987	27-year-old male; few details about life history	Firearms (legally owned)	16 killed, 15 injured (first victim was perpetrator's mother)
Dunblane, Scotland (small town)	March 13, 1996	43-year-old male; in financial difficulties with history of criminal allegations against him	Firearms (legally owned)	17 killed, 13 wounded
Port Arthur, Tasmania, Australia (rural)	April 28, 1996	29-year-old male; few details about life history	Firearms (legally owned)	35 killed, 23 wounded
Cumbria, England (rural area and small town)	June 2, 2010	52-year-old male; possibly in financial difficulties, being investigated for tax evasion; family conflict	Firearms (legally owned)	12 killed, 11 injured (first victim was perpetrator's brother)
Oslo and Utøya Island, Norway (urban and rural)	July 22, 2011	32-year-old male; history of expressing far-right and Islamophobic beliefs	Firearms (legally owned) and bomb	77 killed, hundreds injured
Sydney, New South Wales, Australia (urban)	December 15 and 16, 2014	50-year-old male; history of gender-based and intimate partner violence	Firearm (illegally obtained)	Perpetrator killed 1 victim; another victim was killed and 3 were injured by police'
Orlando, Florida, United States (urban)	June 12, 2016	29-year-old male; history of intimate partner violence	Firearms (legally owned)	49 killed, 53 wounded
Christchurch, New Zealand (urban)	March 15, 2019	28-year-old male; history of family violence directed toward perpetrator	Firearms (legally owned)	51 killed, 40 injured
Plymouth, England (regional city)	August 12, 2021	22-year-old male; some criminal history; history of family concerns about perpetrator	Firearms (legally owned)	5 killed (first victim was perpetrator's mother)
Kongsberg, Norway (regional town)	October 13, 2021	37-year-old male; history of criminal and threatening behaviour including family violence; record of concerns about radicalization	Bow and arrows, bladed weapons	5 killed, 3 injured

United Kingdom: Four Mass Shootings (1987–2021)

On August 19, 1987, a 27-year-old perpetrator from Hungerford, England, killed 16 victims, including his mother, and injured a further 15 people in a series of shootings at numerous locations in rural and small-town England. The perpetrator also set a fire in his home and killed his dog. He died by suicide after barricading himself in a school building (which was otherwise unoccupied at the time). The perpetrator used three firearms during the course of this incident: a Beretta 9mm pistol; a Kalashnikov 7.62mm semi-automatic rifle; and an Underwood Carbine .30 rifle. He possessed a licence to own firearms, and all three weapons were registered. The review of this incident provides very little information about the perpetrator or his background, other than the fact that he was not in paid employment at the time of the mass casualty and his father had died approximately two years previously. After this incident, the UK Parliament banned semi-automatic rifles and some shotguns.

On March 13, 1996, a perpetrator, aged 43, killed a teacher and 16 students at Dunblane Primary School in Scotland and wounded a further 10 students and three members of staff. The perpetrator carried four handguns and 743 rounds of ammunition. He used two of these firearms during the incident: a 9mm Browning self-loading pistol and a .357 Smith & Wesson revolver. (The latter was used for the sole purpose of taking his own life.) He possessed a licence to own firearms, and his handguns were registered. The perpetrator had previously been investigated by police after they received complaints from parents of boys who attended camps and a sports training course run by the perpetrator, but no charges were laid. He in turn had laid complaints against police and local authorities for the manner in which they handled these allegations. However, the perpetrator was in financial difficulties, largely as a result of these allegations against him. A subsequent inquiry found evidence that the perpetrator had prepared carefully for the attack. After this incident, the UK Parliament banned all handguns and implemented a buy-back program for guns that had previously been legally owned.

On June 2, 2010, a perpetrator, aged 52, killed 12 people by shooting and seriously injured 11 others over numerous locations in a rural area of West Cumbria, England. The perpetrator, who was a taxi driver, travelled more than 70 kilometres in his taxi during the mass casualty. During the attack, the perpetrator shot at other civilians, but they were able to escape unharmed. The perpetrator shot his brother at the outset of the mass casualty. The perpetrator used two firearms (a 12-gauge shotgun and a .22 rimfire rifle with a 10-round magazine) in this incident. He was

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a licensed firearms owner. He was being investigated on suspicion of tax evasion at the time of the mass casualty. The incident ended when the perpetrator died by suicide.

On August 12, 2021, a 22-year-old perpetrator shot and killed his mother before fatally shooting four other victims in Plymouth, England. The perpetrator then took his own life by suicide. A number of reviews of this incident have been announced. At the time of writing, these reviews remain ongoing or have not yet been published. Media reports of these proceedings suggest that in November 2016 the perpetrator's mother reported him to Prevent, a counter-terrorism program; however, the details of this referral have not yet been publicly shared. Despite this referral, the perpetrator successfully obtained a licence to possess firearms. In September 2020, the perpetrator assaulted two youths. This act led to the perpetrator's referral to an alternative justice program and the temporary removal of his firearms certificate and firearm. His firearm and certificate were returned to him in July 2021. The perpetrator's family reached out to a mental health crisis line to express concerns about the perpetrator's well-being in May 2021. Investigations conducted after the mass casualty suggest that the perpetrator was an "active member" of online forums including pro- and anti-incel forums. Incel is a loose social movement that is discussed later in this chapter.

Norway: Two Mass Casualties (2011, 2021)

On July 22, 2011, a 32-year-old perpetrator killed 77 people and injured hundreds in a mass casualty that played out in two key locations: at a government building in Oslo, and on Utøya Island on Tyrifjorden lake, approximately 40 kilometres from Oslo. The perpetrator disguised himself as a police officer before detonating a bomb placed inside a van outside a government building that housed, among other departments, the office of the prime minister of Norway. This explosion killed eight people and injured an estimated 209 others. He then used another vehicle to drive to a place near Utøya Island, from which he used false identification and his police disguise to board a ferry to the island, where a youth camp was taking place. He shot and killed 67 victims on Utøya Island using a Ruger Mini-14 semi-automatic rifle and a Glock 34 semi-automatic pistol. Two others died, many more were injured, including 60 who were transported to hospital. Most of those killed on Utøya were teenagers. This incident is the deadliest mass shooting by a single perpetrator in history. The perpetrator is reported to have prepared extensively for the

mass casualty. He expressed Islamophobic, racist, and far-right, anti-government beliefs, including in a manifesto he emailed before beginning his attack. He also maintained a personal website and frequently posted on far-right online forums.

On October 13, 2021, a 37-year-old perpetrator armed with a bow and arrow, a sword, and knives killed five people in the town of Kongsberg, Norway. Three others were injured. The perpetrator had a history of criminal and threatening behaviour, including toward family members. At one point, police issued a "violence alarm," to his mother, which she carried for two years but never activated. The perpetrator repeatedly breached a restraining order, including by coming to his mother's home with a weapon, but police record-keeping with respect to these incidents was inconsistent. Concerns about the possible radicalization of the perpetrator had also been reported on the basis of videos he posted online. He had a history of being hospitalized for psychiatric treatment, and both family and community members had reported concerns to police and security agencies about the threat he presented.

United States: Pulse Nightclub Shooting, Orlando (2016)

On June 12, 2016, a 29-year-old perpetrator killed 49 people and wounded 53 others in Pulse nightclub in Orlando, Florida. Pulse was a well-known gathering place for 2SLGBTQI+ community members, and popular with the local Hispanic community. The perpetrator used two legally owned firearms in this attack: a Sig Sauer MCX semi-automatic rifle and a Glock 17 semi-automatic pistol. The perpetrator had held jobs as a security guard and expressed to friends a desire to become a police officer. He had a history of committing intimate partner violence. The perpetrator was killed by police. His second wife was charged with aiding and abetting the mass casualty and obstructing justice. She was acquitted of both charges by a jury.

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New Zealand: Christchurch Masjidain Terrorist Attack (2019)

On March 15, 2019, a 28-year-old perpetrator killed 51 people and injured 40 by shooting in a mass casualty attack carried out at two mosques in Christchurch, New Zealand. The shootings occurred during Friday prayer. The police recovered six guns after the mass casualty, all of which were legally owned by the perpetrator. This included two AR-15-style semi-automatic rifles, two shotguns (one semi-automatic, one pump action), and two other rifles. The perpetrator was born and raised in Australia. As a child, he witnessed and was a victim of family violence. He had a history of expressing racist beliefs, including those associated with the extreme-far-right movement. He frequented far-right online forums. He was not in paid employment at the time of committing the mass casualty. A subsequent commission of inquiry found that his attack was carefully planned and that the perpetrator could “be single-minded to the point of obsession,”⁸ as evidenced by his preparations for the mass casualty attack. These included studying the 2011 mass casualty in Oslo and Utøya Island, Norway. After this incident, the New Zealand Parliament banned all centrefire semi-automatic weapons and assault rifles, and most large-capacity magazines. Firearms registration processes were also amended to require that every firearm be registered. A buy-back program was implemented.

Australia: A Mass Casualty and a Hostage-Taking (1996, 2014)

On April 28, 1996, a 29-year-old perpetrator shot and killed 35 people and injured 23 others, set a fire, and abducted a hostage whom he later killed. He used two semi-automatic weapons (an AR-15 and SLR military-style rifle) in this mass casualty, and carried a third, which he did not use. He did not have the firearms licence that was required for these weapons, and so they were illegally possessed. His attack began with the murder of two people against whom he held a long-standing grievance and then moved to public spaces, notably the Australian heritage site of Port Arthur, Tasmania, which is a popular tourist location. The perpetrator had inherited property and financial assets from a friend, and had a childhood history of threatening violence. He misused alcohol frequently in the period before committing the mass casualty. After this mass casualty, the Australian federal and state

governments passed legislation that banned all automatic and semi-automatic rifles and shotguns, required registration of all firearms, and implemented a buy-back process for newly prohibited guns. Handguns were already strictly regulated in Australia at the time of the Port Arthur mass casualty.

On December 15 and 16, 2014, a 50-year-old perpetrator initiated and maintained a hostage-taking in the Lindt Café in downtown Sydney, Australia. He was armed with a shotgun that he had purchased illegally. Ten customers and eight employees were initially taken hostage. Twelve escaped in three separate moments over the ensuing 16 hours. After the third such escape, the perpetrator shot and killed the café manager, at which time the café was immediately stormed by police responders. When they entered the café, the police killed the perpetrator, but also killed a second hostage and injured three others. The perpetrator had a lengthy history of committing violence, including sexual assault and family violence. Prior to the siege, he had come to the attention of Australia's anti-terrorism security forces. At the time of the siege, he was on bail awaiting trial for multiple violent offences.

This incident is not a typical mass casualty, insofar as the majority of casualties were caused by police. We have included it in this summary for three reasons. First, these deaths and injuries would not have occurred if the siege had not taken place. The police actions during the raid of the café were a direct response to the perpetrator's murder of the first victim; in that sense, they are a consequence of the perpetrator's actions. Second, many aspects of this incident and critical incident response have commonalities with other mass casualty incidents. Third, this incident resulted in two detailed reports that trace the perpetrator's life history and evaluate the critical incident response, and these reports were frequently referred to in our process. It is therefore helpful to include information about this incident here.

Common Themes

Throughout this Report, we refer to these and other examples of mass casualties. Legal records, policy analyses, research studies and reports prepared by a variety of authorities have documented and debated common themes among contemporary mass casualty incidents. Many of these reports have addressed topics of specific relevance to our work, such as police responses to community concerns about an individual and the effective coordination of resources during a critical incident

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response. As is evident from the discussion above, international mass casualties have arisen in a range of settings, and there are other examples of rural incidents and mobile perpetrators.

In Part B of this volume, we consider one important aspect of the debate that emerges within mass casualty studies: whether there are shared traits among the perpetrators of mass casualties such that it is possible to speak meaningfully of a psychological profile of the perpetrators of mass casualties. We also discuss common trends, including documented connections between mass casualties and gender-based, intimate partner, and family violence. In Volume 4, Community, we discuss the firearms-related aspects of these mass casualties and ensuing reports. In Volume 5, Policing, as part of our discussion of effective critical incident response, we return to common themes among mass casualties and lessons learned from particular mass casualties.

Defining Mass Casualty Incidents

There is a lack of consensus among scholars and public agencies about the factors or variables that define a mass casualty incident. This lack of consensus means that we do not have reliable statistics about these incidents. Canadian governments collect a range of relevant statistics, including on homicide rates and many other aspects of criminal behaviour and its impact. Useful, comparable data cannot be created, however, without clearly understood uniform categories in which we count and group incidents and relate them to factors and variables. Deficient data means that we cannot answer basic questions such as whether these incidents are increasing in frequency. During her testimony, Dr. Tober explained the paramountcy of being able to count these incidents: **“So before we can study them, understand them, figure out any patterns, we need to know how many there are, like when and where this is occurring, how often it’s occurring. And without a clear definition, that’s just not possible.”**³

Underinclusive Definitions and Data

To put this definitional problem in more concrete terms, when we posed the question “How many mass casualties have there been in Canada in the last 10 years?” we received different answers depending on the definition of “mass casualty” used by researchers. This inability to answer such basic questions is particularly shocking in our data-saturated era. In his testimony, Dr. Bridges contrasted this with how quickly governments were able to develop and share data about COVID-19:

[O]n almost a day-by-day basis we knew how many people were dying of COVID-19, which is incredible and involved international collaboration, but if you get 20 mass shooting scholars together and ask them how many people have died of a mass shooting in the last year, we don't know the answer to that. And that's – it's a knowable number. We just have to agree on how to define them in the first place before we can know it.⁹

We conclude that establishing a shared definition of “mass casualty incident” is a priority. There was a consensus among experts before the Commission, both in the written reports and during roundtable discussions, that we should address this gap. In this section, we review the input we received about this definition and make our recommendation. In their expert report, Dr. Bridges and Dr. Tober provide a helpful introduction to this topic.

As discussed above, mass casualty incidents, and, in particular, mass shootings, are more common in the United States than in other countries, by a large margin.⁷ There is an active group of American scholars and studies in this field, and definitional discussions have largely been shaped by US police agencies and US-based academic researchers. The relatively large number of mass casualties in the United States has led to the creation of multiple databases that capture data about these incidents. However, as Dr. Bridges and Dr. Tober point out, it is difficult to draw general conclusions across databases because they use different criteria and apply the selected criteria inconsistently. For example, some databases count injuries as well as fatalities within their criteria. Some include incidents involving more than one shooter, even when the definition used indicates that only incidents with one shooter should be included. Some databases acknowledge that they include exceptions, like notorious incidents involving more than one shooter. Researchers are therefore looking at different groups of incidents, identifying different patterns, and obtaining different results.

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Dr. Bridges and Dr. Tober's report relates that definitions of mass shootings were first developed by two policing agencies – the FBI and the New York Police Department (NYPD) – and popularized by journalists through their reporting. These researchers also explain how the collection of data about gun violence, including mass shootings, has been politicized in the United States.

The FBI uses various categories of killings to describe mass casualty incidents: active shooter, spree killings, and serial killings. Each one has a different definition, usually based on the number of shooters and locations, and whether the incident occurs over a period of time. The FBI's mass killing definition has a fatality threshold of four, which is how four became the criterion most often used in the media and research. The FBI definition excludes family violence. If a person attacks their whole family, even if there are more than four fatalities, it is not counted as a mass shooting. Gang violence is also not captured in this definition of mass shooting. Similarly, the NYPD recommends not including family violence, intimate partner violence, and gang violence in the definition of a mass shooting. In the United States, the NYPD recommendation is usually relied on by other agencies as a reason to exclude these types of incidents from databases of mass casualties. In turn, social scientists have generally accepted the parameters set by these law enforcement agencies.

Dr. Bridges and Dr. Tober's report demonstrates that most databases are under-inclusive because they arbitrarily restrict the pool of incidents on the basis of the relationships between perpetrators, places, and victims. These criteria mean, for example, that some databases would not include the 2012 mass shooting at Sandy Hook Elementary School in Newtown, Connecticut. In this incident, a 20-year-old man shot his mother in the morning before driving to Sandy Hook Elementary School, where she worked, shooting his way in, and killing 20 children and six adults before dying by suicide. Not all datasets on mass shootings in the United States include this incident for two reasons: (1) the shooting occurred in more than a single location, and (2) the incident began with an act of family violence.

In addition to addressing the definitional issues, Dr. Bridges and Dr. Tober explain how American studies of mass shootings have been limited because for more than 25 years now, the data on gun violence has not been consistently collected. In 1996, in response to a public study that found that gun ownership is a risk factor for homicide in the home, Congress passed a legislative provision known as the Dickey Amendment, which forbids the Centers for Disease Control and Prevention from using funding to advocate for or promote gun control. The Centers study any topic

that has an impact on public health (not only disease). In 2011, this prohibition was extended to the National Institutes of Health. The limitation of funding and opportunities for research has resulted in “an incredible lack of data” in the United States.¹² Compounding these challenges, the FBI data is based on the Supplementary Homicide Report, a subset of the Uniform Crime Reporting program, which is submitted to states by individual police departments on a voluntary basis. States are encouraged to submit this data to the federal government, but they can opt out of doing so.

Dr. Bridges and Dr. Tober make a compelling case for adopting a broad definition of mass shootings:

What these incidents and definitional dilemmas bring into stark relief is the recognition that the majority of existing data and estimates of mass shootings around the world are best understood as underinclusive estimates of the prevalence of incidents of the broader phenomenon that we are seeking to understand. And while the data that do exist have allowed us to better understand some of the most extreme and deadly mass shootings around the world, discovering patterns to learn more about incidents like mass shootings is challenging when the population of incidents remains small.¹³

They also note the limitations on the study of mass casualty incidents caused by the lack of a central international database.

Gender Bias in Definition and Data Collection

The definitional exclusion of mass casualty incidents connected to family and intimate partner violence is highly problematic because there is an explicit connection between these forms of violence and mass casualties. The exclusion artificially restricts the number of mass casualty incidents that are counted and perpetuates an unfounded and untenable division between so-called public violence perpetrated against strangers and the so-called private violence perpetrated in the context of relationships. The expert reports prepared by Dr. Hofmann, Dr. Dawson, and Ms. Greythorn and by Dr. Bridges and Dr. Tober both touch on this invalid distinction. It is explored in greater depth in the expert report prepared by Dr. Jude McCulloch, a professor of criminology at Monash University in Australia,

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and Dr. JaneMaree Maher, a professor of sociology and anthropology at the same institution.

In their report, Dr. McCulloch and Dr. Maher explain why and how mass casualty incidents and gender-based violence, particularly intimate partner and family violence, have typically been seen as separate phenomena. They identify gender bias and a siloed approach to different forms of violence as two key factors in this trend. They explain the gender bias this way:

The division is grounded in historical patriarchal social, legal, and cultural understandings of the different roles and attributes of men and women and, based on these, the accepted and assumed character of relationships between men and women across society and in the home between intimate partners in particular. Gender-based violence, particularly domestic and family violence, has long been considered a form of private violence, while mass casualty attacks, particularly when an attack is not limited to intimate partners and family members, are located squarely in the frame of public violence.¹⁴

This historic bias is replicated in and reinforced through institutional practices, including, for example, the US law enforcement agencies' decision to exclude mass shootings that stem from or include family or intimate partner violence. In her testimony, Dr. McCulloch explained the gaps in data collection that are created by this historic and persistent bias:

The first is that much of the data that has been collected historically hasn't paid attention to the gendered aspects. So in order to make the connections, you need to be able to, for example, know the relationships between the attacker and the victims, and often the data is not collected in relation to those things.

You also would want to know about the attacker's biography and any history of gender-based violence. But the issue there is, again, that data has not been sought out or collected in the original data collection.¹⁵

The problems extend beyond data collection to research frameworks. Research frameworks are the kinds of questions that researchers pose, which drive whether and how the relationship between gender-based violence and mass casualties is captured and understood. In their report, Dr. McCulloch and Dr. Maher note that

the connections between mass casualty incidents and gender-based violence have become increasingly apparent. In part, this recognition reflects the contributions made by their research to the collective understanding of mass casualties. We discuss their findings about the connections between mass casualty incidents and gender-based violence in Chapter 9.

Conclusion and Recommendations

There are major gaps in the public and policy understanding of mass casualty incidents. These gaps arise partly because these are relatively rare crimes, but the gaps are also attributable to a lack of consensus on how to define this phenomenon and to the operation of gender bias in how we see and study violence. We conclude that a clear data-collection, research, and policy strategy should be developed on a priority basis to build our understanding of mass casualty incidents. This strategy should be centred on widespread acceptance of a clear definition of these incidents to facilitate tracking and research. This definition and the resulting data collection and research should address existing gender bias and recognize the links between mass casualty incidents and gender-based violence, intimate partner violence, and family violence. We propose an inclusive definition of mass casualty incidents and identify an open-ended list of factors to guide the collection of data.

A clear, shared definition of “mass casualty” will assist us to collect data in a meaningful way, which will in turn allow the systematic tracking and study of these incidents. Increased understanding is an important step toward prevention. **We received substantial input on this topic from Canadian, American, and Australian scholars, and on this basis, we identify six variables that are threshold definitional issues: span of time, number of victims, number of perpetrators, type of weapon or weapons, category of crime, and motivation.** All of these variables are “data points”; that is, discrete units of information that are gathered about an incident. Lack of agreement on these data points results in inconsistent collection of data. Inconsistent data hinders our ability to compare events, identify trends, and assess how to prevent mass casualties.

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There is a consensus among scholars and law enforcement agencies on two issues: mass casualty incidents by definition occur over a short span of time, and they result in four or more victims. Selecting a numerical threshold of victims is unavoidably arbitrary. The number four in this context has gained currency by usage over time, and it assists in quantifying the idea of “mass.” We recognize that keeping the threshold of four victims will exclude many serious violent incidents that have elements in common with mass casualties. Two relatively recent Canadian examples that were very much in our minds as we considered this question are the Desmond case, in which a former soldier killed three family members and himself in Upper Big Tracadie, Nova Scotia, after being medically discharged from the Canadian Armed Forces; and the 2015 Renfrew County femicides in Ontario, in which an individual killed three women, all of whom were known to him. Incidents such as these are devastating, and research and policy work on femicides and familicides should receive funding and policy attention in their own right. In Part C of this volume, we recommend a comprehensive approach to all forms of family violence, gender-based violence, and intimate partner violence. With respect to the minimum number of victims for a mass casualty, we have ultimately deferred to the consensus position among those who are conducting research and policy studies in this field. There is a similar consensus that the perpetrator is excluded from this count, even in cases where they die during the incident.

Some definitions count fatalities alone in the tally of victims, but we see no compelling reason to exclude incidents that produced injuries rather than fatalities, where the intent was clearly to kill. Many variables that lie beyond the will of a perpetrator affect the number of fatalities in a given incident; for example, police or civilian intervention to stop the perpetrator’s actions. We adopted the name “Mass Casualty Commission” because we recognize that the perpetrator’s actions on April 18 and 19, 2020, caused deaths and physical injuries, and that his actions directly and indirectly affected the lives of many others. We include both physical injuries and fatalities in determining whether a mass casualty has occurred.

Many mass casualty definitions focus on lone perpetrators; in our view, however, there is no justification for excluding incidents that involve more than one perpetrator. As Dr. Hofmann said during our roundtable discussion, “it doesn’t change the nature of the act when there are two or more perpetrators.”¹⁶

In the United States, the use of firearms is a defining characteristic of mass shootings, which is the preferred term in that country. This exclusion of the use of other types of weapons is invalid in the Canadian context. Guns are involved in a majority

of mass casualty incidents in Canada as well, but this is not always the case. Perpetrators of Canadian mass casualties have used explosives, knives, and vehicles as lethal weapons, and it is important that our definition is broad enough to encompass these incidents and those that may be committed by other means. Our proposal is also consistent with the Canadian data that a much smaller percentage of all homicides involve the use of firearms by comparison with the US statistics. Recognizing that rampages can be carried out using other weapons does not in any way minimize the role of access to firearms, and in particular to semi-automatic firearms, in the perpetration of mass casualty incidents.

Settling on a common definition of “mass casualty incidents” requires us to resolve two additional, more complex, and, to some extent, inter-related issues. Some definitions of mass casualty events exclude certain categories or types of attacks, notably family and intimate partner violence, gang-related violence, and terrorism. We have already acknowledged the gender bias at the root of excluding gender-based, intimate partner, and family violence and the associated mistaken notions of “private” and “public” violence. Excluding these and other forms of violence also emanates from a specific understanding of mass casualty incidents as random occurrences, where people are killed or injured simply because they are at the wrong place at the wrong time. Yet, the facts in the April 2020 mass casualty complicate this conception of randomness. Although the perpetrator killed some people who were known to him and others apparently randomly, the mass casualty began with his attack on his intimate partner. The perpetrator had a long history of unchecked violent behaviour, and while the extent of its escalation in April 2020 was not specifically predictable, it did not occur out of the blue. **Establishing a broad definition of “mass casualty” provides the capacity to determine whether patterns are evident in how these relatively rare incidents manifest. This analysis can then refine our understanding of how to prevent and respond to them.**

The question of whether motivation should be included in the definition of “mass casualty” is connected to the issue of excluding some categories of mass attacks. Experts before the Commission disagreed about whether to include a reference to motive. In their expert report, Dr. Hofmann, Dr. Dawson, and Ms. Greythorn propose a definition that includes an element describing the perpetrator’s motive using the phrase “influenced by personal grievance, beliefs and/or outside ideological sources.”¹⁷ During our roundtable discussions, Dr. Hofmann explained that the rationale for this proposition is differentiating mass casualty incidents from “more commonplace forms of violence” such as incidents involving “heat of the moment or crimes of passion.”¹⁸ Dr. Bridges and Dr. Tober disagree on the basis that evidence about

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a perpetrator's motive is not always available, and therefore it would be "very challenging to actually sort of separate out and exclude cases based on that."¹⁹ In Chapter 8 we describe the challenges of ascribing motive in the particular context of the psychological autopsy report produced by the RCMP's Behavioural Sciences Branch after the mass casualty. The distinction that Dr. Hofmann suggests between mass casualties and more commonplace violence also perpetuates the stereotypes associated with the flawed conception of a divide between public and private violence that we address more fully in Chapter 9.

We agree with Dr. Bridges and Dr. Tober that the definition of "mass casualty incidents" should not be narrowed by criteria based on motive. At the same time, there are strong social policy reasons to encourage the collection of additional information about the history and past behaviour of perpetrators of mass casualties, as well as other qualitative information about the incident. While some inquiries and reviews of mass casualties pay relatively little attention to the perpetrator, our mandate directed us to examine the perpetrator's antecedents. This examination has assisted us in making our findings and framing our recommendations, particularly those concerned with prevention and early intervention.

To facilitate further study, in addition to our recommendation for a definition of "mass casualty incidents," we recommend the collection of as much information as possible about a wide range of variables. Based on our work, we have identified that it would be helpful to collect data on the following variables:

Information about the perpetrator, including but not limited to:

- whether the perpetrator had a history of violence, including coercive control, sexual assault, uttering threats, and criminal harassment (stalking); whether those behaviours were reported or not; whether charges were laid or not; outcome of criminal charges;
- whether the perpetrator had a history of hate-based crimes or expressing hateful sentiments toward an identified group; whether reported or not; whether charges were laid or not; outcome of charges;
- whether the perpetrator had a history of extremism or connection to extremist movements or online forums;
- whether the perpetrator had a history of suicide attempts or suicidal ideation;
- whether the perpetrator had a history of harming or killing pets or animals, or threatening to do so;

- whether the perpetrator had a history of deliberately causing damage to property;
- whether the perpetrator had a history of being subjected to or witnessing family violence;
- whether the perpetrator had a history of alcohol and/or substance dependence;
- whether and how the perpetrator explained the mass casualty;
- whether the perpetrator had a manifesto and the contents thereof; and
- the connection, if any, between the perpetrator and the victims.

Information about access to weapons and ammunition, including but not limited to:

- specific weapons/firearms used;
- how the weapons/firearms were acquired; whether lawfully or unlawfully acquired and kept;
- the amount of ammunition the perpetrator had access to or had stockpiled;
- how ammunition was acquired; and
- history of weapons-related charges or complaints; whether criminal charges were laid or not; outcome of charges.

Information about the trajectory of the incident, including but not limited to:

- the pathway to the incident, including whether the perpetrator shared information about the plans and if so by what means and with whom (“leakage”); whether this information was reported or otherwise came to authorities’ attention; whether such reports were acted on and if so, how;
- the location of the mass casualty, including whether the attack began in one place and moved to another or others;
- the perpetrator’s relationship with the place where the mass casualty incident happened;
- the duration of the active phase of the mass casualty incident; and
- the means by which the mass casualty incident ended.

Although it is apparent that a person who commits mass murder should not be viewed as mentally healthy, this does not necessarily mean that they are mentally ill. We have not included mental illness or a history of mental illness in this list. In

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the next chapter, we explain that those who experience mental health challenges are often, and unfairly, stigmatized as violent. Contrary to stereotype, the evidence shows that those who are mentally ill are far more likely to be victims of violence than to perpetrate violence. Research and policy studies reviewed by Dr. Hofmann, Ms. Greythorn, and Dr. Dawson used a range of approaches to diagnosing mental illness, many of which did not follow best practices for psychological assessments and some of which perpetuated stereotypes about those who experience mental illness. Given that there is no sound empirical basis to suspect a link between diagnosed mental illness and the perpetration of mass violence, and in light of evidence about the shortcomings of post-mortem psychological evaluations and concerns about the quality of research that attempts to make post-mortem diagnoses, we have not included mental illness on this list.

LESSON LEARNED

A clear data-collection, research, and policy strategy is necessary to build our understanding of mass casualty incidents. This strategy must be centred on widespread acceptance of a common definition to facilitate tracking and research. The definition must address existing gender bias and permit research and policy exploration of the links between mass casualty incidents and gender-based violence, intimate partner violence, and family violence.

Recommendation V.1**FRAMEWORK FOR TRACKING MASS CASUALTY INCIDENTS**

The Commission recommends that

- (a) All individuals and entities engaged in data-collection research and policy development, including law enforcement agencies and other authorities, adopt this definition of a mass casualty incident:

An intentional act of violence during which one or more perpetrator(s) physically injure(s) and/or kill(s) four or more victims, whether or not known to the perpetrator, during a discrete period of time.

(b) All individuals and entities engaged in data-collection research and policy development, including law enforcement agencies and other authorities, collect data on the following:

(i) Information about the perpetrator, including but not limited to:

- whether the perpetrator had a history of violence, including coercive control, sexual assault, uttering threats, and criminal harassment (stalking); whether those behaviours were reported or not; whether charges were laid or not; outcome of criminal charges;
- whether the perpetrator had a history of hate-based crimes or expressing hateful sentiments toward an identified group; whether reported or not; whether charges were laid or not; outcome of charges;
- whether the perpetrator had a history of extremism or connection to extremist movements or online forums;
- whether the perpetrator had a history of suicide attempts or suicidal ideation;
- whether the perpetrator had a history of harming or killing pets or animals, or threatening to do so;
- whether the perpetrator had a history of deliberately causing damage to property;
- whether the perpetrator had a history of being subjected to or witnessing family violence;
- whether the perpetrator had a history of alcohol and/or substance dependence;
- whether and how the perpetrator explained the mass casualty;
- whether the perpetrator had a manifesto and the contents thereof; and
- the connection, if any, between the perpetrator and the victims.

(ii) Information about access to weapons and ammunition, including but not limited to:

- specific weapons/firearms used;

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- how the weapons/firearms were acquired; whether lawfully or unlawfully acquired and kept;
 - the amount of ammunition the perpetrator had access to or had stockpiled;
 - how ammunition was acquired; and
 - history of weapons-related charges or complaints; whether criminal charges were laid or not; outcome of charges.
- (iii) Information about the trajectory of the incident, including but not limited to:
- the pathway to the incident, including whether the perpetrator shared information about the plans and if so by what means and with whom (“leakage”); whether this information was reported or otherwise came to authorities’ attention; whether such reports were acted on and if so, how;
 - the location of the mass casualty, including whether the attack began in one place and moved to another or others;
 - the perpetrator’s relationship with the place where the mass casualty incident happened;
 - the duration of the active phase of the mass casualty incident; and
 - the means by which the mass casualty incident ended.

The adoption of a universal definition of “mass casualty incident” will support work proposed by Dr. Bridges and Dr. Tober toward the creation of an international database of mass casualty incidents. It will also support work toward reducing the “explanatory gap” between adverse life experiences and the turn to mass violence identified by Dr. Hofmann in our roundtable proceedings.

Areas for future research and policy development suggested by Dr. McCulloch and Dr. Maher in their commissioned expert report “Understanding the Links between Gender-Based Violence and Mass Casualty Attacks: Private Violence and Misogyny as Public Risk” include:

- The integration and augmentation of data from a range of mass casualty incidents, regardless of whether they were politically motivated or involved firearms, with the data from mass casualty incidents that are typically excluded from the definition in order to provide a fuller understanding of such attacks and attackers. Dr. McCulloch and Dr. Maher note that some scholars have begun such synthesis and, further, that there is value in retaining categorical data collection.
- The links between disasters and mass casualty attacks. Given the emerging research that shows a relationship between the global pandemic, particularly lockdowns, and a heightened prevalence of intimate partner homicide, as well as the close links between mass casualty incidents and intimate partner violence, research could be broadened to investigate any links between disasters and mass casualty attacks.
- The role of misogyny as a feature of extremist ideologies and as a form of extremism itself.
- The intersections of terrorism, mass casualty incidents, and misogyny. An informed discussion about the optimal policy position that includes a focus on the extent, nature, and dangers of misogyny as a type of violent extremism that intersects with other types of violent extremism should be a step in a process toward arriving at such a position.
- Prevention and intervention strategies for cybermisogyny. Given that incels are largely based in an online subculture, prevention and intervention strategies should focus on countering and identifying potential perpetrators online. This will require policy-makers to (continue to) join with the technology sector, both to ensure that such strategies are effective and to assist that sector to develop and implement solutions aimed at limiting offensive and dangerous content and better protecting those harassed and targeted.²⁰

CHAPTER 8

Psychology of Perpetrators

Psychology is the study of mind and behaviour. Psychologists use empirical methods to understand human behaviour and social and emotional reactions. A psychological assessment is an evaluation of a person to try to measure or describe their functioning in terms of their emotions, their mental states, and their behaviours. Psychological assessments are used by psychologists, criminologists, and law enforcement personnel in a number of ways, including to evaluate an individual's risk of re-offending or to assess an offender's moral blameworthiness.

The term "forensic psychological assessment" describes psychological assessments used to inform a legal decision or used for law enforcement purposes. Legal decisions for which forensic psychological assessments are often used include decisions about conditional release from prison (parole and probation), about detention on the basis of mental illness, or about designation as a dangerous offender under the *Criminal Code*. Psychological autopsies and behavioural threat assessments are also forms of forensic psychological assessment. The terms "psychological autopsy" refers to a type of assessment that is retrospective and is aimed at clarifying information about a person's death or state of mind during events leading up to their death.

Psychologists, law enforcement agencies, and researchers have also worked toward generating a "psychological profile" of the perpetrators of mass casualty. As we explain in this section, the traits and behaviours that are frequently found among perpetrators are also common among other, non-violent, community members. We conclude that at this time, it is not possible to use a psychological profile of typical perpetrators to predict who will commit mass violence. Behavioural threat assessment and management are techniques that have been developed in response to the recognition of this limitation. Some work done in the United States by the FBI and psychologists to identify behaviours that raise concern about an individual's possible plans to engage in mass violence and then intervene with supports and comprehensive services shows promise, particularly with respect to

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averting school shootings. Mark Follman, a former editor and the developer of a database on mass shootings, describes these initiatives in his book *Trigger Points: Inside the Mission to Stop Mass Shooting in America*, discussed in greater detail below. However, as Mr. Follman makes clear, this work has not yet been empirically validated, and civil rights groups have raised concerns about the civil liberties implications of the adoption of threat assessment and management techniques, particularly for Black and other racialized students.

In this section, we begin by considering whether there is a uniform psychological profile of those who commit mass casualties before turning to the more recent strategy of behavioural threat assessment and management. We then discuss the use of risk assessments to predict people's risk of perpetrating these events. Finally, we assess the RCMP's psychological autopsy of the perpetrator of the April 2020 mass casualty.

Is There a Psychological Profile of the Perpetrators of Mass Casualties?

In their expert report, Dr. Hofmann, Dr. Dawson, and Ms. Greythorn provide a critical review of research on the background characteristics of perpetrators of mass casualties. They conclude that "efforts to create a psychological profile *per se* have failed" but that much has been learned about common characteristics and short-term situational risk factors. Many perpetrators share these characteristics: male, predominantly white, an average age in the mid to late thirties, single or divorced, and some studies have found a relatively low level of education (high school or below). However, a sizable portion of mass murderers do not conform to even this broad profile, with the exception that the perpetrators of mass casualties are overwhelmingly men. Dr. Hofmann and colleagues cite with approval the conclusions of a 2017 study by Gill et al. that "we should be wary of monocausal master narratives" about mental illness or other factors that are seen to lead down the path toward a mass attack. The 2017 study found:

[M]ass murderer attacks are usually the culmination of a complex mix of personal, political, and social drivers that crystalize at the same time to

drive the individual down the path of violent action. Whether violence comes to fruition is usually a combination of the availability and vulnerability of suitable targets that suit the heady mix of personal and political grievances and the individual's capacity to engage in an attack from both a psychological and technical capability standpoint.¹

One defining motif of the behavioural profile is that perpetrators of mass casualty incidents have an atypical preoccupation with grievances. Many people hold grievances without engaging in any kind of violence, and some research suggests there is something exceptional about the “intensity and longevity” with which perpetrators perceive themselves to be victims of unfair or unjust actions.

Dr. Hofmann and colleagues reviewed the findings of a large range of studies on the connection between mental illness and the perpetration of mass casualty incidents. They concluded that while a minority of mass murderers have a history of mental illness – broadly defined to include depression, substance abuse, and suicidal tendencies – the role of mental illness in influencing or precipitating their violence is “complex and unclear and must be determined on a case-by-case basis.”² It is also important to emphasize that people who experience mental health challenges are far more likely to be the victims of violent crimes than to commit them.

Two important short-term factors were identified. First, a high percentage of perpetrators had engaged in careful planning for the attack, over a period of at least several months and often for years. Second, a significant minority of the perpetrators made statements to friends and family members about their beliefs, intentions, and plans. Every study has found that 30 percent or more of perpetrators engaged in this kind of “leakage.” Both these factors support the view that mass casualty incidents “are not as undetectable as commonly thought.”³

In the United States, the Violence Project reviewed details of 168 mass shootings committed between 1966 and 2021, including searching for evidence about more than 100 life-history variables, such as mental illness, trauma, academic performance, and bullying. A team combed through attackers' journals, manifestos, blog and social media posts, interview transcripts, and other sources. They also contacted 32 living mass shooters – a small number of the total, because most had died by suicide during an attack or had been killed by police – and five agreed to participate in the study through letters or phone interviews from prison.

The Violence Project team learned that 42 percent of the shooters had experienced early childhood trauma and exposure to violence at a young age, such as physical

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or sexual abuse, witnessing domestic violence, having a parent die by suicide, or bullying. More than 80 percent had reached a crisis point in the hours, weeks, or months leading up to the incident. About 50 percent had been reprimanded, suspended, or fired from work shortly before committing the crime. These crises had triggered noticeable changes in behaviour in most shooters, such as increased agitation or isolation. Another common factor was that many of the perpetrators had researched past mass casualties extensively. They all had the means to carry out an attack. This report also highlighted the complexities of the pathways to mass violence.

Several roundtable members acknowledged the important work being carried out by the Violence Project but also pointed out some of the weaknesses in the project data and conclusions. Dr. Bridges emphasized that these statistics are based on a subset of known mass shootings, so no conclusions can be drawn about whether the patterns in their data are meaningful. He used several examples to illustrate this point; for example, "if we say that perpetrators had a history of mental health challenges, that a certain proportion of their data showed that, and we don't compare that with sort of, like, the rest of the population. It makes it sound like, well, then this must be a sort of causal reason that these things happen. And the fact is, we just really can't make that claim; right?"⁴ Another example is the finding that in many school shootings, the perpetrators had been subjected to a great deal of bullying and, in particular, that they were "gay baited" – teased for being gay – even though little evidence suggests that any of them identified as gay. Dr. Bridges observed that there is a large number of individuals who were bullied and teased for being gay, and the vast majority of them don't go on to commit school shootings.

Dr. Angeliqne Jenney, associate professor in the Faculty of Social Work at the University of Calgary and scholar of child mental health specific to experiences of trauma and its impact on children and families, expanded on this concern at a roundtable on Definitions and Psychology/Sociology of Perpetrators of Mass Casualties. She noted that 32 percent of adults in Canada report they experienced abuse in childhood, 25 percent of children in grades 6 through 12 report being bullied, and 76 percent of Canadians report having experienced a traumatic incident in their lives. Given the high levels of these experiences and the very low rate of mass casualty incidents, Dr. Jenney suggested "we can't really make a connection between that experience" and that "these are huge numbers that if that was the only connection or a strong connection, we would be seeing much more incidents like these and we just don't. They're very rare."⁵ Nevertheless, Dr. Jenney confirmed

there is value in learning about these connections even though causation is not established:

[W]e can intervene early when we think about childhood trauma. We can address some of the issues....

So I think they're important pieces to look at and to take into consideration because those are things that as a society, we should be preventing trauma in childhood. That's what we would want for all children. We wouldn't want children to be bullied. We don't want people to experience adversity without support around it.⁶

At the same roundtable, Dr. Hofmann concurred with Dr. Jenney, noting that there was an "explanatory gap" between adverse experience and the escalation toward an act of violence. More study is required to narrow the gap, recognizing the complexity of the social dynamics involving human beings and social conduct and identity.

In the United States, the FBI and educational professionals have established an extensive behaviour threat assessment and management process with the goal of reducing school shootings and other forms of mass violence. As noted above, these initiatives are discussed in Mr. Follman's book, *Trigger Points*. Behavioural threat assessment and management is intended to work in a prospective fashion to intervene with individuals who are exhibiting concerning behaviours, by providing supports and services that are intended to encourage the individual into constructive pathways rather than punishing or excluding them. Mr. Follman challenges the notion that mass shootings are random and surprising events:

Every single case ... involves a subject who showed a mix of warning behaviours – not fulfilling any checklist, as the public commonly expects per notion of criminal profiling, but comprising a set of actions and conditions that revealed danger to threat assessment experts. These warning behaviours fall into eight broad areas: entrenched grievances, patterns of aggression or violence, stalking behavior, threatening communications, emulation of previous attackers, personal deterioration, triggering events, and attack planning and preparedness.⁷

Mr. Follman argues that these characteristics provide us with a "deep aggregate of warning behaviour."⁸ He reports that study of mass shooters through the 2010s

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revealed more about key areas of warning behaviour, including domestic violence, misogyny, and identification with extremists. Another important insight from the work of FBI psychologists is that mass casualty events are “acts of targeted violence” that can be likened to “rational behaviour in pursuit of a mission.”⁹

In addition to supplying further evidence about leakage, FBI studies have also found a clear pattern that people close to perpetrators became aware of a conspicuous change in the perpetrator’s behaviour. A 2018 study following a multi-year investigation refuted the belief that shooters “burst out of extreme social isolation.”¹⁰ The study found that most perpetrators lived with or had social connections to other people, many of whom witnessed “disturbing pre-attack behaviours rooted in depression, anger and paranoia” and experienced “conspicuous levels of interpersonal conflict” and “communications signaling violent intent.”¹¹

The US Department of Homeland Security has compiled these behaviours into a threat evaluation infographic (see next page).¹²

Mr. Follman argues that the perpetrators of mass casualties display common traits:

There exists some well-known contours of mass shooters: A great many are young or middle-aged white men. Many harbor rage, paranoia and bitter grievances. In numerous cases, they are misogynists or domestic abusers. Some subscribe to extreme political ideology. Most have a heavy interest in weapons. And simply by definition of their acts, all mass shooters can in a basic sense be described as mentally unhealthy.¹³

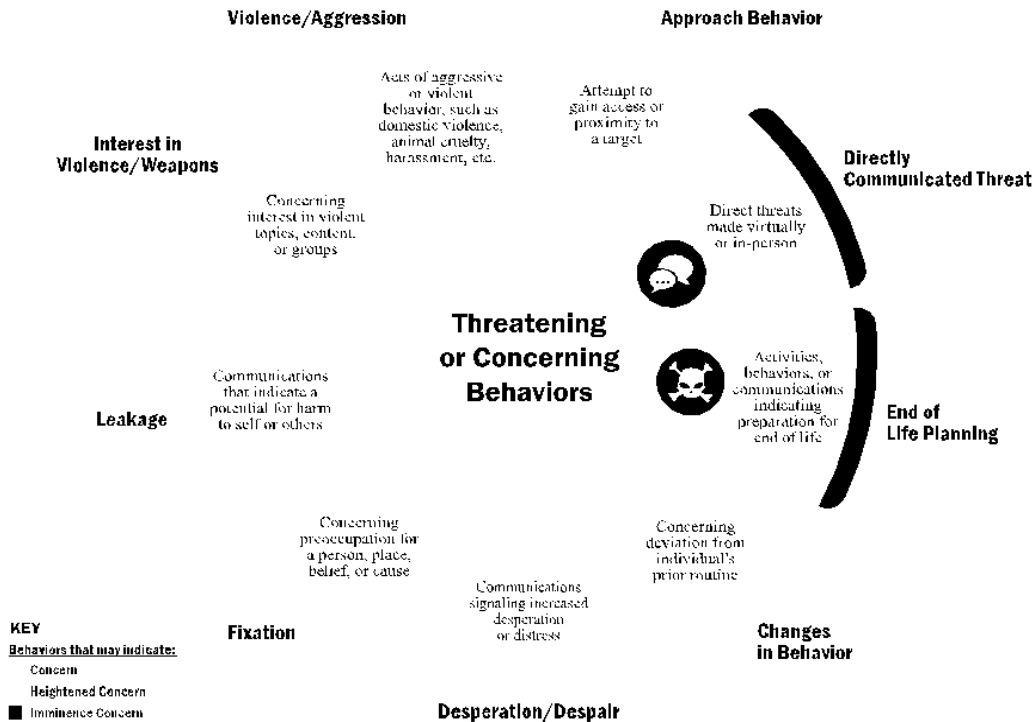
Like the Commission experts, Mr. Follman does not leap from a profile of common characteristics to a checklist with prognostic capability. He similarly argues that such broad traits and conditions have no predictive value: “Categorically, they offer little to help threat assessment professionals identify who might actually attack.”¹⁴ Any such checklist would be overinclusive, as the number of individuals who share these traits who might ever commit mass murder is exceedingly small.

Mr. Follman argues that the successes of the behaviour threat assessment and management approach support the view that intervening to address concerning behaviours and provide supports is a more effective strategy than attempting to build a psychological profile of potential perpetrators. He documents that the FBI has had some success in using behavioural threat assessment to interrupt patterns of behaviour that suggested paths toward escalating violence. However, he also flags that this work has not been empirically studied. Mr. Follman explains that the

Behavioural Approach to Violence Prevention

Identifying Threatening or Concerning Behaviors

Those who have perpetrated acts of targeted violence have no profile. The following represent common threatening or concerning behaviors identified across a wide variety of completed and averted acts of targeted violence. Alone, these threatening or concerning behaviors may not signal an attack.



Assessing Threatening or Concerning Behaviors

These behaviors should be assessed within an individual's totality of circumstances, including life stressors, personal risk factors, and threat mitigators, to identify if a person is moving along a pathway to violence.

Department of Home and Security, National Threat Evaluation & Reporting Program, <https://www.dhs.gov/sites/default/files/publications/behavior-approach-to-violence-prevention.pdf>

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behavioural threat assessment and management strategy, like other successful intervention projects that aim to prevent violence:

hinges on the concept of "shared safety" – a collective responsibility to address the personal trauma and socioeconomic struggles underpinning violent antisocial behaviour ... [The intervention work] – from offering health care and employment opportunities to personal mentorship – is fundamentally about helping these perpetrators realize they have options other than using a gun.⁵

Civil liberties groups have expressed concern about the role of law enforcement agencies in the behavioural threat assessment and management process, and in particular the routine sharing of personal health and educational information with law enforcement agencies that is intrinsic to this model. They emphasize that the way in which threat assessment "is described in literature and what occurs in the field are drastically different things."⁶ In practice, their experience suggests that threat assessment has been used to circumvent school disciplinary processes and exclude students from school while denying students and families the procedural protections associated with school-based processes. The National Disability Rights Network and other organizations in the United States have raised particular concerns that threat assessment processes give rise to profiling of and discrimination against Black and racialized children, and those with disabilities, and that they increase the involvement of law enforcement agencies in the lives of these children. Given these concerns, **while we see potential value in the identification of behavioural patterns of concern and endorse non-punitive, supportive intervention strategies, we caution against regarding the existing US model of threat assessment as an appropriate model for Canadian agencies to adopt, as we explain in more detail below.**

Prediction and Risk Assessment

Mass casualty incidents give rise to questions about whether there were missed opportunities to recognize the perpetrator's dangerousness and whether risk was improperly assessed prior to the incident. Certainly these questions arise

regarding the April 2020 mass casualty in Nova Scotia. Questions about missed opportunities and improper risk assessments can be a coded language for retrospectively seeking out and attributing blame. As we stated at the outset of this Report, we reject the call to blame in favour of seeking out opportunities to learn. **From a forward-looking perspective, the search for these missed opportunities can be framed by asking two questions:**

1. **Can mass casualties be predicted?**
2. **Can mass casualties can be prevented?**

While these questions share a common objective, the paths to answering them and the potential outcomes of pursuing each question are distinct.

We explored these questions with a group of Canadian and international experts during our roundtable on prediction and prevention of mass casualty events. Prediction is only possible where our knowledge provides a sufficient basis to develop effective risk assessment models. Risk has become a governing concept within Canadian society and in many other countries. The concept of risk is used as a way of understanding certain kinds of problems and seeking to counter them. Terms such as “risk management,” “risk assessment,” “risk mitigation,” and “risk tolerance” have become standard within policy discussions, and even public conversations. Despite this prevalence, our ability to manage risk through public policy is uneven. As Professor Nikolas Rose, former professor of sociology and the founding head of the Department of Global Health and Social Medicine at King’s College London, pointed out, “We have a really skewed risk portfolio as [anthropologist Dr. Mary Douglas, who studied how people think about risk,] reported. That is those things that lead to the greatest number of deaths every year are ignored in risk assessments by and large.”¹⁷ This is true even where preventative measures are well understood. The connections between reducing alcohol abuse and avoiding poor health outcomes or between reducing alcohol abuse and preventing crime, particularly gender-based violence, are examples.

During our roundtable discussions, George Szukler, emeritus professor of psychiatry and society, King’s College London, and a retired psychiatrist, provided an overview of the effective use of risk assessments. Efforts at early identification of risk and intervention to prevent risks from becoming outcomes have become a key strategy within mental health system, the criminal legal system, and other domains. For example, risk assessments are a standard tool used within the criminal legal system when questions of bail or sentencing are being decided. Another example

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is that psychiatrists use risk assessments when working with patients who have been or may be violent.

Professor Szmukler explained that in these fields, risk assessments are developed on the basis of statistical associations that have been established through empirical evidence about specific risk factors and violence. These risk factors include, for example, childhood and family disruption, past anti-social and criminal behaviour, details of offences in the past, particular personality traits, abuse of drugs or alcohol, and so on. These risk assessments can be applied to distinguish groups of people who are more likely to be or become violent from those who are less likely to be violent. **Professor Szmukler confirmed that currently, our risk assessment instruments are good and statistically significant in separating a group of people who will be violent from those who will not be violent. They are not effective, however, at predicting whether a specific individual will be violent. For example, we know that there is a strong statistically reliable connection between the abuse of alcohol and violent behaviour, but this does not allow us to predict that a specific inebriated person will commit violence, or even to predict that it is more likely they will do so.**

Professor Szmukler emphasized that the fundamental challenge we, as a society, face is that the violent outcomes we are most interested in preventing, such as homicide and suicide, are rare events. And risk factors based on population-wide patterns “are virtually of no value when the event is rare.”¹⁹ A tremendous amount of work has been invested in the development of risk assessments related to suicide and homicide, and there are limits to further improvements. Professor Szmukler explained that the problem is not so much with our capacity to carry out risk assessments but with our expectations about what they can do. Their ability to predict individual behaviour is inherently limited, and, in fact, virtually non-existent.

As explained above, risk assessments are effective at predicting overall risk at the population level even for relatively rare events. In this context, “population” means a grouping of individuals based on shared characteristics or experiences. While we can be more certain about population-level predictions, taking action based on these predictions is itself risky and has been demonstrated to have unfair and disproportionate negative impacts on certain groups within our society, particularly those who are already marginalized or stigmatized in other ways. This has been the case even where the risk assessment instrument is objective and is not in itself biased, even though these instruments too often do contain biases (as discussed below).

The Riskiness of Risk Assessments

There is an inherent riskiness to employing risk assessments in the mental health and criminal law contexts for two reasons. First, they are used in decisions that can result in the deprivation of an individual's rights and freedoms. Rights and freedoms are valued norms in Canada and attract a high level of legal and constitutional protection. Predictions about violence or dangerousness have been used to minimize risks to the community by depriving individuals of their liberty on the basis of an assessment that they belong to a population that might commit a violent act. Deprivations of liberty extend beyond imprisonment to other limitations that unduly restrict an individual's autonomy. For example, limits on where an individual can live or spend time is also a deprivation of liberty.

Second, these regimes operate within situations of systemic discrimination, including systemic racism. Risk assessments can perpetuate biases and stereotypes, and they can also be applied in a way that has the effect of amplifying historical and current inequalities. During our roundtable, Dr. Benjamin Berger, professor and York Research Chair in Pluralism and Public Law at Osgoode Hall Law School, York University, explained these dynamics in the context of the Supreme Court of Canada decision in *Ewert v Canada* 2018 SCC 30.

In this case, Jeffrey Ewert, who identifies as Métis, challenged the use of certain actuarial violence risk assessment instruments with Indigenous offenders, generating considerable debate concerning the extent to which these tools are valid for use across diverse cultures. At the time of the court case, Mr. Ewert was serving two concurrent life sentences and had spent over 30 years in federal custody, in medium and maximum security settings. He challenged the use of five psychological and actuarial risk assessment tools used by Correctional Service Canada to assess an offender's psychopathy and risk of recidivism, on the basis that they were developed and tested on predominantly non-Indigenous populations and that no research confirmed that they were valid when applied to Indigenous persons. He claimed, therefore, that reliance on these tools in respect of Indigenous offenders breached section 24(1) of the *Corrections and Conditional Release Act* (CCRA), which requires Correctional Service Canada to "take all reasonable steps to ensure that any information about an offender that it uses is as accurate, up to date and complete as possible."¹⁸ Mr. Ewert also argued that the use of these risk assessments with Indigenous prisoners breaches two provisions of the *Canadian Charter of Rights and Freedoms*: the guarantee of the right to liberty and security of the person in section 7 and the right to equality in section 15. The majority

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agreed with Mr. Ewert and issued a declaration that the Correctional Service of Canada has failed to meet its obligation under section 24(1) of the *CCRA*. In particular, the Supreme Court of Canada relied on a provision of the *CCRA* that requires the Correctional Service of Canada to ensure that “correctional policies, programs and practices ... are responsive to the special needs of ... Indigenous persons.”²⁰ The Court did not find that Mr. Ewert had established that his Charter rights were infringed.

The faulty application of risk assessments has resulted in negative and unfair consequences for other individuals, and the effects have been disproportionately borne by members of marginalized groups. For example, people with serious mental illness have historically been over-incarcerated on the basis of their condition despite the fact there is at best a weak correlation between serious mental illness and serious crime. Several of the laws applying these faulty risk assessments were eventually declared unconstitutional by Canadian courts, but many had suffered harm under these regimes. In these decisions, **Canadian courts have set the legal parameters for the use of risk assessment in decisions that may deprive individuals of their liberty and underscore the importance of balancing individual rights and community safety.**

Another problem with the focus on high-risk individuals and their dangerousness is that risk assessments are decontextualized. They do not take into account insights we have gained about social context and the important and deep ways in which history matters. Dr. Berger explained the ways in which this recognition is beginning to make its way into our justice system. For example, the Supreme Court of Canada *R v Gladue*, [1999] 1 SCR 688, 171 DLR (4th) 385 and *R v Ipeelee* (2012 SCC 13) cases underscore the need for “individualized culture, race, Indigeneity-based thinking”²¹ in the sentencing process. Similarly, in *R v Anderson*, 2021 NSCA 62, another case about sentencing, the Nova Scotia Court of Appeal explained how and why the history of slavery, of oppression, and of direct and systemic racism in Nova Scotia matters deeply when evaluating the appropriate sentence for an African Nova Scotian offender.

These examples demonstrate that we must be very careful in our use of risk assessments and our efforts to predict who will commit violence, and regarding what steps we take to mitigate risk based on these predictions. We need to consider questions about the costs and hazards of seeking to eliminate or manage the risk of mass casualties and who will bear the effects of these strategies. Dr. Myrna Lashley, associate professor in the Department of Psychiatry at McGill University

and a clinician and research authority in cultural psychology, observed at the same roundtable that at the core of these legal cases is the fundamental problem of not giving consideration to the question of “who defines risk?” She noted:

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

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

I mean, what are you afraid of? What is the risk? And who has determined that this is a risk?²²

The research is virtually unanimous in finding that we cannot profile perpetrators with a sufficient degree of precision to justify taking punitive or restraining actions in anticipation that they will commit violence.

Profiling for Positive Intervention

Risk assessments become less risky when they are used proactively to address the conditions or factors that are connected to violent behaviour. In the last section, we highlighted significant concerns about the use of risk assessments and provided case reviews of the associated dangers and limitations of prediction and profiling. We acknowledge there are cases post-arrest or -incarceration where violent offenders require careful assessment before being released into the community. The challenge that remains is finding approaches to risk assessment that avoid the systemic racism, classism and other forms of bias that have unfair consequences for people with mental illness and other differentially impacted groups. In short, risk assessments have a place not for prediction but for prevention and intervention. Here, we note that risk assessments can be used proactively to address the

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conditions or factors that are connected to violent behaviour. **This proactive use would be a shift away from focusing on prediction and toward prevention, away from a punitive approach and toward intervention and support.**

During our roundtable, Robert Wright, a social worker and acting executive director of the African Nova Scotian Justice Institute, contrasted the punitive and positive approaches to managing the risk of a person committing harm. He related his comments to his experience working in the child welfare context and with the profiling of parents who were presenting risks for neglecting or abusing their child because they were living in an area affected by poverty or isolation. He noted:

And so when you see that, there are kind of two things you can do. You can then go police that place and find all of the people who present risk, or you can service that place and then, you know, mobilize the local family resource centre and other services and deploy those to that area and say, okay. So now we're creating opportunity for people who may present a risk to actually access services that could reduce those risks. And so that kind of gets us away from focusing on who is at risk and providing services to selected communities or populations that we know could have risk, and lower the risk by providing those services, enhancing services to expand issues.²³

However, profiling and risk assessment can only lead to positive interventions when there are programs and resources in place to provide the needed services and supports. This is too rarely the case. Mr. Wright used the phrase "service provision versus surveillance" and noted: "the interruption in funding and the volatility of funding for community-based services for people who would present risks in the absence of such services is really problematic."²⁴ Dr. Lashley continued with this point by emphasizing the importance of adopting a "multi-factorial response" and of destigmatizing mental health problems.²⁵ In her work on developing a public health approach to understanding and preventing violent radicalization, Dr. Lashley and her colleagues have carried out population-level research about the potential risk factors and protective factors that shape violent radicalization and potential pathways to violence. One important insight from this research is the importance of working with an entire community rather than with individuals profiled as being at risk of committing violence. An article co-authored by Dr. Lashley concludes:

We propose that a public health approach needs to be applied at the population level to engage a larger proportion of the population at risk of violent radicalization. This recognizes that very few people proceed all the way to committing a terrorist act and that many influences that make this more likely are potentially modifiable. This approach requires an understanding of individuals' and groups' biographies, identities and stories, the cultural influences on socialization and successful resettlement, and public and community support for counter-radicalization. We propose that this will yield greater gains than current approaches that attempt to target only those already planning or committing terrorist acts, or those in contact with the criminal justice system, neglecting the wider population base from which terrorists are recruited and the networks with which they are associated. The proposed approach also decreases the risk of stigmatization associated with profiling, for which there is little empirical evidence of predictive accuracy. Thus, pathways to violent radicalization can be better understood if public health research investigates promising new variables from the social and behavioral sciences such as social inclusion, exclusion, cultural identity and acculturation, stigma, discrimination, and political engagement.²⁶

This community-wide approach could also be applied to address other risk factors on the pathways to violence and the perpetration of mass casualty incidents. It has the potential to solve the long-standing bystander problem, in which people are aware of an issue but do not step in to address it. The need to address the bystander problem becomes even more urgent in light of research insights about how often people who know a perpetrator had concerns before a mass casualty but didn't report them. **Punitive approaches create barriers to victims, potential victims, perpetrators, and potential perpetrators seeking assistance that might avoid future violence. A broader community safety strategy that integrates a public health prevention model is a sounder approach.**

In his study of the FBI's successful programs to interrupt potential mass shooters, Mr. Follman makes proposals for programs aimed at a reduction in gun homicides that are similar to Dr. Lashley's program. These "violence interrupter" programs bring together "community stakeholders to help identify and intervene with individuals who are fuelling cycles of violence, working to alleviate their stressors and grievances, and offering opportunities."²⁷

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Conclusion and Recommendation

Attempts to create a profile of typical perpetrators of mass violence have provided us with some knowledge about the common traits found among those who perpetrate mass casualties. Aggregating these factors into risk profiles has no explanatory or predictive value because such profiles are both overinclusive, in the sense that the vast majority of people who fit the profile will never become violent, and underinclusive, in the sense that many perpetrators of mass casualties do not fit every dimension of the typical profile. Research has also uncovered some useful patterns in terms of short-term warning behaviour.

MAIN FINDING

The focus of efforts to prevent mass casualties should be on studying patterns of behaviour and addressing the root causes of mass violence rather than seeking to predict the risk presented by specific individuals.

It is very difficult to predict mass casualties because they are rare events. Risk assessment tools for the prediction of mass casualties are not useful for this reason; however, mass casualty attacks can be prevented using the integrated public health approach that Dr. Lashley and Mr. Follman recommend. Furthermore, risk assessments are prone to perpetuating biases and stereotypes and can also be applied in a way that has the effect of amplifying historical and current inequalities.

We conclude that prevention rather than prediction should be the objective of mass casualty research and policy responses. A public health approach and a focus on community-wide intervention strategies hold the greatest potential for preventing mass casualty incidents. These approaches look to the social determinants of community safety including access to housing, health and social services, adequate income, and education. Additional research and shared information about successful practices will assist, but, ultimately, prevention strategies will have to be developed on a community-by-community basis.

LESSON LEARNED

Community safety can be improved through community-wide public health approaches. Such approaches include (1) intervening to support and redirect those at risk of perpetrating mass violence; and (2) addressing the root causes of violence.

Recommendation V.2

A PUBLIC HEALTH APPROACH TO PREVENTING MASS CASUALTY INCIDENTS

The Commission recommends that

Strategies for prevention of mass casualty incidents should adopt public health approaches that are complex, nuanced, and community-wide while also addressing the perspectives, experience, and needs of marginalized communities.

In Volume 4, Community, we develop this public health approach to violence prevention in relation to our recommendations for the Community Safety and Well-Being Councils.

The RCMP's Psychological Autopsy Report

In May 2020, the RCMP's Behavioural Sciences Branch was engaged by H Division leadership to conduct a "psychological autopsy" of the perpetrator. The RCMP's descriptions of the nature and purpose of this exercise varied. In some documents, it describes a psychological autopsy as providing insights into the perpetrator's motivation and aiding in the identification of reasons for targeting certain victims.

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On occasion, the RCMP also suggested that conducting a psychological autopsy would assist it to predict and prevent future mass casualties.

Seeking insight into the perpetrator's motives and considering whether lessons can be learned from a psychological evaluation that could assist in the prediction and prevention of future incidents are salutary goals.

Evaluating the quality of the RCMP's work to understand the perpetrator's psychology and motivations is important for at least two reasons. First, the RCMP made a number of communications to the public and to government stakeholders. In a June 4, 2020 press briefing, the report was characterized as providing "valuable assistance" to the RCMP in its efforts to understand "the contributing factors," including the reasons why the perpetrator targeted certain victims.²⁸ However, at least some families of those whose lives were taken saw the RCMP's psychological autopsy report quite differently. Counsel for the Goulet family, for example, described the report as "disturbing, graphic and salacious. It is written in a way that sensationalizes the perpetrator's past, memorializes the RCMP casualties and dehumanizes the civilian victims."²⁹ We share this concern about the manner in which the RCMP psychological autopsy report is written. In this section, we address some of the ways in which the report perpetuates victim blaming and stereotypes about female victims of homicide.

We commissioned Dr. Kristy Martire and Dr. Tess Neal to prepare an expert report that sets out best practices for forensic psychological autopsies and evaluates the RCMP's psychological autopsy report in this case. Dr. Martire and Dr. Neal are academic psychologists who are based, respectively, in Australia and Arizona. Their research focuses on the generation of evidence-based best practices for forensic psychology practice.

Given the RCMP's statements that its psychological autopsy report informed the H-Strong investigation's understanding of the mass casualty and the perpetrator, and given concerns expressed about the report by some of the families of those whose lives were taken, it was important for us to assess whether the RCMP's psychological autopsy report met the standards of forensic psychological practice. We conclude, based on expert evidence, that it does not meet those standards.

Second, to the extent that the RCMP's psychological autopsy report seeks to identify common patterns in the perpetration of mass casualties and/or lessons for the future, it gestures toward avenues for prediction or prevention of future mass casualties. Evaluating such avenues – and the evidence basis supporting them – is

an important part of our mandate. In this regard, it is noteworthy that psychological autopsies lack standardized methods or protocols. Furthermore, Dr. Martire and Dr. Neal explain that “there is a fundamental uncertainty”³¹ about the accuracy of a psychological autopsy, which is by definition conducted on a person who is deceased. This fundamental uncertainty arises because the validity of conclusions drawn via a psychological autopsy cannot be tested in the same manner as other psychological techniques may be. For these reasons, we conclude that **psychological autopsies are not a sound means of generating predictions of mass casualties or preventative strategies to avert them, and we caution law enforcement agencies against using them for this purpose.**

Below, we explain psychological autopsies in a general context before drawing on Dr. Martire and Dr. Neal’s report and testimony to evaluate the extent to which the RCMP’s psychological autopsy report provides a scientifically credible account of the perpetrator’s psychology and motivations. We then turn to concerns about the perpetuation of stereotypes and victim blaming within the psychological autopsy.

What Is a Psychological Autopsy?

A psychological autopsy is a form of psychological assessment that relies “on a set of postmortem investigative procedures to evaluate the role that psychological factors played in the death of an individual.”³¹ Dr. Martire and Dr. Neal explain that psychological assessments are “a widely accepted and standardized approach to assessing psychological characteristics.”³² Psychological autopsies were first used as epidemiological tools – that is, ways of amassing data across many individual cases – to understand patterns in suicide and mental illness. Subsequently, some clinicians began using psychological autopsy to reach conclusions about specific individuals’ deaths. This shift to individual analysis was contested by those who argued that mental disorders cannot validly be diagnosed from the indirect evidence available after the subject of the analysis has died. Forensic psychological autopsies are psychological autopsies performed on an individual after their death, for law enforcement or investigative purposes.

Dr. Martire and Dr. Neal adopted a scientific approach to assessing the RCMP’s psychological autopsy report. In Part 1 of their work, they produced an expert report setting out the best practices for forensic psychological assessments. They explained: “[W]hen providing a psychological assessment in a legal context that

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relies on the norms, esteem, and values of science, then the best practices for forensic psychological science should apply.”⁵⁴

In this stage of their work, Dr. Martire and Dr. Neal took measures to ensure that they knew nothing about the mass casualty, the perpetrator, or the RCMP’s psychological autopsy.

Accordingly, prior to receiving a copy of the RCMP’s psychological autopsy report, they reviewed the research literature on forensic psychological assessments. Part 1 of their report set out eight best practices and 108 evaluative questions by which the quality of a psychological autopsy should be assessed. After this report had been provided to the Commission, our team shared the RCMP’s psychological autopsy report with Dr. Martire and Dr. Neal. In Part 2 of their work, these expert witnesses evaluated that report in accordance with the criteria they had pre-defined. They also added nine further criteria to their list, on the basis of considerations arising from the psychological autopsy report that they had not anticipated when they set out their initial criteria.

In their report, Dr. Martire and Dr. Neal identify three broad approaches to psychological assessment, which differ in the amount of judgment or discretion that is exercised by the psychologist who performs the assessment. Structured actuarial assessments are “closely based on information obtained from formalized psychometric tools developed for a particular purpose.” Unstructured clinical judgments lie at the other end of the spectrum, being “based entirely on the intuition of the practitioner as guided by their training, study, and/or experience.” Structured clinical judgments rest somewhere in between these two approaches, “involving some elements of subjective reasoning ... combined with information derived from more structured decision aids, checklists, and/or psychometric tools.”⁵⁴

A document prepared by the RCMP Behavioural Sciences Branch emphasizes that the accuracy of a psychological autopsy’s conclusions “depends upon the completeness, currency and accuracy of the information provided for analysis.”⁵⁵ On the basis of Dr. Martire and Dr. Neal’s report, we add that the value of a psychological autopsy report depends on the quality of the methods used to produce that report. Dr. Martire and Dr. Neal’s work focused on the extent to which the psychological autopsy report reflected best practices for psychological autopsies in general. They did not have access to the Commission’s factual record, and therefore did not evaluate the accuracy of the factual claims made in the psychological autopsy report.

The Scientific Value of the Psychological Autopsy

The RCMP's psychological autopsy report sets out to do three main things: it offers a psychological profile of the perpetrator; it characterizes his motivations for targeting specific victims; and it supplies a selective review of literature about the perpetration of mass violence. The RCMP adopted the results of the psychological autopsy in its communications with the public about the mass casualty, and specifically in public discussions about the perpetrator's motive. The conclusion that the perpetrator was an "injustice collector" who nursed grievances over apparently minor slights was widely reported by Canadian media outlets.

The psychological autopsy report provides an assessment of the perpetrator based on numerous characteristics such as childhood experience, criminal history, and substance use. It also reports that the authors applied diagnostic criteria to diagnose the perpetrator as showing "evidence of both Antisocial and Borderline Personality Traits."³⁶ It further identifies that the records about the perpetrator suggest that "there are many psychopathic traits and evidence of malignant narcissism present."⁴⁷

Dr. Martire and Dr. Neal classify the RCMP's psychological autopsy as "largely an unstructured clinical approach."⁴⁸ They describe unstructured clinical judgments as "highly variable"⁴⁹ and as giving room for the potential operation of biases.

Dr. Martire and Dr. Neal set out eight best practices for forensic psychological assessments. Although these expert witnesses are research psychologists who have drawn on published research in their field to delineate these best practices, the characteristics they have identified align well with Canadian legal standards for the evaluation of expert opinion evidence.⁴⁹ Dr. Martire and Dr. Neal appropriately acknowledged that these best practices set a high standard for forensic psychology practice, and that it would be unrealistic to anticipate any forensic psychology report to fulfill every criterion they set out. However, Dr. Martire explained: "[W]e would expect to see a report addressing, in some way, each of these eight best practices as well as it could and as transparently as it could, so that the decision maker could work out what to do with that information and assess the quality of the report using that information."⁴¹

The expert reports prepared by Dr. Martire and Dr. Neal are contained in Annex B of this Report. We do not review them in detail here. Instead, we focus on the key conclusions drawn by these experts.

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Regarding the first two – and most important – best practices set out by Dr. Martire and Dr. Neal, “there was very little, if any, credible evidence presented” about the foundational validity or validity as applied of the assessment that underpinned the RCMP psychological autopsy report.⁴²

Best Practices for Forensic Psychological Assessments

1. **Foundational validity**, which is “the extent to which a method or ... technique has been demonstrated through research to be accurate, reproducible, and repeatable at a level that is appropriate for its intended purpose.” Dr. Martire and Dr. Neal described foundational validity as “the most important” characteristic of any forensic psychological assessment.
2. **Validity as applied**, which is “about how a technique or a psychological assessment or a tool actually functions in the real world under routine practice standards.” This characteristic has two dimensions: the proficiency of the practitioner and field validity, or how well the technique actually works in realistic conditions.
3. **Bias and bias mitigation** relate to “any systematic factor that might affect the outcome of an assessment other than the truth.” Dr. Martire explained that in this sense, bias is “not a reflection of unprofessional conduct or poor training,” but that “we would want to see that [the risk of bias] has been acknowledged and steps have been taken to try and mitigate or manage those biasing factors.”
4. **Quality assurance**, which includes “things like licences, certifications, credentials, regulations that restrict practice and establish a basic level of quality for service delivery.”
5. **Opinion expression**, which evaluates whether “when a forensic psychologist is reporting and making conclusions, that they express uncertainty around those conclusions and that they do not overstate or exaggerate how sure they can be about what they’re saying because there is uncertainty involved.”
6. **Limitations and assumptions**: “It’s important that these are explicitly disclosed in reports so that people reading those reports can understand what factors might affect the quality of the conclusions.”
7. **Alternative views or disagreements**, which requires a report writer to set out alternative views or disagreements on matters of importance within the report. Dr. Martire explained that “it would be important for the practitioner

to be explicit about whether or not the procedure that they're using or the views that they hold, are consistent with best practice. Whether they are consistent with mainstream accepted positions, and if they are not, why they are not, how they have decided to proceed in a different way and what the implications of that might be."

3. **Ethical obligations and codes of conduct**, which considers whether a report writer has adhered to relevant professional standards and codes.⁴²

There was "clear potential for bias" raised by questions about the information that was available to the authors of the psychological autopsy report, and by the relationship of the report writers to the RCMP. These concerns were heightened by two specific factors: first, that the psychological autopsy was dedicated to the memory of RCMP Cst. Heidi Stevenson, and; second, the use of "highly emotive language" in the psychological autopsy.⁴⁴ Dr. Neal characterised this language as "unusual in a forensic psychological evaluation."⁴⁵ Concerns about the potential operation of bias were also heightened by the apparent absence of any measures taken to mitigate or manage bias.

Most, if not all, of the quality assurance practices that Dr. Martire and Dr. Neal would expect to see followed in the preparation of such a report were either absent or not documented.

While the psychological autopsy report contained examples of best practices with respect to the expression of opinion (such as supplying definitions and using objective language), "on balance and overall, there were also very many examples where those things weren't done."⁴⁶ In particular, in addition to the unusual use of emotive language, the RCMP's psychological autopsy report, in many instances, does not provide citations to source materials. In places, it does not clearly distinguish between statements of fact and assertions of opinion.

Similarly, while some limitations to the authors' conclusions were stated, overall the psychological autopsy report did not sufficiently identify the assumptions on which conclusions were based or the limitations to the report.

The psychological autopsy report did not allude to any significant disagreements or alternative views on the matters within the report. In testimony, Dr. Neal identified this as an important gap because "there is a lot of critical scholarship and critical commentary about ... psychological autopsies and behavioural profiles."⁴⁷ The

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authors of the psychological autopsy report failed to consider alternative hypotheses or counterfactuals, with the result that “a lot of the report had these very kind of conclusory statements that were ... presented too strongly.”⁴⁸

Finally, Dr. Martire and Dr. Neal concluded that they could not evaluate the extent to which the authors of the psychological autopsy report adhered to ethical standards or applicable codes of conduct, because the report did not contain sufficient information about these authors’ credentials to permit them to evaluate those criteria. We note, in this regard, that the RCMP has no policy with respect to psychological autopsies, and so compliance with any such policy is not a measure by which we can evaluate the psychological autopsy report. We have no evidence about how frequently the RCMP uses this tool in its investigations.

Overall, Dr. Martire and Dr. Neal concluded that the psychological autopsy report was “somewhat compliant” with the best practices they set out.⁴⁹ In their testimony, they explained that the psychological autopsy “didn’t adhere very well to the best practices” and that “most often, when we asked a question about whether or not the report was compliant ... our answer was that it was not compliant or partially compliant.” In sum, Dr. Martire explained, “there is very little information that is provided in this report that would allow me to say, with confidence, that it is scientifically credible.”⁵⁰

Dr. Martire and Dr. Neal evaluated the scientific validity of the psychological autopsy report and the extent to which it complied with best practices drawn from the literature on forensic psychological assessments. As noted above, they did not have access to the factual record or any additional information about the RCMP’s investigation, by design. However, on the basis of our review of the record, we would add a further note of caution with respect to the RCMP’s approach in this case, and specifically on the topic of confirmation bias.

Confirmation bias is “the tendency to seek and overvalue evidence that supports one’s opinion and undervalue evidence that disconfirms it.”⁵¹

In testimony, Dr. Martire emphasized that bias in the psychological sense does not “communicate unprofessionalism or poor training.” Rather, “It just means that certain pieces of information can skew the interpretation of information that otherwise might be ambiguous in a particular direction, and you don’t always want that

skewed interpretation. Sometimes you need to sit with the ambiguity and know that actually this could have gone one of two ways.”⁵²

We understand Dr. Martire and Dr. Neal's evidence to be that **the potential for bias – and the responsibility to mitigate against it – are a matter of institutional process and design, not an individual failing. We adopt that characterization of bias as an institutional concern throughout this Report.**

Dr. Martire and Dr. Neal identified the employment relationship between the authors of the psychological autopsy and the RCMP as a potentially biasing factor. Dr. Neal explained that this relationship:

raises a potential red flag for a conflict of interest in that the RCMP is also the agency that was involved in the critical incident response to the mass casualty event, and so it's unusual or potentially problematic to have the report authors to be employees or aligned maybe in some way with the RCMP.

So the fact that they were part of the organization that had access to information about the investigation, means that it could have raised issues with regard to different types of cognitive bias. [This includes concerns about] confirmation bias potentially with regard to sort of expectations for how they – maybe how the agency might have wanted this report to come out.⁵³

On April 23, 2020, the lead author of the psychological autopsy report gave a media interview in which he offered some opinions about the perpetrator's psychology and defended the RCMP against the criticisms they were then facing for their response to the mass casualty. In this interview, the author described the perpetrator as an “injustice collector” with “maybe malignant narcissism” and “definitely an anti-social piece.” When asked whether criticisms being made of the RCMP response to the critical incident were fair, the author responded: “I’m a big supporter of the RCMP. I still work with them, um, and I – I know it will all come out in the end. But I’ve – I’ve always found the RCMP officers themselves to be of high reputation, good, experienced investigators that would do the best they could at the time.”⁵⁴

This interview was given before the Behavioural Sciences Branch was brought into the H-Strong investigation and before the lead author had access to the investigative materials on which the psychological autopsy was based. In the psychological

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autopsy report, the RCMP characterizes the perpetrator as an “injustice collector” who exhibited traits consistent with “malignant narcissism” and “antisocial traits,” among other personality disorders.⁵⁵ The consistency between statements given by the lead author before he commenced work on the psychological autopsy and the conclusions drawn in the psychological autopsy report offers independent support for Dr. Martire and Dr. Neal’s concern that the potential for bias was not adequately managed.

Victim Blaming and Stereotypes About Victims

As we explained Volume 2, What Happened, after the mass casualty, there was a strong public focus on the perpetrator’s motivations. In some quarters, there was curiosity and speculation about his reasons for targeting specific victims. Much of this speculation was based on stereotypes about victims, particularly about some of the female victims in the mass casualty.

For our purposes, to stereotype is to assume that a person possesses certain characteristics or engages in certain behaviours based on their membership in a group with which those characteristics are popularly associated.⁵⁶

The Supreme Court of Canada has identified that stereotypes about women deprive women of substantive equality.⁵⁷ An example of such a stereotype is the belief that a woman who is murdered by a man must have done something to provoke him to act violently out of sexual jealousy or rage, sometimes referred to as a “crime of passion.”⁵⁸ However, this term is unhelpful given its mitigating connotation that is closely associated with victim blaming, and it should no longer be used. Further, the stereotypical belief that a woman provoked the violent rage is problematic in at least three ways. First, it assumes that women “do something” to incite a man to commit violence. This assumption is a classic form of victim blaming, which often operates to ameliorate the perceived responsibility of the violent man. Second, it reduces relationships between men and women to sex and sexuality, and assumes that the full and complex range of human emotions is not in play. Third, it is heteronormative, assuming that all men are sexually interested in women and, implicitly, that they are not also sexually interested in men.

The H-Strong investigation was also interested in why the perpetrator targeted specific victims. In witness interviews, they asked questions about the nature of the relationship between the perpetrator and female victims, particularly those women he had known in life. The RCMP received some witness statements that suggested that the perpetrator may have had sexual relationships with men. They did not, however, explore similar themes in interviews that related to the male victims the perpetrator had known in life. To do so selectively with respect to female victims suggests the operation of stereotypes about motive and heterosexuality in the H-Strong investigation. Ultimately, this disparity is an example of a *heteronormative bias* within the RCMP investigation. **We found no evidence to suggest that the perpetrator targeted any of his victims - men or women - out of sexual jealousy or sexual rage.**

Studying the perpetrator's possible motives was potentially helpful in a context in which speculation was rife, and particularly where that speculation was harmful to the dignity and equality of those whose lives were taken in the mass casualty. The public, media, and other police services were very interested in the perpetrator's motivations. The psychological autopsy report asserts that studying victims can provide insights into a perpetrator's motivations:

The background of a victim is an extremely important aspect of Behavioural Analysis. It provides insight into the victim's lifestyle and personality and when considered in conjunction with the circumstances surround [sic] the crime, can aid determining [sic] the vulnerability of the person in becoming a victim of a violent crime and concurrently the motivation.

Understanding the type of victim that an offender chooses to target helps us to better understand the offender himself. Why did the offender choose this victim, at this time and in this place?⁹

No citation is given for this statement in the psychological autopsy report. In the psychological autopsy report, each victim is assigned to one of the following four categories (one victim is assigned to different categories at different points in the report):

- **Grievance-Based Target:** These victims were targeted by the perpetrator "based on a real or perceived slight during past interaction(s)."

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- **Reactive-Based Target:** These victims were targeted by the perpetrator based on "his belief that the target would interfere with his 'mission.'"
- **Incidental Random Target:** These victims were targeted for "an unspecified reason." They "intersected with [the perpetrator] in time and space during his killing spree."
- **Displacement-Based Target:** These victims were targeted as "a displaced crime symbolic of killing his mother or father or both."⁶⁹

In some instances, victims who lived in the same household are assigned to different categories. The report sets out what the RCMP then understood to be each victim's relationship to the perpetrator, and provides information about each victim. In most instances, the report does not cite the source of the information provided about the victims and the history of their interactions with the perpetrator.

The psychological autopsy report reproduces speculation and rumour. For example, the report concludes that a female victim was targeted because she had allegedly "humiliated" the perpetrator some years before, and that other victims were targeted out of sexual or material jealousy. Witness speculation about romantic relationships between victims, and between victims and the perpetrator, is reproduced within the report as factual and relevant to motive even where these statements had not been shown to be well-founded and, indeed, appeared to constitute little more than gossip. In some instances, the report suggests that victims were targeted as displacement for the anger the perpetrator harboured toward his parents. The research basis for this categorization and ascription of motives is not explained. In places, the report suggests that certain victims were specifically targeted by the perpetrator (for example, that the perpetrator drove past some homes and targeted the residents of others). In some instances, information given in the psychological autopsy report about victims and their relationship with the perpetrator, and about the perpetrator's actions during the mass casualty, is demonstrably inaccurate.

Counsel for the Goulet family submitted that by purporting to assign victims to categories by motivation:

[T]he RCMP's Psychological Autopsy invites readers to categorize the perpetrator's 22 victims into 2 groups:

- a. "innocent" victims who were at the wrong place at the wrong time (classified by the RCMP as "Reactive Targets" and "Incidental Random Targets"); and

- b. the rest of the victims who were somehow blameworthy, or at least had a hand in their own murders, as they represented someone the perpetrator hated (classified by the RCMP as “Displacement Homicide Targets”) or had slighted the perpetrator, who is described in the document as an “injustice collector”, at some point in the past such that the perpetrator held a grievance against them (classified by the RCMP as “Grievance Based Targets”).⁶¹

We have seen no evidence to support the proposition that the RCMP can reliably assign victims to categories based on ascribing motivations such as “grievance-based” and “displacement-based” to a deceased perpetrator who left no record of why he targeted the victims he chose. The psychological autopsy report itself cites no published or systematic research basis for these categories. The information that is cited in support of assigning victims to these categories is in many instances speculative, and in some instances, demonstrably incorrect. Indeed, the fact that in one instance, a victim is assigned to different motivation categories at different points in the report suggests that the methodology used by the Behavioural Sciences Branch to analyze motivations was not robust or reproducible. We agree that, by categorizing victims in this manner, the RCMP engages in victim blaming. **The psychological autopsy report reproduces harmful and derogatory stereotypes, particularly about female victims of crime, without careful analysis of the underlying evidence.** As the Honourable Gloria Epstein concluded in her *Report of the Independent Civilian Review into Missing Person Investigations* in Toronto, “stereotypical assumptions or preconceptions ... can infect investigations.”⁶² The perpetuation of stereotypes and victim blaming via an ostensibly expert process such as a psychological autopsy completed by a psychologist is especially invidious because, in this context, such stereotypes are more likely to receive deference as a reflection of expert insights or knowledge.

In order to protect the dignity, equality, and privacy of those victims about whom the psychological autopsy reports incorrect and salacious material, the Commission published an extensive summary of the psychological autopsy report in lieu of posting the report itself on our website. This summary describes the methodology and conclusions of the psychological autopsy report, and reproduces extensive portions of the text of the report itself. However, it does not reproduce harmful and derogatory stereotypes about the victims, nor does it report speculative evidence about the relationships between the perpetrator and victims. In Volume 7, Process, we explain the process we followed to identify documents that would be posted in summary form.

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Conclusions and Recommendations

On June 23, 2020, after the RCMP's psychological autopsy report was complete, its lead author sent an email to senior executive leadership in H Division. This email reads in part:

As I listen to and read pieces like the one I just read, I realize that we are letting the arm-chair quarterbacks out there dictate what is true. I think [Supt.] Darren [Campbell] did a great job setting a tone for "getting more answers" to the public.

I have turned down the News people since I was there but I wonder if it's time for a full release of the Psych Autopsy and/or open discussion with a media person deemed to be positive or at least unbiased about RCMP actions.

Let me know if I can help.⁶³

A/Commr. Lee Bergerman responded to this email: "Couldn't agree more, have looped in [Strategic Communications director] Cindy Bayer[s] and [Criminal Operations officer] Chris Leather. Open for discussion anytime."⁶⁴

Counsel for the Goulet family submitted that this email, along with the other evidence we have discussed above, demonstrates that "the RCMP Psychological Autopsy was far from a neutral expert report, that it was very self-serving."⁶⁵

The conclusions drawn within the psychological autopsy report were important to the RCMP. At a time when the RCMP was attracting substantial public criticism, spokespersons pointed to these conclusions in public communications and communications with government stakeholders.

Some of the past reviews included within the Commission's environmental scan of prior recommendations have recommended that police agencies make more extensive use of behavioural sciences units and that they incorporate psychological evaluation of perpetrators into their investigations. (The environmental scan is reproduced in Annex B to this Report.) Our evaluation suggests reason for caution when it comes to embracing these recommendations. Specialist processes such as psychological evaluations of perpetrators will serve as an effective investigative tool only if they are scientifically credible, independent of other aspects of the police investigation, and if their work counters false preconceptions and

stereotypes about victims. The work of the RCMP Behavioural Sciences Branch did not meet these expectations in this instance.

The psychological autopsy report fell below the standards for forensic psychology assessments that Dr. Martire and Dr. Neal articulate in their expert report for the Commission. The public statements and private communications of the lead author of the psychological autopsy report lend support to Dr. Martire and Dr. Neal's conclusion that the potential for bias was not institutionally recognized or proactively managed within the process of conducting the psychological autopsy.

The RCMP's psychological autopsy report drew on stereotypes about women victims of homicide and categorized victims in a manner that encouraged victim blaming. In places, it relied on incorrect statements about the perpetrator's actions during the mass casualty and about the history of his interactions with particular victims. Given the RCMP's public statements that the psychological autopsy report was useful to investigators, we find that these failings had the potential to taint other aspects of the H-Strong investigation. Furthermore, had it been publicly released, the salacious, sensationalizing, and inaccurate content of the psychological autopsy report had the potential to injure the dignity and equality of those whose lives were taken. It amplified the mistrust that had arisen between the RCMP and some family members.

LESSON LEARNED

Forensic psychological autopsies and other forms of forensic psychological assessment are useful to the extent that they adhere to best practices. Canadian behavioural sciences units and forensic psychologists must be aware of and attend to the operation of bias, stereotypes, and victim blaming in this field.

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Recommendation V.3

EXTERNAL EVALUATION OF RCMP BEHAVIOURAL SCIENCES BRANCH

The Commission recommends that

- (a) The RCMP commission an expert external evaluation of the Behavioural Sciences Branch to assess the extent to which its policies, procedures, personnel, and work product:
 - (i) reflect the best practices set out in Volume 3, Chapter 8 of this Final Report; and
 - (ii) are attentive to, and effectively counter, the potential operation of bias, stereotypes, and victim blaming.

- (b) The external evaluation should also make recommendations as to how the Behavioural Sciences Branch can improve its policies, procedures, practices, and training to implement best practices; identify and counter the operation of stereotypes and victim blaming; and ensure that the failings documented in this Final Report are not replicated in the future work of the Branch.
 - (i) This evaluation, and the steps taken by the RCMP to respond to the evaluation, should be published on the RCMP's website.
 - (ii) Other law enforcement agencies should review the completed evaluation and implement both the lessons learned and the best practices into the behavioural sciences aspect of their mandates.

Recommendation V.4

PERIODIC REVIEW OF RCMP BEHAVIOURAL SCIENCES BRANCH

The Commission recommends that

- (a) The RCMP periodically obtain an expert external evaluation of the Behavioural Sciences Branch's work to ensure that this work:
 - (i) reflects the best practices set out in Volume 3, Chapter 8, of this Final Report; and
 - (ii) is attentive to, and effectively counters, the potential operation of bias, stereotypes, and victim blaming.
- (b) These evaluations, and the steps taken by the RCMP to respond to them, should be published on the RCMP's website.

Recommendation V.5

CONFLICT OF INTEREST IN FORENSIC PSYCHOLOGICAL ASSESSMENT

The Commission recommends that

Where a forensic psychological assessment has the potential to shed light on the death of a police officer or may affect evaluations of the quality of a police agency's work, that assessment should be completed by an independent forensic psychologist or unit. In this context, independence means that the psychologist or unit has no historical or present employment or reporting relationship with the police agency concerned, and that measures to prevent bias are put in place.

CHAPTER 9

**Sociology of Mass
Casualty Incidents**

Psychologists and sociologists both study people. Psychologists delve into the mind while sociologists look beyond individuals to examine society, including through specific associations – such as gender, family, race, class, or religion. **Psychological factors alone cannot explain why some individuals engage in violence, including mass murder; we also need to look at the impact of social and cultural factors.**

Sociology is the study of social life, social change, and the social causes and consequences of human behaviour. The American Sociological Association explains that sociologists understand human behaviour and the challenges we face in contemporary society as “collective problems that have structural bases.”¹ This discipline recognizes that all human behaviour is social and that behaviour shapes and is shaped by wider cultures, institutions, and structures. Dalhousie University’s Department of Sociology and Social Anthropology describes sociology as investigating “social processes that are fundamental to how society works, but often invisible and misunderstood. It focuses on how relationships among people shape their experiences.”²

During our roundtable exploring the connections between mass casualties and intimate partner violence, gender-based violence, and family violence, Dr. Alison Marganski, associate professor and director of criminology at Le Moyne College in Syracuse, New York, described the impact of these “invisible” forces:

We’re often not aware of these forces that surround us, and we tend to pay attention more so to psychology and mental health, sometimes family relations, but we rarely pay attention to community institutions, like policing or tech communities or these other institutions that play a role in shaping who are, and we even less pay attention to some of these cultural frames that are really critical to consider historically, as well as contemporarily how we’re situated.³

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There is a complex and fluid relationship between social and cultural factors and psychology. Culture shapes group dynamics and other socialization experiences. Those experience can shape an individual's psychology and their thoughts and feelings, which in turn get fed back into society and culture.

In Chapter 8, we addressed the ways in which psychological studies and assessments can help us to understand and work toward preventing mass casualty incidents. In this chapter, we examine sociological approaches to understanding this form of violence, starting with a discussion on the gendered nature of violence in Canada and other Western societies. **This discussion flows from the widespread recognition in policy and research studies that mass casualty incidents are committed almost universally by men. The consistency in the gender variable across time and place warrants close scrutiny.** We then turn to findings from recent sociological studies that explore three dimensions of this gendered phenomenon: the connection between mass casualties and gender-based violence; traditional masculinity and masculinity challenges; and the role of gun culture. These sociological studies do not help us to predict that a specific individual will commit a mass attack. They do, however, alert us to situations and areas that should be the focal point of our preventative strategies.

Many people resist talking about masculinity and gun culture in favour of focusing on simpler stories about the dangerousness of specific individuals, about mental illness, or about evil. While such narratives are appealing, a reductive focus on simpler explanations will not keep us safe. The nature of mass casualty incidents requires a comprehensive look at the complex social determinants that influence mass violence. In Chapter 8 we documented that efforts to profile dangerous individuals have largely failed to predict who will commit a mass casualty or to prevent them from occurring. Three factors prompt us to look more closely at the sociological dimensions of perpetrating mass violence. First, there is overwhelming evidence that almost all mass casualties are committed by men, and most gender-based, intimate partner, and family violence is committed by men. This evidence suggests the need to look more closely at why some men commit violence, while women and 2SLGBTQI+ people largely do not. Second, research shows that many mass casualties are committed using firearms, but rates of firearm ownership do not correlate well with the frequency of mass shootings in different countries. This finding suggests that there is something cultural about gun violence, beyond the more straightforward but nonetheless important factor of the ready availability of certain kinds of firearms. Third, simpler approaches have largely failed to explain or prevent mass casualties. Our mandate sets us the

challenge of learning lessons and identifying recommendations that “could help prevent and respond to similar incidents in the future.”⁴ Making effective recommendations requires us to look for solutions that account for the full complexity of the phenomenon of mass violence, including the role of culture in producing these incidents.

Violence: A Gendered Phenomenon

By whatever measure we use, most serious violence in North America is committed by men and boys. This includes violence against strangers, violence against family members and intimate partners, and mass casualties. Even though many studies have confirmed that violence is a gendered phenomenon, the terms we use to describe violence are gender neutral and do not explicitly state that men are the primary perpetrators. This is problematic because it renders this fundamental fact invisible. In order to develop effective strategies to prevent and respond to violence, including mass casualty incidents, we need to be direct in naming and addressing this pattern of behaviour. **The first step is to ask how and why violence is a gendered phenomenon.**

We commissioned experts Brian Braganza and Nick Cardone to assist us in answering this question, and they prepared a report entitled “Conceptions of Masculinity and Violence: Towards a Healthier Evolution for Men and Boys.” Mr. Braganza is a Nova Scotia-based experiential educator and facilitator who has worked extensively with boys and men to disrupt harmful expressions of masculinity and to explore a more compassionate self. Mr. Cardone is a registered counselling therapist in Nova Scotia who specializes in working with men and boys in non-traditional therapeutic settings. In preparing their report, these two experts were able to draw on research and on decades of working with men and boys. Their report focuses on concepts of masculinity and explores the connection between those conceptions and violence. They also examine barriers men often face in seeking help for physical and mental illness and the effects of trauma through traditional therapeutic approaches. They identify and evaluate other options for treatment and interventions that are aimed at helping men building healthier expressions of masculinity. We consider these treatment and intervention strategies in Volume 4, Community.

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In their report, Mr. Braganza and Mr. Cardone make a distinction between recognizing violence as a gendered phenomenon and seeing all men as perpetrators:

While violence is overwhelmingly perpetrated by men, most men do not perpetrate violence. And many of those who do use violence have themselves been victimized at the hands of other men. Our aim is not to demonize all men as perpetrators of violence. At the same time, we believe men can take responsibility for ending violence in our communities by disrupting traditional norms and harmful expressions of masculinity.⁵

Mr. Braganza and Mr. Cardone explain that it is important to distinguish between being biologically male and masculinity as a social construct (how the idea of what it means to be masculine is created and accepted by social groups).

Talking About Masculinity

Scholars in different disciplines have come up with unique ways to define the notions of “masculinity” and “femininity” and to consider what they mean and how they work. Beliefs about what it means to “be a man,” for instance, are variable. Men are not inherently more violent than women, but in many societies, social and cultural understandings of what it means to be a man are tied to violence.⁶

As this quotation from Dr. Tristan Bridges and Dr. Tara Leigh Tober’s expert report acknowledges, there are many concepts of masculinity in contemporary societies. Mr. Braganza and Mr. Cardone similarly observe, “[w]e are living through a time when old stories of masculinity are slowly being eroded and actively disrupted.” Despite these trends, within Canadian culture, certain ideas about masculinity continue to dominate. Mr. Braganza and Mr. Cardone refer to this set of cultural ideas as “traditional,” “patriarchal,” or “hegemonic” masculinity. In this context, “patriarchal” means characteristic of a social system that is dominated by men. “Hegemonic” is a sociological term that refers to a culturally dominant conception that provides an implicit model by which behaviour is socially evaluated.

Other terms for more rigid forms of masculinity include “hyper-masculinity,” “toxic masculinity,” “dominant masculinity,” “compensatory masculinity,” “violent

masculinity," and/or "misogynistic masculinity." Each of these terms signals that masculinity has a cultural dimension that emphasizes male authority and that cultural messages implicitly and explicitly teach men and boys about how to be a man.

In this Report, we have adopted the term "traditional masculinity" to describe this cultural idea. Alternative phrases, such as "patriarchal masculinity" or "toxic masculinity," are polarizing or their meaning is ambiguous. Even the phrase "traditional masculinity" is imperfect because it refers to a construct that is not "traditional" in all societies. In addition, some Canadians may identify themselves as holding "traditional" values but would condemn male violence. Nonetheless, we have concluded that "traditional masculinity" is the most readily understood term and appropriately signals the structural dimension of cultural messages.

Mr. Cardone and Mr. Braganza explain the ways in which traditional masculinity are part of our cultural frames of reference and shape our perceptions in ways that may not be obvious to us. They use this story to illustrate the omnipresent impact of these conceptions:

Two young fish are swimming through the ocean, chatting as they do, when an older fish swims by them. "Mornin' folks. How's the water?" the older fish asks. The young fish continue swimming looking at each other quizzically. Finally, one breaks the awkward silence, "What the heck is water?"

Just as fish are the last to discover they are swimming in water, we too can find it hard to see the ways in which long-established patriarchal ideas about masculinity persist and permeate our politics, economics, institutions, communities, and families. Mr. Braganza and Mr. Cardone explain the negative impact of patriarchy, which serves to "elevate men, oppress women, children, and members of 2SLGBTQIA+ (Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual and other ways people choose to identify themselves), and BIPOC (Black, Indigenous, People of Colour) communities." They highlight that "men and boys may also suffer beneath the violence of patriarchal masculine norms."⁹

The report by Mr. Braganza and Mr. Cardone on conceptions of masculinity describes the harmful and limiting norms and messages about how men should

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behave and the ways in which these norms are perpetuated and reinforced. **Men and boys are taught to suppress a range of traits such as vulnerability and empathy in order to maintain their status as males and not risk ostracization and reprisal from other men.** Men and boys are encouraged to demonstrate their masculinity through behaviours like “dominance, hyper-sexuality, competitiveness, aggression and lone-wolf independence.” The relentless harmful social messages often result in men being unable to deal with problems constructively, which in turn can result in “aggression and violence, both internalized (towards themselves) and/or externalized (towards others).”⁹ The authors explain that traditional masculinity is steeped in trauma born of past abuse, which is often a precursor to violence against women. Other contributing traumas include witnessing violence and abuse, racialized and generational trauma, and post-traumatic stress disorder.

Mr. Braganza and Mr. Cardone also delineate how patriarchy, as a system of dominance, reinforces this traditional form of masculinity and rewards men and boys who conform to this idea of the masculine by reinforcing their power and privilege. The flip side is that patriarchy defines and reinforces what it means to be a woman and sees the feminine as subordinate. Male violence is directed not only at women but also at gender non-conforming and sexually diverse individuals. Patriarchy also intersects with other types of oppressions including systemic racism, which is correlated with increased violence against racialized and marginalized individuals and groups. Men who do not meet the social expectations of the dominant culture of masculinity are also victimized. The authors conclude: “Patriarchal, traditional masculine norms are harmful to everyone.”¹⁰

Many men are working to challenge this harmful social messaging and stereotyping in families, workplaces, and communities. Social messaging is the implicit and explicit messages that boys and men receive about how to be a man. Mr. Braganza and Mr. Cardone emphasize, however, that individuals with this awareness and openness to healthier forms of masculinity cannot escape from being shaped by the dominant norms: “[E]ven men who behave in these non traditional ways are steeped in, and deeply influenced by patriarchal forms of masculine socialization. It is the water we swim in and the air we breathe.”¹¹ Patriarchy perpetuates itself by largely remaining “invisible and unexamined.”¹² **Men and male-dominated institutions are primarily responsible for perpetuating traditional masculine norms because they are the ones who most benefit from them. The effects of patriarchy are everywhere; they are so common that we are rarely challenged to think about this dominant system and the traditional masculinity that operates to perpetuate it, despite the great cost to all of us.**

The authors describe the ways in which traditional masculinity plays out in different communities. For example, traditional concepts of masculinity intersect in a variety of ways with the messages racialized men and boys receive. Racialized men receive social messages that “they don’t matter, don’t belong, and are less worthy than white men,” which means they “will never conform to the hegemonic masculine patriarchal image because of their skin colour.” Traditional masculine norms therefore “greatly reduce the self-esteem and self-worth of racialized boys and men, who then feel pressure to work harder in an attempt to reach an unattainable goal.”¹⁴

Mr. Braganza and Mr. Cardone also note that a few studies have explored traditional masculinity and rurality. According to a Canadian study, “Rural Men’s Health, Health Information Seeking, and Gender Identities,” gender roles tend to be more rigid in rural communities, with the male role being that of breadwinner and the female role that of homemaker. Men are often encouraged to seek employment that elevates their physicality, while women’s contributions are diminished. In terms of health, rural men are less likely to report depression or other mental health concerns, yet addiction and suicide rates are higher among rural men than those in urban areas. Rural patriarchy may also be more likely to endorse violence as a method of maintaining gender dominance.

A number of the masculine norms described in this expert report directly state or imply violence as a norm of behaviour:

Violence, toughness, dominance, power over women, disdain for sexual minority men, risk taking, pursuit of status, and winning; these all imply that men are required to demonstrate their manliness as toughness and physical or emotional strength, with an emphasis on violent action if required.¹⁴

Other traditional masculine norms such as those requiring men and boys to suppress or minimize their emotions can also promote violence.

Sociological research shows that “violence is inherent in patriarchal traditional masculine norms in North America.” Any deviation from these norms implicates men as “feminine, 2SLGBTQAI+, weak, and essentially not men. This puts those who deviate from these norms at risk of violence from those who adhere to them.”¹⁵ The prevalence, acceptance, and even expectation of men’s violence is condoned, valorized and promoted in many media sources such as mainstream films, video

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games, and mainstream online pornography, including the violent, misogynistic, and non-consensual pornography found on Canadian website Pornhub.

Mr. Braganza and Mr. Cardone also emphasize that the main targets of male-perpetrated violence are women and 2SLGBTQI+ individuals. Male violence can also be extended to “any other men who do not match up with the norms of masculinity: Men who choose not to embrace these patriarchal norms, men deemed ‘weak,’ men with disabilities, and all men who are not white are all at greater risk of violence from other men.”¹⁶

In many cases, men’s violence against others is a means, not an end, and is often seen as a way to satisfy an unmet need. For instance, according to Mr. Braganza and Mr. Cardone, violence may be a way to temporarily bolster confidence or self-worth. They list many forms of external violence:

- bullying
- gender-based violence such as
 - ◊ sexualized violence: rape, harassment, control, etc.
 - ◊ intimate partner violence
 - ◊ family violence
 - ◊ human trafficking
- coercion
- manipulation
- child abuse
- homicide
- hate crimes

The authors draw this conclusion about violence as a gendered phenomenon:

In both internalized and externalized acts of violence, we see the culmination of the masculine norms as they intersect with many men’s constricted abilities for healthy socialization. This violence permeates our families, workplaces, and communities. These noxious fruits fall from the tree and continue to contaminate the soil by reinforcing and perpetuating the social messaging and violence of patriarchal masculinity.¹⁷

In their expert report on understanding violence in relationships, Dr. Carmen Gill, a professor in the Department of Sociology at the University of New Brunswick, and Dr. Mary Aspinall, now at St. Thomas University, investigate the role of gender norms in the context of intimate partner relationships, with a focus on the specific dynamics of the violence carried out through coercive control. Their research further explains how and why violence is a gendered phenomenon.

Dr. Gill and Dr. Aspinall point out that research has persistently identified gendered patterns of intimate partner violence, with perpetrators of intimate partner violence, including coercive control, being predominantly male and victims being predominantly female. They relate this clear statistic to the broader structure of gender inequality in Canadian society. While women have gained increased autonomy and freedoms in many societies in recent decades, men continue to hold positions of dominance, and women's subordination persists both inside and outside of it, including in the workplace. They note that: "Women collectively continue to experience a 'glass ceiling' in employment, economic inequality, and fewer disposable resources, making it much more difficult to leave relationships."¹⁸

Dr. Gill and Dr. Aspinall explain the dynamics of conceptions of traditional masculinity and how it manifests in the form of coercive control in some heterosexual relationships. Research has shown that coercive control predominantly manifests in relationships that adhere more closely to stereotypical understandings of masculinity and femininity. Traditional gender roles encourage women to be – or to be viewed as – submissive and dependent, whereas men are expected to be dominant and assertive. **Coercive control is sometimes employed to enforce such roles within relationships, including through the "micro-regulation of daily activities."**¹⁹ Traditional gender norms can sometimes mask this controlling behaviour; since patriarchal masculinity supports the dominance of the male partner in making decisions and taking control, and relegates the female partner to a subordinate status, the controlling behaviour can be seen as "normal."

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Mass Casualty Incidents as an Escalation of Gender-Based Violence

As we discussed earlier, there is compelling evidence that mass casualty incidents are highly gendered given that men are almost universally the perpetrators. We also pointed out the gender bias evident in the prevailing definitions of and collection of statistics about these incidents, and drew attention to the resulting lack of research into the links between mass casualties and gender-based violence. Despite this bias, **there is a growing body of evidence that many men who commit mass casualties have previously committed gender-based violence, intimate partner violence, or family violence.**

One American study of mass casualty incidents committed in 2018 concluded that 80 percent of perpetrators had a history of violence against women and girls.²⁰ **The perpetration of gender-based violence is the most robust factor, after being male, of those common traits identified among perpetrators to date.** While some studies have identified family and intimate partner violence as a common factor, few researchers have investigated the dynamics between these forms of violence. In their expert report on the links between gender-based violence and mass casualty attacks, Dr. McCulloch and Dr. Maher make an important contribution to filling this gap in our understanding.

Their report begins with an analysis of the gender bias in this field, its impact on the way the relationship between gender-based violence and mass casualty violence is misperceived, and the impact of this bias. They point out that **when perpetrators of mass casualties target specific women in their attacks, police and researchers see these homicides or attempted homicides as “trigger events” rather than as part of the events themselves.** This error is made “even when the circumstances often indicate that the ‘trigger’ and the mass casualty attack are continuous or proximate in time.”²¹ **Another type of mischaracterization of the relationship between these forms of violence is that studies typically seek to discover “what made such attackers turn violent.”** This question replicates a common gender bias that starts with the premise that a woman is responsible for “provoking” the violence perpetrated against her. Dr. McCulloch’s research has demonstrated how this “frame of analysis overlooks or downplays the history of gender-based violence in the biographies of attackers that indicates that they didn’t turn violent but were instead violent men.”²² They also note that, typically, studies of terrorism

have excluded attacks motivated by misogyny because hatred of women tends to be treated differently from, for example, race-based hatred.

Four Connections Between Gender-Based Violence and Mass Casualties

1. Perpetrators frequently target a specific woman at the outset of a mass casualty incident. Often, this is the perpetrator's current or former intimate partner, a woman with whom the perpetrator wanted to have an intimate relationship, or a family member.
2. Many perpetrators have a history of gender-based violence including intimate partner violence, coercive control, sexual assault, stalking, and harassment.
3. Some mass casualties have been overtly motivated by hatred of women in general or by a belief that women don't deserve respect, security, or equality.
4. Some mass casualties are motivated by misogyny intersecting with other forms of extremism.

Dr. McCulloch and Dr. Maher identify four ways in which gender-based violence and mass casualties are connected. **First, perpetrators of mass casualties, at least initially, target a specific woman.** This is often the perpetrator's current or former intimate partner, a person with whom the perpetrator wanted an intimate relationship, or a female relative. In these cases, the mass casualty begins with an attack on a specific woman. The most common type of mass casualty is familicide, where a family member (often a husband or father) kills the family, including partners, children, and other relatives. This connection is rarely recognized as such because, as discussed above, the definition of mass casualty often specifically excludes domestic violence. Several of the most lethal mass casualty incidents in Canada involved men killing their spouse and other family members, including sometimes their own children. For example, on April 5, 1996, a perpetrator shot and killed his estranged wife, Rajwar Kaur Chahal, and eight members of her family in Vernon, BC, before taking his own life. In other cases, a perpetrator begins by killing an intimate partner or other family member and then goes on to kill others, including strangers.

The ways in which mass shootings are "intermingled with acts of domestic violence" are clearly established in several studies in the United States. Dr. McCulloch

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and Dr. Maher's report provides many examples, and we cite a few here to underscore this important connection.

A 2015 study of US data (2009–2015) found that 64 percent of mass shooting victims overall were women and children, although women typically made up only 15 percent of total gun violence homicide victims, and children only 7 percent. The study also concluded that in the 57 percent of mass shootings that involved an intimate partner or another family member victim, 81 percent of the victims were women and children. Based on this the authors argued:

The untold story of mass shootings in America is one of domestic violence. It is one of men (yes, mostly men) targeting and killing their wives or ex-girlfriends or families. The victims are intimately familiar to the shooters, not random strangers. This kind of violence is not indiscriminate – though friends, neighbors and bystanders are often killed alongside the intended targets.²³

A later analysis of mass shootings in the United States (2009–2020) based on media and police reports of 262 incidents found that in more than half of mass shootings (at least 53 percent) the attacker shot a current or former intimate partner or family member during the attack and that "domestic violence-related mass shootings" accounted for almost half of all mass shooting deaths.

The largest study of this type found that what the authors defined as gender-based mass "public" shootings are a significant subcategory of mass shootings. The study identified 311 mass shootings between 1966 and 2018, of which 106, or 34 percent, were defined as gender-based. If the study had included mass "private" shootings such as familicides that occurred in the home, the percentage of mass shootings found to be gender-based would have been significantly higher, given that most familicides are committed at home by men against women and children.

The second connection between gender-based violence and mass casualties identified by Dr. McCulloch and Dr. Maher is that many perpetrators have a history of gender-based violence including intimate partner violence and coercive control, sexual assault, stalking, and harassment. They point out that it is more difficult to be conclusive about this connection because of serious data gaps. For example:

[I]t remains difficult to quantify the number of mass casualty attackers with histories of committing gendered violence. Apart from the issue of the comprehensiveness and siloing of data, often these histories of violence are not sought out by researchers and investigators. Evidence of witnessing or being subject to gender-based violence during childhood, which may be relevant to an attacker's history, is even less investigated and cited. Still today, and even more so historically, gender-based violence, particularly domestic and family violence, is hidden, unreported, or not recorded.²⁴

Dr. McCulloch and Dr. Maher attribute these gaps both to the underreporting of gender-based violence and to the fact that this information is inconsistently sought out or overlooked by mass casualty investigators and researchers. Nevertheless, they find sufficient evidence to conclude that even in instances where the mass casualty does not begin with an attack on a specific woman, there is often gender-based violence in the perpetrator's past.

This factor is so common that Marsha Robertson of Futures Without Violence, a United States group committed to ending domestic and sexual violence, has characterized the disclosure of such histories as "Day 3" of the mass casualty reporting cycle: "[T]he shooting occurs and the press has only the bare bones of the incident. On Day 2, the media has access to much more biographical information. On Day 3, further inquiry has confirmed that the shooter had a history of [committing] domestic violence."²⁵

Dr. McCulloch and Dr. Maher identify a problematic pattern in which the ubiquity of a history of gender-based violence in the life history of perpetrators is ignored by many researchers and commentators because this history does not fit with the prevalent "turning point" framework of analysis:

This turning point approach looks for triggers – events or experiences that lead men to turn to terrorist violence. This framework relies on a binary between private and public violence, making a distinction between pre-existing histories of gender-based violence in the private sphere and the violence of terrorist attacks. If a history of gender-based violence were fully appreciated as violence, it follows that those engaging in terrorist attacks who had histories of gender-based violence would not be considered men who turned violent but rather violent men who continued, escalated, and extended their violence to include members of the public.²⁶

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This myth about perpetrators “snapping” is deeply ingrained and continues to be perpetuated in the face of clear evidence that most perpetrators have taken steps to plan their violent actions in advance. This evidence is summarized in Chapter 8.

With respect to the impact of a perpetrator having witnessed or been subjected to gender-based violence as a child, Dr. McCulloch and Dr. Maher conclude that despite the lack of systematic investigation of the frequency of this connection, research that suggests links between men who witness family violence as children and adult perpetration of intimate partner violence is a signpost toward a potential connection.

A third connection between gender-based violence and mass casualties is that some mass casualty attacks have been overtly motivated by a hatred for women in general or a sense that women do not deserve respect, security, or equality. Dr. McCulloch and Dr. Maher conclude that mass casualties overtly motivated by misogyny are rare, but would include the 1989 attack at École Polytechnique in Montreal. In that instance, the perpetrator separated male and female engineering students before fatally shooting 14 women. His suicide letter indicated that he was motivated by a hatred of women, particularly feminists. Additionally, there is a newer phenomenon of mass casualties committed by self-proclaimed “incels” – involuntarily celibate heterosexual men – who commit violence against women because, they say, they are angry at being sexually rejected by women. The incel movement is characterized by the belief that women should be sexually available to men who desire them, and by an ideology of male supremacy. During our roundtable discussions, Dr. Barbara Perry, director of the Centre on Hate, Bias and Extremism at the University of Ontario Institute of Technology, explained that incels attribute their challenges with intimate relationships “to women being too independent, too self-assured, and not behaving appropriately in terms of making themselves available, making themselves accessible to the individual.”⁷⁷

The incel movement also promotes other traditional concepts of masculinity such as notions of men as providers and instigators of sexual relations, and women as appropriately deferential to male authority and submissive to male desire.

Dr. McCulloch and Dr. Maher point out that the first mass casualty attack recognized as being linked to the incel movement “occurred in the United States in 2014, when a 22-year-old man attempted to attack a sorority house at the University of California.” They continue:

Prior to this, he had stabbed and killed three men when they arrived separately at his apartment. After failing to gain entry to the sorority house, he targeted random people on the streets of Isla Vista, shooting, stabbing, and ramming them with his vehicle before he shot and killed himself. He killed six people and injured fourteen others. Only two of the six killed were women. He left a lengthy manifesto that cited a “war on women”, his anger over rejection by women, and his inability to lose his virginity. He also posted numerous misogynistic videos outlining his serial rejection and resulting hatred of women. There is increasing attention to online forums promoting and supporting misogynistic violence and the presence in those forums of people who commit or plan mass casualty attacks.²⁵

In a 2020 study, Dr. David Hofmann and colleagues concluded that such incel attacks are “predominantly a US and Canadian phenomena,” with total fatalities climbing to nearly 50 since 2014, averaging almost eight fatalities per attack over half a dozen or so incidents. Three incel-related mass casualties are particularly worth mentioning here: two in Canada and one in the United Kingdom.

In April 2018, a man drove a rental van down the sidewalks of Yonge Street in north Toronto, killing eight women and two men, and injuring 16 others. During his interview with investigators, he referred to online conversations about the incel ideology and his frustrations surrounding women. He was arrested without incident and in 2021 was found guilty of murdering 10 people and attempting to murder 16 others. One victim died from her injuries three years later, bringing the number of deaths from this mass casualty to 11.

In July 2018, a man used a handgun to kill two young females and injure 13 others on Danforth Avenue, a busy street in Toronto’s Greektown neighbourhood. The man died at the scene, and investigators stopped short of attributing motivation for the killings. However, investigators located information about other incel mass murders on electronic devices owned by the individual responsible for this shooting.

The UK case is the 2021 Plymouth mass casualty in southwest England, which is described in the summary of international mass casualties provided in Chapter 7. This individual fatally shot five people, including his mother, before taking his own life.

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Researchers connect this type of attack to concepts of “masculinity threat,” which we discuss below. A recent study of the links between sexism and misogyny concludes that men holding misogynistic views are more likely to participate in acts of violence in public. Dr. McCulloch and Dr. Maher emphasize the need to further investigate these connections.

A fourth connection between gender-based violence in mass casualties can be found in those incidents motivated by misogyny as it intersects with other forms of extremism. Dr. McCulloch and Dr. Maher point out the strong connection between the rhetoric of far-right groups and misogynistic attitudes. Especially online, there are spaces where the discourse combines racism, anti-authoritarianism, and other extremist ideologies with misogyny. Recently, recognition of misogyny as a form of violent extremism has been embedded in Canada with the addition of misogynist groups to listings of terrorist entities. The United Nations urges us to clearly understand misogyny as a “gateway” to other forms of extremism because mass casualties follow this pattern.

In our review of international cases, we found examples of this tendency to overlook or diminish the significance of gender-based and family violence. For example, during the sentencing hearing for the perpetrator of the 1996 Port Arthur massacre in Tasmania, Australia, the Crown prosecutor referred to the perpetrator making “a nuisance of himself” with a woman, including by making phone calls that “could fairly be called nuisance calls.”²⁹ The perpetrator attempted to visit this woman on the day of committing the mass casualty, but was thwarted.

A second example is provided by a recent review of the 2021 mass casualty in Kongsberg, Norway. In this instance, the authors discuss the perpetrator’s extensive history of committing family violence, particularly toward his mother, which included breaching restraining orders. On at least one occasion, police interpreted this behaviour as a sign of mental illness. When psychiatrists disagreed with the police assessment and the perpetrator was released back into the community, nothing further was done to address the mother’s fears for her safety and her concerns about her son’s behaviour. Despite the mother’s expressions of concern that her son presented a threat not only to her but also to the broader public, “the local police saw [the perpetrator], first and foremost, as possibly representing a threat to his parents” and largely failed to document or investigate the broader threat.³⁰ A subsequent inquiry concluded that “the police had a reactive approach to prevention by taking measures only after incidents had occurred.”³¹

During our roundtable discussions, Dr. Perry emphasized the importance of recognizing the intersectionality of far-right extremism in Canada, including an anti-Muslim segment, a white supremacist segment, and a misogynistic or “gender defender element.” She noted the considerable overlap between these forms of hatred and their manifestation. In particular, she observed “patriarchal values are at the heart of the [far-right] movement.” Specifically with respect to perpetrators of mass violence who are affiliated with or influenced by far-right extremism, she explained “these forms of violence ... really are an expression of hyper-masculinity and a very particular form of masculinity.” Dr. Perry also emphasized the international connections between Canadian far-right extremist organizations and similar organizations in “other white Euro Christian communities” in countries such as the United States, the United Kingdom, and Finland.³²

Dr. Perry discussed two recent Canadian mass casualties that targeted Muslim Canadians as being influenced by far-right extremism and Islamophobia. In January 2017, a perpetrator killed six worshippers and seriously injured five others by shooting at a mosque in Quebec City. The perpetrator was motivated by Islamophobia. He also had a history of denigrating feminism and refugees online. In June 2021, a perpetrator killed four members of a Muslim family and wounded a fifth in London, Ontario, as the victims were taking an evening walk. Investigators found evidence that this attack was motivated by Islamophobia. The charges arising from this case were still before the Ontario courts at the time of writing.

Despite clear evidence of connections between mass casualties and gender-based violence, the role of misogyny as an animating motivation continues to be overlooked in research and policy and by law enforcement agencies. During our roundtable discussion, Dr. McCulloch explained the obstacles to ascribing and acting upon this root cause:

I think that it's not seen as misogynistic because misogyny is so ubiquitous in the culture that it's very easy to overlook a misogynistic motivation. It's much easier to see, for example, white supremacy or an affiliation with a terrorist group as a sole motivation, even when it's clear that violence against women, in particular, is in the background of the perpetrator or the perpetrator is actually targeting women as well as people who are diverse in other ways because of their ethnic background or their religion.

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I think misogyny is so prevalent that it hides almost in open space. It's hidden, but once our eyes are opened to it it's very clear. And it's clear in the way incidents are reported, in the way incidents are researched, that people are investigated, even by police and security services, that they're looking for motivations, like sometimes racism or Islamic terrorism, but they're not looking in the same way for misogyny so that gets really played down because of the cultural scripts, the cultural lens that tends to take the subjugation and violence against women for granted in some ways, so much so that it's not the same at all.⁴²

The 2014 Lindt Café hostage-taking in Sydney, Australia, provides a striking example of this tendency to overlook the links between misogyny and mass violence. Dr. McCulloch and Dr. Maher explain that the perpetrator in this case:

had an extensive history of gender-based violence. At the time of the siege he was on bail for 40 sexual offences ... against seven different women. He was also on bail for being an accessory (before and after the fact) to the brutal 2013 murder of his estranged wife, Helen Lee, by his new partner, Anastasia Droudis. ... Prior to the siege, [the perpetrator] had come to the attention of national security agencies for matters unrelated to his perpetration of gender-based violence. His known history of gender-based violence was not considered relevant to the agencies' risk assessment. A review undertaken after the siege considered the risk assessment. It states:

[the perpetrator's] acts of *personal violence* were exclusively directed towards women who he knew in one capacity or another, rather than towards the public at large. National security agencies assessed there was nothing to suggest [the perpetrator] ... was involved in terrorist-related activities (McCulloch and Maher emphasis).⁴⁴

Dr. McCulloch and Dr. Maher conclude that: “accurately assessing which individuals are at risk of carrying out such attacks will likely prove impossible. The key then to preventing the significant proportion of mass casualty attacks that are linked to gender-based violence is to better prevent gender-based violence.”⁴⁵

Traditional Masculinity, Masculinity Challenges, and Mass Casualties

We need to build on these insights about the ways in which violence is a gendered phenomenon and about the tight connection between mass casualties and other types of violence by looking more closely at the relationship between traditional masculinity and mass violence. During our roundtable discussion, Dr. Marganski spoke about the ways in which we have “degendered a gendered problem” – that is, the gendered problem of mass casualties. In order to overcome this problematic trend, we need to focus on this overlooked “cultural frame.”³⁶ Dr. Marganski noted that research shows us that:

[Mass casualties] are predominantly perpetrated by male offenders who adhere to rigid patriarchal gender ideologies. They perceive threats to their social standing from others or experience some kind of shame that emanates from their gender ideals and they believe that violence is the appropriate solution to a sense of shame or emasculation, and they often have histories of violence against others, so it’s more of an escalation process than a random occurrence.³⁷

In their expert report, Dr. Bridges and Dr. Tober also investigated the ways in which mass casualties are a gendered social phenomenon. Their starting point is their recognition (also noted above in our discussion of the concept of masculinity) that “[M]en are not inherently more violent than women, but in many societies, social and cultural understandings of what it means to be a man are tied to violence.”³⁸

Dr. Bridges and Dr. Tober propose that the social psychological studies of “masculinity challenges” and “masculinity threats” help to illuminate some patterns of behaviour on the pathway to committing a mass casualty. Masculinity challenges refer to interactions in which a man’s or boy’s sense of himself as “masculine” is openly contested. This field of research investigates the ways in which men and boys respond by reaching for “masculine resources” to bolster their claims to gender identities that are challenged or threatened. Masculine resources refer to anything that can be relied upon to restore challenged masculine gender identities. For example, experiments have shown that men whose masculinity has been threatened are “more supportive of violence and war as a solution to problems, more likely to agree with male supremacist statements, [and] more supportive of

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prejudice toward gay men."³⁹ Men whose masculinity has been threatened are also less likely to identify sexually violent behaviour as sexual violence, and if they do, are more likely to blame the victims.

Researchers have investigated how traditional masculinity is challenged by structural changes in the economy that have led to increased precariousness and threats to some men's ability to fulfill their function as a provider for their family. Several studies have shown that one response has been for men to purchase guns as an implicit signal of a shift from a provider role to a protector role. Dr. Bridges and Dr. Tober explain that the notion of guns as a symbol of protection is a relatively recent shift in the American understanding of firearms. They cite recent research that suggests that "protective gun ownership and men's relationships with guns in the United States are less about protecting one's family and more about protecting claims to masculinity and gendered forms of power and authority."⁴⁰ We return to the connection between guns and culture in the next section.

One strategy that sociologists examining US mass shootings have adopted to understand the links between traditional masculinity and mass violence is to analyze public "manifestos" of mass shooters, as many incidents have involved such statements. Dr. Bridges and Dr. Tober report that a recent study "analyzed publicly available mass shooter manifestos from the United States and discovered that masculine overcompensation, ritualistic responses to exclusion, and racialized status threat (concerns over the status of white people) were patterned motives mentioned in these documents."

In our roundtable, Dr. Marganski shared findings of her study of mass casualties entitled "Making a Murderer" that emphasize the centrality of traditional masculinity to the factors that frequently are at work in the perpetration of a mass casualty incident:

So really, those factors that you were asking about in addition to being male, history of violence, supporting traditional rigid gender scripts, viewing themselves as victims, not being able to process their emotions in a pro-social or constructive way, believing in violence as an appropriate solution and having access to firearms are all these factors that coalesce and appear in so many of these mass casualty attacks.⁴¹

The Role of Gun Culture

Nations with more civilian-owned firearms have more mass shootings. Firearms ownership, however, does not fully explain gun violence, nor is there a direct causal connection between gun ownership and the frequency of mass casualties. Some studies have shown that the higher a country's rate of gun ownership, the greater the risk of mass shootings, but this is only one factor. For example, as Dr. Bridges and Dr. Tober point out, Canada has a relatively high rate of gun ownership (only five countries have a higher rate), and yet the number of mass shootings in Canada is comparable to some countries with lower rates of gun ownership.

In their expert report, Dr. Bridges and Dr. Tober draw a close connection between traditional masculinity, gun culture, and mass shootings. They call attention to the maleness of these issues:

Gun ownership, gun-related fatalities, and gun violence more generally are all gendered phenomena. Men are more likely than women to own guns; men are more likely than women to die by suicide via firearms; and men commit more gun homicides than women. And these gender gaps are more extreme when it comes to mass shootings.⁴²

One of Dr. Bridges and Dr. Tober's central research questions is: Why do men commit mass shootings in the United States so much more frequently than men in other parts of the world? Their study is focused on the specific form of traditional masculinity that operates in the United States and the way that American traditional masculinity is linked to a specific gun culture. While their findings and conclusions are focused on that specific cultural context, they have some relevance to Canadian mass casualties.

Dr. Bridges and Dr. Tober's research demonstrates that while the opportunity afforded by access to firearms is important, it is likely that it is not firearms ownership so much as gun culture, particularly in relationship with the glorification of violence, that is a determining factor in rates of gun violence. "Gun culture" refers to the significance and meaning attributed to guns. Firearms take on different meanings for different groups in different societies. The cultural significance affects both how many people own guns and why they do so. Gun culture is not static; it can change over time and can differ across regions within a country.⁴³

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In their expert report, Dr. Bridges and Dr. Tober start their analysis of American gun culture by setting out the famous slogan of the National Rifle Association (NRA): “Guns don’t kill people; people kill people.”⁴⁴ This slogan is known internationally and is popularly associated with pro-gun activists and advocacy in the United States, as well as in other nations. The phrase is used to argue that guns are not the real problem when it comes to homicides, suicides, and other gun-related crimes. This framing takes an instrumental approach to guns, suggesting that they are nothing more than a tool. From this perspective, any harm done with guns is entirely attributable to the person who causes that harm, and not to the means they use to do so or the culture within which they act.

The authors explain the fallacy of the NRA’s framing:

The problem with the slogan and the instrumental approach to gun violence is that they treat guns and the people who wield them as though they are separable in ways they are not. When humans interact with guns, the interaction is transformative because of the cultural meanings attached to guns – meanings that are not everywhere and for everyone exactly the same.⁴⁵

Dr. Bridges and Dr. Tober explain that the transformation is multifaceted. One important impact is that the act of pointing a gun is transformative for the person holding it; another is that “when one person is holding or pointing a firearm, or even if the threat to do so is present, the behaviors and emotions of other people in the vicinity are also transformed.”⁴⁶ This was a point made in the Supreme Court of Canada in the case of *R v Felawka* (1993) 4 SCR 19. As Justice Peter Cory wrote:

A firearm is expressly designed to kill or wound. It operates with deadly efficiency in carrying out the object of its design. It follows that such a deadly weapon can, of course, be used for purposes of threatening and intimidating. Indeed, it is hard to imagine anything more intimidating or dangerous than a brandished firearm. A person waving a gun and calling “hands up” can be reasonably certain that the suggestion will be obeyed. A firearm is quite different from an object such as a carving knife or an ice pick, which will normally be used for legitimate purposes. A firearm, however, is always a weapon. No matter what the intention may be of the person carrying a gun, the firearm itself presents the ultimate threat of death to those in its presence.⁴⁷

Dr. Bridges and Dr. Tober explain that guns have different functions and meanings. For example, long guns are more commonly used (for hunting and farm-related purposes) in rural areas and have a different cultural meaning than handguns or assault rifles. Assault-style rifles have a very gendered, hyper-masculine cultural symbolism. The parents of children who were killed in the Sandy Hook mass casualty in Connecticut successfully sued the gun manufacturer. Shortly before this incident, the manufacturer had published an advertisement for the AR-15-style rifle with a line that said "consider your man card reissued."⁴⁸ In their legal case, the parents argued that the advertisement perpetuated a type of culture about this gun; it emphasized that this gun can reinforce masculinity. In his report on the history of gun control in Canada, Dr. Blake Brown explains the technological developments in firearms over the past decades. He cites experts who state that all assault-style rifles, military and civilian alike, are designed to provide a specific combat function of "laying down a high volume of fire over a wide killing zone."⁴⁹

In the United States, gun culture has changed over the past few decades. Guns were historically valued for hunting and recreation, but now they are widely viewed as an expression of capable masculinity and a means of self-defence and protection. Despite the fact that violent crime has declined in that country since the 1990s, self-defence remains a consistent reason for people wanting to own a gun. At the same time, social and economic transformations have led to dislocation and loss of male privilege, which is interpreted by some men as a masculinity challenge or threat.

Dr. Bridges and Dr. Tober bring together their research on masculinity challenges, discussed above, and gun culture to posit an initial answer to their questions about why men in the United States commit mass shootings so much more commonly than men in other parts of the world. They conclude:

The preponderance of research on mass shootings has shown that they are productively understood as enactments of masculinity. But guns and masculinity must first be recognized as fundamentally connected with each other, as are masculinity and violence. The research canvassed in this report suggests that men who are otherwise unable to access a gendered sense of status in their social hierarchies may turn to guns or other forms of violence as masculine resources in societies in which guns or violence are culturally associated with or understood as "proof" of masculinity. Men enact masculinity in these ways in cultural contexts in which these enactments are culturally legitimized and granted status and

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authority. In such a context, real change will require *cultural* change as well, and this is much more challenging.⁵⁰

Dr. Bridges and Dr. Tober do not apply their framework or conclusions to the Canadian gun culture. In our roundtable discussion, however, Dr. Wendy Cukier, professor at the Ted Rogers School of Management at Toronto Metropolitan University and co-founder and president of the Coalition for Gun Control, emphasized that “there is incredible overlap between, not just the individuals, but the discourses that we see among right-wing extremists and the gun lobby on many of these issues, including arming for self-protection, distrust of the authorities.”⁵¹

She pointed out that the gun culture in Canada is also evolving and some Canadian advocates are integrating rhetoric on the importance of guns for self-defence. This trend is occurring notwithstanding that the Supreme Court of Canada has held that “Canadians, unlike Americans, do not have a constitutional right to bear arms.”⁵² Canadian courts have tended to emphasize the threat posed by firearms, particularly those that “are not designed for hunting any animal but man,” and to conclude that restricting both the kind of guns that may be owned by Canadians and their legitimate reasons for ownership “ensures a safer society” for all in Canada.⁵³ Self-protection is strictly limited in Canadian law as an exceptional reason to own a restricted weapon, available only where the individual’s life is in imminent danger, police protection is not sufficient, and the possession of the firearm can reasonably be justified for protecting the individual.

Just as American and international far-right extremist movements thrive across borders and in Canada, so too does pro-gun rhetoric. In particular, Dr. Cukier expressed this concern: “[W]e’re seeing what I would describe as a very insidious influx of US values around arming for self-protection and around attachment to military assault weapons.”⁵⁴ In the United States, cultural narratives tying traditional masculinity to notions of self-protection have been strengthened by a particular interpretation of that country’s constitutional rights and freedoms with respect to firearms. Dr. Bridges and Dr. Tober conclude that these cultural narratives, in turn, play an important role in the frequency of mass shooting incidents in the United States. In Canada, these cultural narratives also have a discernable influence on contemporary gun culture and on policy arguments, and this influence has implications for overall community safety. We return to the theme of community safety and firearms in Volume 4, Community.

Cultural Narratives

A “cultural narrative” is a sociological concept signifying the ways we understand and talk about how the world works, our place in it, and how we should act. These narratives vary across cultures and there can be competing cultural narratives within a society, particularly at times of change and upheaval. Cultural narratives provide us with a sense of normative direction or guidance for how to behave in a way that is consistent with societal values.

Conclusion

The undisputed strong connection between gender-based violence and mass casualties continues to be overlooked in much research and commentary, and in measures intended to prevent and respond to violence including mass casualty incidents. Ignoring the relationship between these forms of violence is rooted in incorrect and outdated conceptions of the so-called public violence of mass casualties as a distinct phenomenon from gender-based, intimate partner, and family violence, which are often characterized as private violence. It also reflects gender bias. The unreasonable holdover of the public/private divide is self-reinforcing: the less we see, the less we look; the less we look, the less we see. It is more accurate to see mass casualties as an escalation of gender-based violence.

There are obvious but complex connections between the three cultural frames of traditional masculinity and masculinity challenges, gun culture, and the use of violence. Many mass casualties, including the incident that took place in Nova Scotia on April 18 and 19, 2020, are perpetrated using firearms. Above, we have reviewed research that acknowledges that rates of gun ownership are less significant population-level drivers of mass casualties than gun culture. Access to firearms matters, as does the type of firearms available to a potential perpetrator, but the cultural meanings ascribed to gun ownership and gun violence, and the relationship between gun culture and traditional masculinity, also influence the frequency of mass casualties. Cultural factors are more difficult to study and to influence, but preventing mass violence also requires us to engage with the role of gun culture in producing mass casualty incidents.

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Misogyny and unhealthy traditional conceptions of masculinity are root causes of mass casualty incidents. Yet, these dynamics remain largely invisible. We conclude that it is critical to change the cultural narratives around these issues. We continue this discussion in Part C, which explores preventing mass casualty incidents.

In many instances, perpetrators of mass casualties have a history of violent behaviour, and the mass casualty can be seen as an escalation of violence. It is not unusual for the perpetrator's violence to have come to the attention of authorities prior to the incident. Investigators must look for and document patterns of violent behaviour and any history of gender-based violence in the lives of perpetrators. While expertise in gender analysis and an understanding of the dynamics of gender-based violence are critical to better assessing the risk of and responding to mass casualty incidents, accurately assessing which individuals are at risk of carrying out such attacks will likely prove impossible. A key strategy to preventing mass casualties, then, is to better prevent and more effectively intervene in gender-based violence. Dr. Marganski succinctly stated what needs to be done:

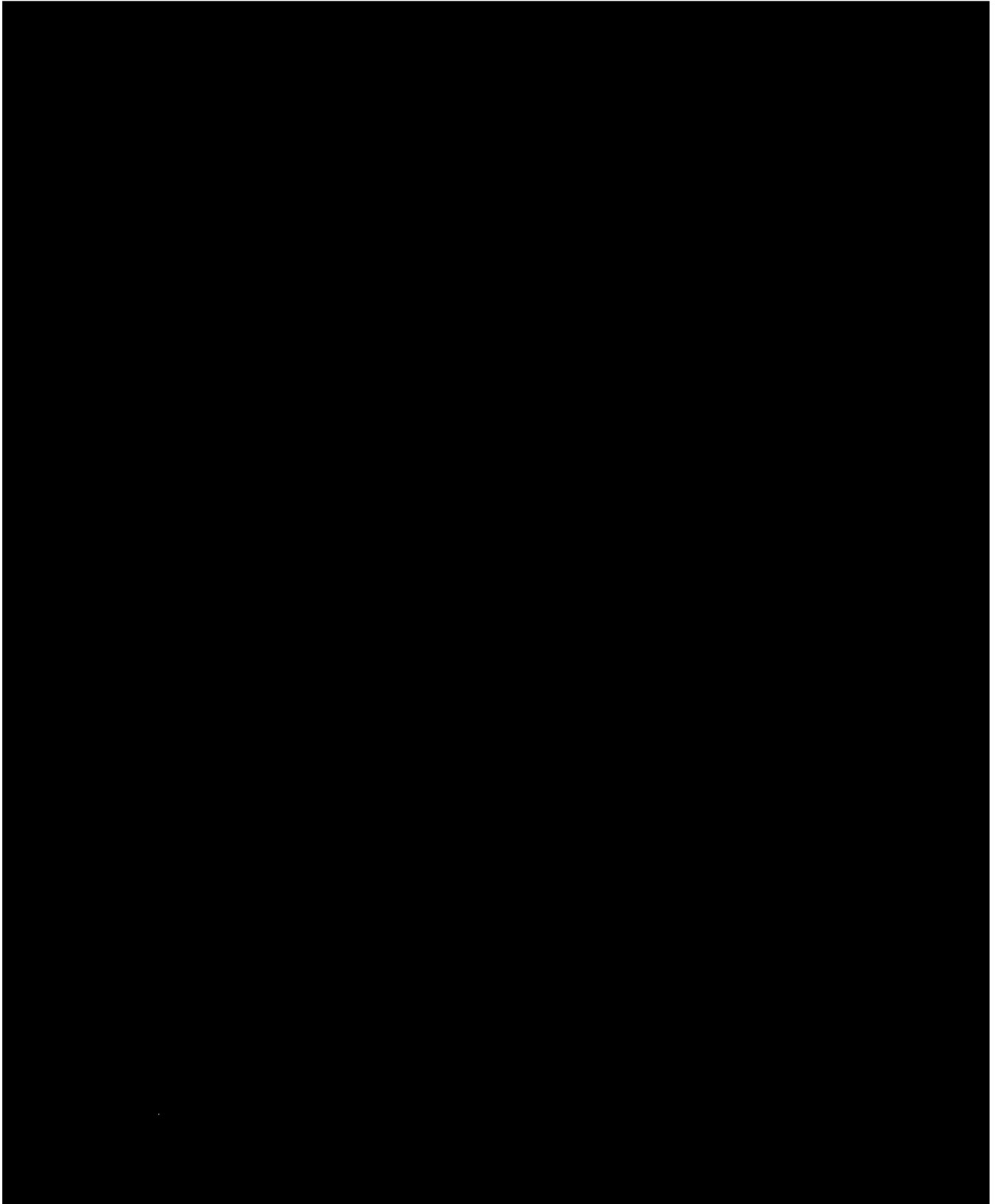
We also need to recognize the interrelatedness of violence overall and see violence on a continuum from discrimination to forms of coercive control to physical and sexual violence to these large mass attacks that we see.²⁵

MAIN FINDING

While violence is overwhelmingly perpetrated by men, most men do not perpetrate violence. However, mass casualties are a gendered phenomenon. Mass casualty incidents are committed almost universally by men. By whatever measure we use, most serious violence in North America is committed by men and boys. This includes violence against strangers, violence against family members and intimate partners, and mass casualties. Gun ownership, gun-related fatalities, and gun violence more generally are all gendered phenomena.

MAIN FINDING

As a result of gender bias, the strong connection between gender-based violence and mass casualties continues to be overlooked in much research and commentary, and in measures to prevent and respond to violence, including to mass casualty incidents.



**Part C:
Preventing Mass Casualty
Incidents**

Introduction

Unlike mass casualties, incidents of gender-based, intimate partner, and family violence are rarely shocking. Our reaction is not one of astonishment because their prevalence does not allow for it. They occur with such frequency, and the patterns of inadequate intervention are so persistent, that these forms of violence are seen as routine and are normalized in our society and culture. This has to change.

Gender-based violence is a societal issue; it is one that implicates each and every one of us. The deep and multifaceted connections between gender-based violence and the perpetrator's actions on April 18 and 19, 2020, are clearly established. The pattern of escalation from gender-based violence to mass casualties is well documented, as demonstrated in the growing body of statistical and comparative studies referenced by the experts who shared their research with the Commission. And yet this pattern is often unseen, unstudied, overlooked, or ignored. It is alarming to know that some people responded to the early RCMP communications on the night of April 18, 2020, by thinking, "It's a domestic situation." The mistaken implication is that a "domestic situation" is not one that sets off warning bells. And yet it should, not because every incident of gender-based or family violence will result in mass casualties but because the first step in prevention is in recognizing the danger of escalation inherent in all forms of violence. As Commissioners, we believe this lesson to be the single most important one to be learned from this mass casualty. Let us not look away again.

Learning this lesson requires us to change our cultural frame of reference or the way we perceive and understand types of violence as a societal issue. One part of this shift in how we think, talk, and act is in recognizing and acting on the knowledge that there is a continuity between the very common forms of gender-based violence in relationships and the very rare forms of violence that result in mass casualties that can "move on to affect others." A second part of this shift is recognizing and acting on the knowledge that violence that does not escalate to mass casualties still has profound public impacts which concern us all. As Dr. JaneMaree

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Maher, professor in the School of Sociology at Monash University in Melbourne, Australia, explained in her testimony:

It impacts those around – both the victim and the perpetrator. It impacts children. It impacts family members. It impacts health services. It impacts workplaces. So there is always a sense in which private violence is always already having public effects that we are increasingly aware of.²

As we explained at the outset of this volume, seeing “private” and “public” violence as two distinct phenomena is incorrect and problematic.

Gender-based violence is an epidemic in Nova Scotia and in all of Canada, as it is in most parts of the world. The United Nations has been calling it a global pandemic for years. Violence against women and girls is also endemic in Canada and “in all societies.”³ Calling gender-based violence endemic accentuates the ways in which it has been consistently present throughout societies to the point that it is seen by many as routine or normal. This normalization is further reinforced by the ways our collective efforts have failed to gain traction in stamping it out. We must work together against this placid perception, and we need to take action with the collective communal force of meeting an epidemic.

An active and concerted “whole of society” response is required to counter this scourge. During one of our roundtable discussions on police and institutional understanding and responses to intimate partner violence and family violence, Dr. Nancy Ross, assistant professor in the School of Social Work at Dalhousie University, described the shift that is required of all of us: “It’s so easy for us to think about it as that person over there, but to think about it as a societal issue I think it is something that invites complexity and invites a thought that this is something that’s – we’re all responsible for.”⁴

In Part C of this volume, we continue our examination of how to prevent mass casualties, with a focus on insights derived from understanding mass casualties as an escalation of gender-based violence. **We begin by delineating our collective and systemic failures to protect women from gender-based violence. The evidence of these failures is the epidemic level of gender-based, intimate partner, and family violence in Nova Scotia and throughout Canada today. This prevalence has been maintained despite an overabundance of reports and studies, recommendations and initiatives, pilot projects, and evaluations aimed at addressing this violence.** The result can be seen as a recurring cycle of denial, whereby failure to effectively

implement recommendations results in the call for further study and the additional reports filled with both repeated and new recommendations that remain unfulfilled. Indeed, we heard from those with expertise in dealing with these forms of violence that they face a cycle of denial, in which they work to demonstrate the prevalence and severity of gender-based, intimate partner, and family violence to an inquiry or government body but secure recommendations that go unimplemented. A crisis refocuses public attention on these phenomena; an inquiry is called; and these experts begin a round of proving prevalence and severity to a new set of decision-makers.

Women and Survivors: Paying Attention to the Complexity and Diversity of Experience

Throughout this volume, we mainly use the words “women” and “women and girls” to refer to survivors of gender-based violence. Violence is a gendered phenomenon, in that it is mainly perpetrated by men and it has a disproportionate impact on women. We therefore refrain from using the gender neutral term of “survivors” (or “victims”) except where quoting another source or where required for clarity.

We also focus on violence against women, and particularly intimate partner violence, because of its close connection to the mass casualty. We acknowledge, however, that our efforts must be to eradicate all forms of gender-based violence and its impact on all survivors.

In this Report, the term “women” has an additional burden of being a single word that incorporates and stands in for the more nuanced and complex diversity of women in Canada.

In the Introduction, we talk about the importance of recognizing the ways that women’s intersecting identities – for example, being both women and being Indigenous, Black, or a person of colour – shape their risk and experience of gender-based violence. We also contextualize women’s experiences by paying attention to social and economic forces that marginalize identifiable groups of women and make them more vulnerable to violence.

We use the term “women” as inclusive of 2SLGBTQI+ (Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse) people who identify as women and acknowledge that they, too, are disproportionately subjected to gender-based violence.

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Statistics confirm the impact of gender-based violence is even more severe on some communities, particularly those who are marginalized within Canadian society: Indigenous women and girls; Black and other racialized women; immigrant and refugee women; 2SLGBTQI+ people; people with disabilities; and women living in northern, rural, and remote communities. We discuss some of the root causes of this disproportionate impact in our Report.

We encourage readers to be mindful of the complexity and diversity of women's experiences of gender-based violence wherever we refer to "women" and "women and girls."

Within this context, we revisit Lisa Banfield's experience and look at the ways she was revictimized in the aftermath of the mass casualty as an example of some of the ways in which we fail to adequately address gender-based violence. We conclude Chapter 10 with a brief summary of evidence of the impact of our collective and systemic failures.

In searching to explain these failures in Chapter 11, we look at the state of our knowledge about the ways in which we have failed to prevent gender-based violence, thereby keeping women and girls unsafe. **We actually know quite a bit about what works and what does not; we simply do not implement this knowledge effectively and consistently.** Chapter 11 focuses on understanding five areas where we collectively continue to founder: limited understanding of risk factors and inappropriate and uneven use of risk assessments; overcoming barriers to reporting; reliance on ineffective interventions; misconceptions and minimization of coercive control; and underfunding and defunding of effective interventions. Our conclusion is that failures to protect women from gender-based violence cannot be attributed to a lack of knowledge. We recognize the efforts of many individuals and organizations over decades and that some progress has been made in some areas. Yet, gender-based and family violence continue to prevail with sweeping and wide-ranging consequences. We conclude that this prevalence is the result of inadequate and uncoordinated action by individuals and organizations, coupled with insufficient attention to structural and institutional barriers that block progress.

Five areas where, as a society, we continue to founder in addressing gender-based violence:

- limited understanding of risk factors and inappropriate and uneven use of risk assessments;
- barriers to reporting;
- reliance on ineffective interventions;
- misconceptions and minimization of coercive control; and
- underfunding and defunding effective interventions.

In Chapter 12, we conclude this volume by recognizing that our Report comes at a critical juncture for Nova Scotia and all of Canada, given the governmental commitments in the Nova Scotia Standing Together to Prevent Domestic Violence initiative and the National Action Plan to End Gender-Based Violence. These initiatives build on the many previous reports and, in particular, the ongoing work to implement the recommendations made by the National Inquiry into Missing and Murdered Indigenous Women and Girls. Our Report joins in this collective call to action and underscores the ways in which the April 2020 mass casualty provides further reasons for us all take on this individual and shared responsibility.

In this final chapter, we provide additional insights and lessons learned. We offer recommendations, based on our Inquiry, for a path forward toward preventing mass casualties through a fundamental reorientation of our collective responses to gender-based, intimate partner, and family violence. We do not profess to have all the answers; rather, we share what the Commission has learned with an aspiration to contribute to this fundamental shift to embolden and hearten the many individuals who and organizations that contribute to ensuring the safety of everyone affected by violence. We do so by setting out four lessons learned through our work that can help us to achieve the fundamental reorientation: mobilizing a whole of society response; situating women's experience at the centre; putting safety first; and taking accountability seriously. Putting safety first necessitates lifting women and girls out of poverty, decentring the criminal justice system, emphasizing primary prevention, and supporting healthy masculinities.

We are not suggesting this fundamental shift is easy, but we cannot continue to accept the consequences and outcomes of the misalignment between the epidemic of gender-based violence and our unimpressive collective response. The

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time has come for all of us to set our sights on building new and healthier social structures and systems. The solution is for each of us to act with the purpose of ending gender-based violence, individually and collectively, in whatever way we can.

CHAPTER 10

**Collective and Systemic Failure
to Protect Women**

Epidemic of Gender-Based, Intimate Partner, and Family Violence

The United Nations declared gender-based violence to be a global pandemic a decade ago. In 2022, the UN Secretary-General declared gender-based violence to be “the longest, deadliest pandemic” and called upon “every Member State to develop an emergency plan to prevent and respond to gender-based violence.”¹

The World Health Organization recognizes that violence against women, particularly intimate partner violence and sexual violence, “is a major public and clinical health problem and a violation of women’s human rights. It is rooted in and perpetuates gender inequalities.”² **In 2023, we use “epidemic” to underscore the fact that gender-based, intimate partner, and family violence continue to be excessively prevalent in Nova Scotia and throughout Canada. Although being experienced by all genders, these forms of violence affect a disproportionately large number of women and girls.** The impact is even more severe on some communities of women and girls, particularly those who are marginalized within Canadian society: Indigenous women and girls; Black and racialized women; immigrant and refugee women; Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse (2SLGBTQI+) people; people with disabilities; and women living in northern, rural, and remote communities. Some statistics show diminishment in some types of gender-based violence over the past two decades, but data is limited and there is no discernable overall positive trend. We return to the issue of lack of accurate statistics later in this Part of the Report. Progress has been glacial, uneven, and inconsistent. For example, as we discuss below, the COVID-19 pandemic resulted in an increase in gender-based violence

and family violence, particularly intimate partner violence. Violence against Indigenous women and girls continues to be disproportionately high.

Evidence of Excessive Prevalence

The perpetrator of the April 2020 mass casualty was shaped by gender-based and family violence, through both experiencing and witnessing it as a child and as an adult. He engaged in violent, intimidating, and coercive behaviour in many areas of his life and engaged in financial predation. He was violent and coercive in his intimate partner relationships, and this violence against Lisa Banfield was directly connected to his perpetration of the mass casualties on April 18 and 19, 2020.

The perpetrator's violent life history is both unique and reflective of a pattern of behaviour that is strikingly common in our society. Focusing on Statistics Canada data on intimate partner violence, we point out that more than 11 million people, the overwhelming majority of whom were women, have experienced intimate partner violence at least once in their life from the age of 15 on. **It is important to pause and pay attention. About one out of three adults has experienced this form of violence. These statistics are not just numbers. They represent the lived experiences of real people – of everyday life for far too many women and girls.**

The Canadian Association of Chiefs of Police estimates that approximately one-quarter of all calls to police made in Canada are connected to intimate partner violence. In 2019, 107,810 victims reported an incident of intimate partner violence to the police in Canada. Just over half (53 percent) of victims of violence were female, while the vast majority (79 percent) of victims of intimate partner violence specifically were women. In 2021, the number of police reports was 114,132, and nearly 80 percent of these reports centred on women and girls. But experts stress this number is a drastic undercount, given that an estimated 8 in 10 women who experience spousal violence do not report it to the police. In Canada, a woman is murdered every 2.5 days, and in 2021 this rate was trending even higher. **Approximately every six days, a woman in Canada is killed by her intimate partner.**

In their expert report for the Commission, "Understanding Violence in Relationships," Dr. Carmen Gill, a professor in the Department of Sociology at the University of New Brunswick, and Dr. Mary Aspinall, now at St. Thomas University, draw our attention to some other data points about the prevalence of intimate partner violence:

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- Violence is more common in former spousal relationships compared to current relationships: “Almost half (45%) of victims of a former spouse said they experienced violence after separation and, of these, nearly four in ten (38%) said the violence occurred more than six months after their separation.”
- Different forms of violence are used by men and women. Severe forms of violence are experienced by women, such as “to be pushed, grabbed or shoved (72% of women versus 52% of men), sexually assaulted (17% versus 7.4%) or choked (14% versus 3.4%) by their spouse.” In comparison, men are commonly victims of their spouse “throwing something that could hurt them (60% versus 39% of women), kicking, biting, or hitting them (43% versus 18%) or slapping them (37% versus 17%).”⁴

These Commission experts also underscored that the forms of violence recognized in the *Criminal Code* can have an impact on Statistics Canada data. The most common form of reported violence is recorded as physical assault, followed by offences such as sexual assault and threats of violence. The authors explain the limitations of this data:

These specific forms of violence are criminalized in Canada. The *Criminal Code* does not include an offence of intimate partner violence or coercive control. Crime statistics are shaped by what is defined as criminal conduct, and this report about the relative frequency of these forms of violence should be interpreted in a manner that does not overlook these limitations of data collection.⁴

To illustrate the prevalence of all forms of gender-based violence, we include a text box that reproduces the statistics from the National Action Plan to End Gender-Based Violence (National Action Plan), published by the Government of Canada in 2021 and adopted by the federal, provincial, and territorial governments, except Quebec, on November 9, 2022.

The text box information should be read with a few cautions. The National Action Plan contains the most complete data available to us, yet it understates the extent of gender-based violence (GBV) in Canada. The plan explains there are two main sources of data on gender-based violence at the national level: (1) administrative data (usually from police, but also from coroners, health services, shelters, and social services); and (2) surveys, or self-reported data, in which people are asked whether they have experienced specific forms of violence. It emphasizes that

“[n]o matter the source, the data understates the magnitude of the problem, as people are often reluctant to report GBV due in part to stigma, shame, fear, and systemic issues, which may lead to a lack of confidence that the justice response will be effective.”

Although the text box presents a good snapshot of the extent of gender-based violence throughout Canada as a whole, it does not capture variables relating to regional prevalence or the disproportionate impact of specific groups of women and girls. The National Action Plan notes: **“There are challenges and gaps in collecting consistent and detailed data, particularly in rural and remote contexts and among marginalized populations.”** More specifically, the Plan explains:

A further challenge is the lack of data to support the use of an intersectional lens, which recognizes that people often experience multiple oppressions due to the combined effects of systemic discrimination (e.g., ableism, classism, colonialism, a collective history of trauma, poverty, racism, sexism, and discrimination on the basis of sexual orientation, gender identity and expression). Intersectionality takes into account historical, social, and political contexts and centres the unique experiences of the individual and/or group in relation to their identity factors. It is difficult to apply an intersectional lens to existing data, as available data only highlights specific forms of GBV on individual populations such as Indigenous Peoples or people with disabilities, for example, but not the experience of Indigenous people with disabilities. This highlights the need to collect and report on disaggregated data, wherever possible, and to invest in population-specific targeted research to address persistent gaps and challenges in data.

The National Action Plan concludes that “despite these acknowledged gaps and limitations, the data still presents a stark image of GBV in Canada.”⁵

National Action Plan to End Gender-Based Violence (2021): Specific Forms of Gender-Based Violence

The National Action Plan to End Gender-Based Violence (GBV) recognizes that GBV can take many forms, including physical, economic, sexual, and emotional (psychological) abuse. Data on some of the more common forms of GBV are presented as contained in the report.

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Sexual assault

- In 2018, 30% of women reported having been sexually assaulted at least once since age 15, a rate almost four times higher than that for men (8%).
- Indigenous women were more likely than non-Indigenous women to have been sexually assaulted at least once since age 15 (43% versus 30%, respectively).
- Young women aged 15 to 24 were five times more likely than women aged 25 years and older to have been sexually assaulted in the 12 months before the survey (5% versus 1%, respectively).
- 50% of lesbian, gay, bisexual+ (LGB+) women and 26% of LGB+ men in Canada were sexually assaulted since age 15 – significantly more than among heterosexual women (30%) and men (8%).
- 15% of women students in a post-secondary setting in the provinces were sexually assaulted at least once since they started their studies, relative to 5% of men students.

Intimate partner violence

- In 2018, 44% percent of women reported experiencing some form of IPV [intimate partner violence] in their lifetime (since the age of 15).
- Indigenous women (61%) were more likely to experience some form of IPV in their lifetime compared with non-Indigenous women (44%).
- Two-thirds (67%) of LGB+ women who had ever been in an intimate partner relationship had experienced at least one type of IPV since the age of 15.
- 55% of women with disabilities reported experiencing some form of IPV in their lifetime (since the age of 15).

Intimate partner homicide (or domestic homicide)

- Between 2014 and 2019, there were 497 victims of intimate partner homicide; 80% (400 victims) were women.
- While Indigenous women account for approximately 5% of all women in Canada, they accounted for 21% of all women killed by an intimate partner between 2014 and 2019 (83 victims).
- In 2020, 53 women, 11 of whom were Indigenous, were killed by their partner in Canada.

Unwanted sexual behaviour

- In 2018, approximately one in three women living in the provinces (32%) and women living in the territories (35%) experienced unwanted sexual behaviours in a public place that made them feel unsafe or uncomfortable. Women aged 15 to 24 living in the provinces experienced unwanted sexual behaviours in a public place at a rate of more than six in ten (61%).
- First Nations women (40%) and Métis women (40%) living in the provinces were significantly more likely than non-Indigenous women (32%) to have experienced unwanted sexual behaviours in a public place that made them feel unsafe or uncomfortable.
- In the same period, women were also more likely than men to have experienced unwanted sexual behaviours in the workplace (29% versus 17% in the provinces and 31% versus 16% in the territories).
- In 2018, transgender and gender diverse people in Canada were more than twice as likely as cisgender people to have experienced unwanted sexual behaviours in public places that made them feel unsafe or uncomfortable (58% versus 23%, respectively) and in the workplace (69% versus 23%).

Human trafficking

- Human trafficking is a highly gendered crime. Police-reported incidents show that, in 2019, 89% of all victims were under the age of 35 and that the vast majority (95%) of identified victims were women and girls.

Online child sexual exploitation

- From 2014 to 2020, police reported a total of 10,739 incidents of online sexual offences against children (where the victim has been identified by police) and 29,028 incidents of online child pornography (where the victim has not been identified). For this period, luring accounted for the majority (77%) of online sexual offences against children (where a victim was identified), followed by the non-consensual distribution of intimate images (11%), invitation to sexual touching (8%), and other online sexual offences against children (5%).
- Police-reported data indicate that online child sexual exploitation and abuse are gendered crimes that disproportionately impact girls. More than seven in

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ten child and youth victims (73%) were older girls aged 12 to 17, and 13% were girls younger than 12.

Source: Canada, National Action Plan to End Gender-Based Violence (2021)

Disproportionate and Increased Experience of Violence

The Commission gathered additional information and statistics about the extent to which specific groups of women experience gender-based violence. For example, **there is a significantly higher rate of intimate partner violence in rural areas compared to urban areas: 548 versus 300 per 100,000 population. Women victimized in rural areas experienced “a rate of intimate partner violence that was 3.5 times higher than men (860 versus 246).”**⁶ As Pamela Cross, Legal Director, Luke’s Place Support and Resource Centre, and a lawyer with many years of experience working to address violence against women, pointed out during our roundtable on personal and community responses to gender-based violence:

It’s so important to remember that about 30 percent of the country’s population lives in what geographers call rural environments ... that’s a third of the people who live in this country, and yet, policies and laws continue to be made as though everybody’s living, you know, pretty close to downtown Toronto....”⁷

It is more than a question of numbers. The experiences of intimate partner violence for rural women differ from those of women living in an urban context in several important respects. We discuss some examples of these differences below and in a more concerted way in Volume 4, Community.

As the National Action Plan recognizes, the disproportionate and increased risk of violence against women results from and reinforces systemic discrimination. **These risks can intersect and multiply where more than one factor contributes to marginalization.** For example, for African Nova Scotian and Indigenous women, disability, economic marginalization, criminalization, and rural location can further increase the risk of violence.

In Part A of this volume, we set out findings about the perpetrator's violent, intimidating, and unethical behaviour toward marginalized female denture patients drawn from a report prepared by the Avalon Sexual Assault Centre. (See especially the text box "Avalon Sexual Assault Centre Process" in that Part). The Avalon Report also describes more generally how social and economic marginalization results in placing some groups of women at a significantly higher risk of gender-based violence. For example, the report explains that "Indigenous women, girls, and 2SLGBTQI+ people in Canada face staggering rates of violence stemming from past and ongoing colonialism, racism, marginalization, and neglect."⁸ This report also underscores the lack of disaggregated data about the experience of specific groups of women, particularly African Nova Scotian women. It does, however, provide a range of data showing the high levels of gender-based violence experienced by Black and Indigenous women and establishing that African Nova Scotian and Indigenous women with disabilities are likely to face significantly higher rates of violence than African Nova Scotian and Indigenous women who do not have disabilities.

The Avalon Report cites this data:

- 42% of Black women in Canada had experienced intimate partner violence since the age of 15.
- Approximately 41% of Black women in Canada had experienced physical or sexual assaults during their lifetime.
- Approximately 63% of Indigenous women in Canada and 64% of Indigenous women in the Atlantic Provinces report having experienced physical or sexual assault during their lifetimes.
- Although Indigenous women make up only 5% of women in Canada, between 2014 and 2019 they accounted for 21% of women killed by an intimate partner.
- Almost 17% of Indigenous women self-reported having experienced a form of intimate partner violence, compared to 12% of non-Indigenous women.
- Approximately 43% of Indigenous women self-reported that they had been sexually assaulted at least once since the age of 15, compared to approximately 30% of non-Indigenous women.
- About 65% of Indigenous people who are lesbian, gay, bisexual, or a sexual orientation that is not heterosexual (LGB+) reported having experienced a sexual assault since the age of 15, compared to 37% of non-Indigenous LGB+ people.

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- Data from 2014 shows that women with disabilities were twice as likely to be a victim of violent crime, and twice as likely to have been sexually assaulted in the 12 months preceding the survey.
- Approximately 23% of women with a disability had experienced intimate partner abuse in the five years preceding the survey – twice the rate of women without a disability.
- Women with disabilities who are lesbian, gay, or bisexual report experiencing violence at a rate twice as high as that of heterosexual women with disabilities.⁹

During our roundtables on responses to gender-based violence, several members underscored the importance of understanding the dynamics of violence in communities in a culturally responsive way. They also emphasized the scarcity of work in this area of study. For example, Ms. Lana MacLean, a practising clinical social worker with more than 25 years of experience working with members of the African, Black, and Caribbean communities in Nova Scotia and Ontario, told us about the groundbreaking work of the Women's Institute of the African United Baptist Association in Nova Scotia, which commissioned in 1999 "a two-part documentary series with filmmaker Sylvia Hamilton called *No More Secrets*, where they interrogated in a very gentle but culturally responsive way the impacts of intimate partner violence in the lives of Black women intergenerationally."¹⁰ Ms. MacLean also told us that the work of understanding the dynamics of violence in communities in a culturally responsive way "has never been taken up."¹¹

Dr. Patrina Duhaney, assistant professor in the Faculty of Social Work at the University of Calgary, also took up this point of how experiences of intimate partner violence and gender-based violence are "more complicated and further complicated by people's intersecting identities" such as race, disabilities, and economic marginalization:

And so for instance, our research tells us that racialized, Black, Indigenous women are at increased risk, greater risk compared to their White women counterparts of experience in – of violence for a number of different reasons in terms of how society might even explore violence in these – across these various groups. And so with limited research on these various populations there is also the resources and supports for these women as well, and people who experience gender-based violence, as well as intimate partner violence, and – which certainly increases their risk

in terms of the extent to which they will call for support, how they might access resources and even engage with formal supports as well.²

The Avalon Report also explains how economic marginalization plays a role in the likelihood a person has experienced violence. For example, approximately 57 percent of women with a 2018 household income of less than \$20,000 had experienced intimate partner violence during their lifetimes. The authors of this report emphasize how “[l]ow-income status can also contribute to situations of vulnerability and power imbalance, which can increase the risk of violence or make it more difficult for a person to leave a violent relationship.” For example, escaping a violent or unsafe situation may mean losing one’s housing:

- A recent study found that 47% of surveyed women and gender-diverse people experiencing homelessness and housing precarity in Canada had lost their most recent housing following the end of a relationship.
- Housing insecurity, in turn, can increase the risk of experiencing violence for women who find themselves isolated and without supports.³

Several Participants at the Commission, including Elizabeth Fry Society of Mainland Nova Scotia, underscore how criminalized women are at a higher risk of experiencing gender-based violence. The Avalon Report, which referred to recent research involving Black women who had been criminalized in Toronto, found that 93 percent of participants in its study had experienced physical abuse from their partners.

Women who engage in survival sex work are at particularly high risk.

Women, Survival Sex Work, and Gender-Based Violence

In their expert report, “Health and Safety of Survival Sex Workers in Halifax and Truro, Nova Scotia,” Dr. Gayle MacDonald and Dr. Meredith Ralston investigate the health and safety of survival sex workers in the Halifax Regional Municipality (HRM) and in rural areas of the province.

Survival sex workers are “persons who work the streets for clients or, in rural areas, gain clients cautiously through contacts.” The report writers frame their report by acknowledging that survival sex workers are at the most marginalized edges of sex work, owing to the precarity of their housing, possible substance

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abuse, and poverty. They are much more likely to experience violence while working than indoor or “higher-end” sex workers, because of their in-person contact with clients and potential clients, the lack of protection street work offers, exposure to inclement weather, and the risk of police encounters.

Dr. MacDonald and Dr. Ralston observe that the current situation of survival sex workers in Nova Scotia is dire, and has been made even worse by the COVID-19 pandemic, the housing crisis, and insufficient public transportation.

Through interviews with people at agencies working directly or indirectly with sex workers from urban and rural settings in Nova Scotia, the report writers explore the causes and consequences of the severe lack of safety for survival sex workers. They examine how stigma, housing, poverty, addictions, and mental health affect sex workers’ experiences of community safety in Nova Scotia. They examine barriers to accessing the formal healthcare system (specifically the emergency departments of hospitals), and they report on violence against sex workers.

The findings of the expert report reveal two factors that contribute to violence: stigma, and the perceived criminality of sex workers (despite the fact that in Canada it is illegal to buy sex, but it is not illegal to sell sex). The writers identify connections between these two factors and the reluctance or refusal of sex workers to report violence, especially through formal channels such as the police or healthcare systems. This distrust of the police and of the provincial healthcare system acts as a barrier to reporting victimization. In the face of such strong stigma and criminalization, the report looks at how sex workers instead attempt to ensure their own safety. Throughout their report, Dr. MacDonald and Dr. Ralston centre and address the experiences of sex workers who are marginalized owing to Indigeneity or racialization, because they are 2SLGBTQI+ (or engage in sexual activity with 2SLGBTQI+ people), or for other reasons.

The Impact of COVID-19

The United Nations refers to intensification of gender-based violence following the outbreak of COVID-19 as the “shadow pandemic.” Emerging international data from the front lines showed a rise in all forms of violence against women and

girls.¹⁴ The Canadian Parliamentary Standing Committee on Justice and Human Rights also issued a report on the shaded side of COVID-19. The Standing Committee's *Shadow Pandemic* report found:

Since the COVID-19 pandemic was declared, the safety of many women and children has been threatened. The restrictions resulting from the pandemic augmented the risk of domestic violence. According to several frontline workers who testified before the Committee, the restrictions resulted in more frequent and severe violence, and created greater obstacles for victims to access services and protections.¹⁵

The Standing Committee noted that some risk factors associated with domestic violence, such as social isolation, loss of employment, and reduced income, were exacerbated during the COVID-19 pandemic. The committee's report also covered other factors related "more precisely to the pandemic restrictions" that contributed to put many more women and children at risk:

- victims being forced to spend more time with their abusers in their homes;
- increased stress resulting from the closure of schools and childcare facilities; and
- reduced opportunities to leave abusive partners.¹⁶

The *Shadow Pandemic* report concluded that it "is estimated that rates of domestic violence increased by 30% since the beginning of the pandemic."¹⁷ This violence was not only more frequent but also more severe. The Standing Committee cited two reports supporting these conclusions:

- A survey conducted by Women's Shelters Canada in November 2020 showed that "52% of their shelters across the country were seeing more severe, more frequent forms of violence than before the pandemic."
- A survey conducted by Statistics Canada also revealed that, during the pandemic, one in 10 Canadian women was "very or extremely concerned about the possibility of violence in the home."¹⁸

In their expert report, Dr. McCulloch and Dr. Maher draw attention to studies showing a relationship between the global pandemic, particularly lockdowns, and a heightened prevalence of intimate partner homicide. A Canadian study focused on these increases in rural and remote areas. Dr. McCulloch and Dr. Maher compare

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this increase to the broader trend of heightened risk of intimate partner violence as a result of disasters, such as bushfires in Australia.

During his testimony, Dr. Tristan Bridges, co-author of the Commission's expert report "Mass Shootings and Masculinity," was asked about the links between COVID-19 and mass casualty incidents. He noted that he had fielded many questions of this type from journalists, because people were starting to ask:

"Everyone is locking down. Are mass shootings going away?" And one of the things that we found in our dataset is that it might have been more accurate to say that mass shootings in the United States during the pandemic migrated, that we actually saw a larger share of shooting incidents that involved family violence. And so those are incidents that depending on how you define it, would have - it may have looked like, depending on how you define it, that mass shootings declined during the pandemic, but if we include family violence, we would be able to show that, in fact, that was not the case.¹⁹

This evidence further supports the importance of recognizing and addressing the ways in which gender-based, intimate partner, and family violence can escalate to violence resulting in mass casualties.

MAIN FINDING

Gender-based, intimate partner, and family violence is an epidemic. Like the COVID-19 pandemic, it is a public health emergency that warrants a meaningful, whole of society response.

MAIN FINDING

Although experienced by all genders, these forms of violence affect a disproportionately large number of women and girls. The impact is even more severe on some communities of women and girls marginalized within Canadian society: Indigenous women and girls; Black and racialized women and girls; immigrant and refugee women and girls; Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse

(2SLGBTQI+) people; people with disabilities; and women living in northern, rural, and remote communities.

Economic marginalization and criminalization heighten the risk of violence against women and girls.

MAIN FINDING

The COVID-19 pandemic has intensified rates of gender-based violence worldwide.

Overabundance of Reports

The recognition of the extent of gender-based violence in Canadian society is long-standing, and dedicated individuals and organizations have undertaken many initiatives in response. Inquiries, studies, and evaluations have been carried out, reports written, and recommendations made. In this section, we provide an overview of a selection of these reports based on the Commission's environmental scan of recommendations from previous Canadian public inquiries and reviews.²⁴¹ (This environmental scan is reproduced in Annex B to this Report.)

The environmental scan brings together findings and recommendations from previous Canadian and provincial reviews about issues identified in our mandate. Reports within the scope of this tracking include:

- commissions of inquiry;
- government standing committees;
- law reform commissions;
- government-commissioned evaluations and reviews;
- the RCMP's Civilian Review and Complaints Commission; and
- coroners' inquests.

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Reports from public interest groups or think tanks are not included, nor are reviews that made no recommendations.

The environmental scan includes an analysis of 71 public inquiry reports and institutional reviews that are grouped according to five topics relevant to the Commission's mandate and approach. Gender-based and intimate partner violence is one of these five topics. Within each topic area, the scan begins with Nova Scotia reviews and then looks at national reviews and select reviews from other provinces. It summarizes the background and mandate of each review and lists the issues on which recommendations were made. Recommendations relevant to our mandate are included. Whenever possible, the scan includes information on the implementation of recommendations.

The environmental scan contains 36 reviews on gender-based and intimate partner violence carried out between 1991 and 2022: 12 from Nova Scotia, 8 federal, and 16 from other provinces. These reviews contain more than 1,400 recommendations relevant to the Commission's mandate. This compilation and analysis provide us with a solid understanding of the problems that have been identified previously and possible solutions proposed and, in some cases, implemented. We build on these specific recommendations throughout our Report.

In this section, we provide an overview of the findings and recommendations from these 36 reviews to illustrate the enduring pervasiveness of gender-based and intimate partner violence and our collective failures to implement solutions that keep women safe despite three decades of effort. Some of these reviews were initiated as a result of high-visibility cases and others were commissioned to evaluate programs and governmental approaches to determine their efficacy. There is a high degree of overlap in the analysis and proposed solutions emanating from both types of reviews.

We identify 10 main themes in our synthesis and analysis of the findings and recommendations emerging from these reviews. In some cases, we extrapolate from a specific recommendation and connect it to a broader theme. For example, a recommendation to establish a particular type of protocol on collaboration between specific agencies would be classified according to the subject matter of improved coordination and communication. Not every report addresses every theme, and there has been an evolution in understanding and approaching some of the issues, particularly about terminology and emphasis. For example, the early reports focused on carceral and punitive interventions, whereas recent ones integrate more restorative approaches. Developments in approaches to equality, diversity,

and inclusion are also reflected in these reports. Nevertheless, the commonalities within and persistence of findings and recommendations are the most striking features of our analysis.

Below each of the 10 main themes in these reports, we provide examples of areas for reform:

1. Vital importance of material security

- ◊ the need to increase access to safe and affordable housing for women experiencing violence, and the need for a coordinated and collaborative national housing strategy to combat violence against Indigenous women;
- ◊ the need for secure long-term funding for programs that support the family, including housing;
- ◊ the need for legal recognition of common law relationships with rights that flow from that relationship such as matrimonial property rights (where such rights are not recognized, including in Nova Scotia);
- ◊ the need to eliminate the social and economic barriers for women to leave their partner or that force them to go back to their partner, such as access to an adequate level of income;
- ◊ the need for equality-enhancing legislative responses to violence against women; and
- ◊ the need to take steps to address the economic security of women and girls.

2. Under-resourcing of responses

- ◊ not enough services to meet the needs of victims or perpetrators;
- ◊ the need to address chronic underfunding and provide for stable, long-term funding for all services to prevent, intervene in, and respond to gender-based violence;
- ◊ overloaded social services and justice system responses: high caseloads, lack of resources, and long waiting periods for housing, counselling, and other services (including emergency services);
- ◊ police, probation officers, income assistance, and child protection workers focus only on the highly visible issues because of the high volume of cases; and

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- ◊ that Indigenous communities, particularly in remote areas, are under-prioritized and under-resourced.

3. Underinclusion and discrimination

- ◊ underinclusive responses that do not take into account the experience of violence that many women face, particularly the experience of those who are marginalized within Canadian society: Indigenous women and girls, Black and racialized women and girls, immigrant and refugee women and girls, 2SLGBTQI+ people, people with disabilities, and women and girls living in northern, rural, and remote communities;
- ◊ the need for community-based services that reflect the communities in which they are located and that understand the experience of community members;
- ◊ the need to involve communities in the design of programs and services, training of staff, and service delivery;
- ◊ the need for all services to be provided in a culturally competent manner
- ◊ racism, both systemic and individual, which resulted in a lack of understanding about and sensitivity to people and also led to missed interventions;
- ◊ role of stereotyping, bias, and other forms of discrimination in interventions and responses; and
- ◊ an entrenched culture that “promotes, or at the very least tolerates, misogynistic, racist, and homophobic attitudes among many members of the RCMP.”²⁷

4. Inadequacies and failures in police responses

- ◊ failures to act: failure to dispatch (especially in cases where victim reported threats), ineffective response to reports of threats, failure to charge (even where mandatory charging policy is in place), failure to obtain a statement from the victim, failure to search for prior complaints, charges, or convictions;
- ◊ failure to recognize the degree of danger when violence was identified, and failure to take the situation seriously;
- ◊ policies and procedures relating to gender-based and intimate partner violence cases were not being followed;

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- ◊ poor documentation of gender-based, intimate partner, and family violence complaints;
- ◊ the need for more effective case management systems and ensuring their consistent use;
- ◊ recommended training not carried out;
- ◊ the need for standardization of police protocols, policies, and practices;
- ◊ lack of links between police information systems so that peace bonds, charges, dispositions, and violations of court orders can be shared among neighbouring policing agencies;
- ◊ lack of a specialist in gender-based, intimate partner, and family violence complaints in every police agency who can be consulted on issues related to specific cases, and who can assist in the identification of patterns and appropriate police response through file referral for review and follow-up; and
- ◊ inadequate supervision, monitoring, and accountability, including a lack of meaningful oversight by mandated bodies (such as a board of commissioners or police services board).

5. Role of firearms

- ◊ recognition of connection between firearms and intimate partner violence;
- ◊ police failure to seize weapons where circumstance warrant seizure; and
- ◊ approval to purchase, possess, or register firearms despite being flagged by police as a perpetrator of violence.

6. Role of alcohol and substance use

- ◊ recognition of connection between alcohol and substance use and gender-based and intimate partner violence;
- ◊ the need to recognize the consumption of alcohol as a “key immediate cause” of sexual assault²⁷ and connection to other forms of gender-based violence;
- ◊ the need for aggressive preventive strategy on use and addictions; and
- ◊ integration of education on addictions into responses to gender-based and intimate partner violence.

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7. Comprehensive and coordinated system

- ◊ inadequate coordination of services for victims and perpetrators to respond to these complex human situations that often require more than one service to intervene;
- ◊ lack of navigation and advocacy services to help individuals manage this complexity, especially when in crisis;
- ◊ lack of communication, coordination, and collaboration among service providers
 - i. inadequate linking of police information systems and other forms of reporting and interventions; and
 - ii. inadequate integration of family doctors and other healthcare practitioners into the system for the purpose of identifying abusers and abused and helping both parties to get treatment, assistance, and support;
- ◊ problem of silos among agencies and lack of a comprehensive and holistic approach at a system level; and
- ◊ jurisdictional mandates and responsibilities that create additional barriers for members of Indigenous communities seeking services.

8. Multiple intervention points

- ◊ the need for strategies and services for entire spectrum: prevention, early intervention, crisis, and long-term supports;
- ◊ the need to create and enhance a sustained service for identifying and addressing intimate partner and family violence in the early stages, including by making early identification and referral part of a continuum of services for both abused and abusers;
- ◊ the need to enhance our understanding of all risk factors and integrate this knowledge into all prevention initiatives, interventions, and responses;
- ◊ the need to create tools and resources for friends, neighbours, faith communities, and families to support women and children experiencing gender-based violence; and
- ◊ training for community leaders to support their role in prevention and early intervention.

9. Prevention through cultural change

- ◊ national, provincial, and local social awareness campaigns about the unacceptability of gender-based violence and about its severe impact;
- ◊ the need for broad-based prevention strategy for all stages of continuum of gender-based and family violence;
- ◊ public education beginning in schools;
- ◊ changing deep cultural support and acceptance of gender-based and intimate partner violence;
- ◊ challenging normalization of gender-based and intimate partner violence;
- ◊ supporting diverse communities in developing prevention programs relevant to their culture and context; and
- ◊ the need to engage men and boys in prevention strategies.

10. Systemic issues

- ◊ lack of systematic documentation of gender-based and intimate partner violence and responses to it;
- ◊ lack of data, particularly disaggregated data about the experience of marginalized groups and individuals;
- ◊ lack of applied research on key issues;
- ◊ past recommendations not followed;
- ◊ inadequate monitoring and evaluation of implementation of recommendations;
- ◊ inadequate accountability measures, including need for internal and external accountability measures for the police;
- ◊ failure to identify a specific process for responding to recommendations of earlier reviews;
- ◊ study and consideration needed for creation of additional criminal offences for categories of gender-based violence (e.g., domestic violence, coercive control, femicide) and for the potential of civil domestic violence legislation to provide more immediate and broader remedies;
- ◊ the need for greater federal leadership and accountability on addressing gender-based violence, including the policies, programs, and recommendations required for change; and

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- ◊ the need for women, and particularly marginalized women, to play a central role in the development and implementation of any change measures.

Read together as a consolidated body of work, these reports provide a significant foundation for understanding and action. However, they reflect but one segment of an extensive range of reports. We do not wish to minimize the individual importance of lessons learned from each review or to oversimplify the complex social phenomenon of gender-based violence. **All the same, this overabundance of reports suggests that collectively we are falling short in our appreciation of the change processes required to prevent and put an end to this significant societal and community problem.**

In 1995, the Law Reform Commission of Nova Scotia concluded in its final report, *From Rhetoric to Reality: Ending Domestic Violence in Nova Scotia*, that the social and legal problems involved in what is referred to in this province as domestic violence (intimate partner and family violence) are “not unknown or insoluble. The issue does not require a great deal more study or more laws, but rather response to existing information and enforcement of existing laws.”²³ In particular, the commissioners found “the lack of coordination of resources devoted to dealing with the issue suggests that domestic violence is still not understood to be the large scale problem that it is.”²⁴ The Law Reform Commission report called on the government to ensure that its policy against domestic violence is implemented at all levels: “**All forces of society should be combined in actively seeking to prevent and punish this violent crime.**”²⁵ It is sobering to reflect on that statement, which in our view is as true and powerful today as it must have almost three decades ago.

At the same time, our understanding of promising practices has progressed, and today most experts advocate for prevention of and accountability for intimate partner and family violence. The carceral and punitive responses that were a central pillar of early work on these forms of violence have created unintended consequences, particularly for marginalized communities. As Robert Wright, a registered social worker and mental health clinician working with marginalized people, explained during our roundtable on understanding mass casualties and the role of gender-based and intimate partner violence:

[I]f it was not for the women who were leaders in the women’s shelter movement, we would not be talking about domestic violence, sexual violence, [and] intimate partner violence related to any gendered

victimization ... But I would say that one of the things that may have been lacking historically, although it has begun to change recently, is that a wellness approach to understanding the... injuries and the deficits that perpetrators bring that are at the foundations of their violence has been historically overlooked.²⁶

Cycle of Denial

The extent of gender-based violence has been established over and over, in report after report. During our roundtable discussions on responses to gender-based, intimate partner, and family violence and in many submissions from Participants who are engaged in this area, we heard that we do not need more laws, policies, or training, and certainly not more reports. Many of the experts we heard from, whose individual and cumulative life's work and contributions in this area are remarkable, despair at the lack of substantive progress. This response is not to suggest that no progress has been made. But, in light of the pervasiveness and profound impact of gender-based violence, substantive progress is sorely lacking.

Several experts deplored the fact that the critique of inaction or ineffective responses has resulted in a "cycle of denial," of having to prove over and over that the problem exists. For example, Sunny Marriner, the national project lead for the Improving Institutional Accountability Project, which reviews police and criminal justice system responses to sexual violence, said at a roundtable on that topic, **"So you're asked to prove something continuously, you go through the mechanism of proving it, it is proven, recommendations are released, and then we're back to the cycle again when we start up again with the question of need for proof."**²⁷

Ms. Marriner elaborated this point:

I would say that for many decades of frontline work and feminists' work and systemic change work in trying to address issues within policing, one of the first barriers that you hit is a denial that it's occurring at all, and so that ... the starting point of anybody who wants to do active work is you are placed in a position of having to prove that the problem exists. And when we do an analysis, particularly of police reform work, but with violence against women, specifically, and we look back over 50 years, just, you know, taking that one block in Canada of work, a vast swath of that

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work is about trying to prove that the problem actually exists. So consultations, research reports, white papers, you know, all of these mechanisms are all about trying to articulate the problem. Exactly as Deepa [Mattoo, Barbra Schlifer Commemorative Clinic executive director] said. Things that have been said again and again, and then again, but when the next issue occurs we are right back to trying to argue that the problem is - that the problem doesn't exist.⁷⁸

The cycle of denial is worsened by the lack of availability or access to statistics and other information to articulate the extent of gender-based violence and the inadequacies of responses to it.

Revictimization of Lisa Banfield

The April 2020 mass casualty began with the perpetrator's assault on Lisa Banfield. She is a survivor of many years of intimate partner violence and coercive control by the perpetrator and is one of three survivors physically injured by him during his rampage on April 18 and 19, 2020. Her experience both as a survivor of the mass casualty and as the perpetrator's surviving spouse has been fraught, and we see it as emblematic of our collective failures to protect women from gender-based violence.

In Part A of this volume, we discussed Ms. Banfield's experience of barriers to reporting the long-standing intimate partner violence, which include the perpetrator's threats to harm her family if she left him and her experience that "grown men were afraid of him" - so how could she report? She also knew that on two occasions others had reported the perpetrator's assaults on her to the police, yet on neither occasion did the police even try to speak with her. In Volume 2, What Happened, we set out the ways in which, during the mass casualty, the RCMP did not treat Ms. Banfield as a surviving victim of the mass casualty, that is, as an important witness who required careful debriefing and who would need support services. Here we focus on a third way Ms. Banfield's experience after the mass casualty further reflects our limited and problematic responses to gender-based violence.

Commission practice is to refrain from using the term "victim" except where quoting a source that uses this language. We generally use "survivor." In this section, we make a deliberate choice to refer to Ms. Banfield as a victim because, although she

is indeed a survivor, in our view the term "victim" properly conveys her experience. In particular, there is no substitute for the concept of victim blaming. Who would fault a survivor?

We recognize in Ms. Banfield's evidence that she does not see herself to be a victim of the mass casualty or at least not victim enough to count. Self-blame by the long-time partners of abusers is not uncommon. Her status as a "lesser" victim is an example of the ways in which violence can be accepted by individuals, communities, and society as a whole. This acceptance is one way that violence is normalized and perpetuated. **While we acknowledge Ms. Banfield's self-assessment, we believe it is important to recognize that she is a survivor of the mass casualty and she has also been failed by many people and institutions in its aftermath.** This unfair treatment flows from and perpetuates stereotypes and biases and has a potentially chilling effect on other survivors of gender-based violence.

Dispelling the Trigger Myth

One of the root causes of Ms. Banfield's mistreatment is the mythology and misperception of the initial targeted woman as being the "trigger" or "turning point" in a mass casualty, rather than part of the incident itself. In Chapter 9, we discussed Dr. Jude McCulloch and Dr. JaneMaree Maher's explanation of how the myth is incorrect and problematic because it "implicitly mutualizes the violence by suggesting that there is a problem *between* the man and the woman."²⁹ We reference this idea again here because of the ways in which it suggests that the woman caused or provoked the violence. **In our view, this powerful myth or stereotype led to the perception that Ms. Banfield had some level of responsibility for the mass casualty and contributed to the ensuing victim-blaming dynamic. She is in no way responsible for the perpetrator's actions but rather is a victim of his violent acts.** She was not aware of what he was planning, nor is it reasonable to hold her responsible for the lack of reporting on his prior violent behaviours. **It is also wrong to see the perpetrator's assault on Ms. Banfield and the murders, assaults, and arson that he committed afterward as two separate attacks.**

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The Victim Becomes the Accused

As the record reveals, Lisa Banfield co-operated with the RCMP at every step of their investigation. She provided them with four lengthy interviews, beginning on the morning of April 19 and culminating on July 28, 2020. She also gave them unfettered access to her phone (which housed thousands of personal photos of the perpetrator, the replica cruiser, the properties, and more) and told them about the large quantity of cash the perpetrator buried under the deck of the cottage in Portapique. In addition, her family provided the RCMP with their unqualified co-operation over many months. Then in October of that year, she voluntarily participated in a detailed on-site re-enactment of her experience on April 18 and 19. Yet, less than two months later, in December of 2020, this same victim found herself charged with illegally providing the perpetrator with ammunition.

Unlike some Canadian jurisdictions, Nova Scotia is not a pre-charge screening jurisdiction, meaning the police, as opposed to public prosecutors, decide whether or not to lay charges. Once charges are laid, it is up to the Nova Scotia Public Prosecution Service to proceed with them unless Crown counsel determines that there exists no realistic prospect of conviction or that proceeding would be contrary to the public interest. Although the merits of the decision to lay and then proceed with charges against Ms. Banfield lie beyond our mandate, the effects of that process on Ms. Banfield are relevant to our work.

Consider this context. Ms. Banfield was the victim of decades of violent abuse and coercive control at the hands of the perpetrator. He controlled her finances, her employment, her housing, and even, at times, her movements. This control culminated in her harrowing experience as the mass casualty's first victim. From her first meeting with the RCMP on the morning of April 19, 2020, she co-operated fully with them when she provided a voluntary statement from the back of an ambulance while being assessed and treated by paramedics and provided four interviews and a lengthy on-site re-enactment. Only two months later, this same victim was charged by the RCMP, the institution to whom she offered her unqualified co-operation - the same institution that had failed to detect or respond to the perpetrator's violent behaviour for decades.

As Ms. Banfield's testimony reveals, the consequences of being criminally charged proved dire for her. For example, Ms. Banfield's already extreme feelings of guilt became magnified. The support she had been receiving from Cst. Wayne (Skipper) Bent as a victim of crime ceased. The support she had been receiving from the

Red Cross ceased. She became the target of, and defendant to, the families' class action lawsuit, which alleged that she was responsible for the unimaginable suffering caused by the perpetrator. Perhaps most devastating, she became publicly vilified with the narrative that she was somehow responsible for the mass casualty (despite the same RCMP confirming that their investigation revealed no such responsibility). In the end, Ms. Banfield found herself reviled and destitute.

There are already far too many reasons for victims of gender-based violence to suffer in silence. Ms. Banfield's experience of becoming an alleged criminal becomes another disincentive. As the 2021 *United Nations Handbook on Gender-Responsive Police Services for Women and Girls Subject to Violence* recognizes: "A bad experience for a victim / survivor can severely jeopardize the trust and confidence of a whole community in the police and can make responding to VAWG [Violence Against Women and Girls] more difficult."³⁰

Given the frequent connection between gender-based violence and escalated violence, police investigations should engage subject matter experts to help ensure the dynamics of intimate partner violence are understood. We explore police approaches to these dynamics in greater detail in Volume 5, Policing. We recommend that police and Crown counsel carefully consider the context of intimate partner violence, and particularly coercive control, when criminal charges are being contemplated against victims of such violence.

Another short-term impact of the decision to criminally charge Ms. Banfield was that she became unable to assist the Inquiry until February 2022, when her charges were referred to Nova Scotia's Restorative Justice Program. This circumstance became disruptive for the Commission, as we explain in more detail in Volume 7, Process. Despite technically remaining in jeopardy, Ms. Banfield, once this referral was made, immediately began to co-operate with the Commission. She provided evidence through five lengthy Commission interviews totalling 14 hours and by testifying in our public hearings. Her contributions were impactful and fundamental to our process.

Victim Blaming

We have also witnessed another common dynamic in the treatment accorded to Ms. Banfield, that of victim blaming. **Victim blaming is itself the product of unfounded myths and stereotypes about gender-based violence.** Knowledge

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that Ms. Banfield had a role in transferring ammunition to the perpetrator and was aware of his illegal firearms contributed to accusations that she somehow knew of his plans. Such accusations are an example of victim blaming that discounts the impact of coercive control in the context of violent intimate relationships. One community perspective was that although she may have suffered ill treatment at the hands of the perpetrator, he bought her expensive items and the perception was that she accepted this “trade-off.”

Elizabeth Fry Society of Mainland Nova Scotia, a Participant at the Commission, made extensive submissions about the dynamics of blaming Ms. Banfield. The society asserts: “Victim blaming is by far the most common way for both society and the victims themselves to hold women accountable for domestic violence situations.”⁵¹ Elizabeth Fry Society analyzed Lisa Banfield’s evidence and concluded that her statements “demonstrate clearly that Ms. Banfield, as a survivor, has allocated a significant amount of blame to herself for what took place during the mass casualty.”⁵² The society highlighted several of her statements:

- On several occasions in her first interview with the police on April 20, 2020, she says that she may have been able to stop the events that took place had she acted differently. The first instance of this is when she describes escaping from the warehouse and running for the woods. She describes hearing voices while hiding in the woods and contemplating going toward them to seek help. She was unaware whether the perpetrator was amongst these people or not but later came to the conclusion the people she could hear speaking were ultimately killed by the perpetrator. For this, it is clear she felt some degree of guilt: “Part of me felt really guilty ‘cause I thought I, maybe I could have saved them by going, you know, maybe they were still alive and I could have got them.” Toward the end of the statement, Ms. Banfield makes another reference to how her own actions may have contributed to what took place during the mass casualty. In particular, she criticizes her choice to run and hide in the woods as she believes it caused the perpetrator to go home-to-home and kill his neighbours. She believes this was done in an attempt to locate her; something he would not have been doing had she stayed with him: “I’m so sorry. Like, that’s the thing ‘cause I just think if I would’ve stayed with him then maybe he wouldn’t have been going looking.”

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- Ms. Banfield made a similar comment in her statement to the psychologist when she stated that had she stayed in the perpetrator's replica police car on the night of the mass casualty, the perpetrator may not have gone to "those other places" in search of her and ultimately would not have killed his neighbours.
- In her interview with the Commission, Ms. Banfield remarked that had she taken the guns with her that the perpetrator put in the car, he would not have been able to use them.
- In the foundational document detailing the perpetrator's violence toward his common law spouse, Ms. Banfield states that on the night of the mass casualty, when the perpetrator burnt his cottage in Portapique, she told him that she would take responsibility for burning the cottage if he would stop whatever he was doing. On the following day, once becoming aware of the mass casualty, Ms. Banfield claimed that none of it would have happened if she had left him earlier.

Elizabeth Fry Society of Mainland Nova Scotia also submitted that many community members, including some among those most affected by the mass casualty, place blame on Ms. Banfield and other women victims for the perpetrator's actions. The society remarked: "During Ms. Banfield's testimony to the Commission, some victims' family members openly jeered at Ms. Banfield as she testified to the abuse she suffered, and the emotional and physical pain she continues to experience. Some family members have launched an ongoing campaign of blame against Ms. Banfield, using social media and traditional media to communicate their views."³³ Some of these sentiments were expressed to us, the Commissioners, directly, by family members in the small group sessions we held with them in the last phase of our proceedings, despite the weight of evidence shared by that point about the degree to which Ms. Banfield was a survivor of long-term severe intimate partner violence.

Hyper-responsibilization is the term that refers to the holding of an individual to higher standards than what would typically be expected of the average person. In its submissions, Elizabeth Fry Society of Mainland Nova Scotia explained: "As it is considered a by-product of patriarchal society, hyper-responsibilization is seen primarily with women and suggests that women are expected to take more responsibility for their actions than men."⁴⁴ Ms. Banfield's evidence about how she managed the perpetrator's angry outbursts over the years and tried to do so again

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on April 18 reflect a type of hyper-responsibilization. The blaming of her for the mass casualty is a starker example of this dynamic.

Canadian research has shown that “women with one or more marginal identities (i.e., women who are racialized, have a disability or a mental illness, are poor, or a sexual minority) are especially susceptible to hyper-responsibilization as they are expected to take more responsibility for their actions than both men and other women.”³⁵ The Elizabeth Fry Society goes on to say:

In Canada, this is particularly notable amongst Indigenous women. Even more often than other women, Indigenous women are expected to be responsible for themselves and for those they care about, especially with regards to their personal safety (Pate, 2018). This hyper-responsibilization is illustrated by the poor systematic response to the ongoing Missing and Murdered Indigenous Women crisis in Canada. Because the system does not afford protections to these women, they are left to find ways to protect themselves against victimization (Pate, 2018).³⁶

This Participant also noted that in the case of criminalized women, “hyper-responsibilization is manifest through holding them to a standard that is not equivalent to the standard of responsibility placed on men.”³⁷

Victim blaming and hyper-responsibilization contribute to a cultural narrative that perpetuates gender-based violence. It is important to be aware of and to counter this unfair dynamic. We did observe some counters to this narrative. For example, we saw many community members and commentators who listened carefully to Ms. Banfield and some who raised their voices to challenge the victim-blaming narratives that surrounded her. Some journalists pointed to the lack of any factual foundation for conspiracy theories about Ms. Banfield. As Halifax-based journalist and editor Tim Bousquet wrote in July 2022:

Which brings us to back to Lisa Banfield. In many eyes, she is a guilty party. There’s no actual hard evidence for that, but weak circumstantial evidence and innuendo, packaged in such a way that the credulous can buy it, are presented as truth, and here we are.

...

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As in wrongful conviction cases, any contrary evidence demonstrating Banfield's lack of complicity – and there are reams of such evidence – is simply ignored and discarded.⁴⁸

Impact on Other Women Survivors

We have also heard from some women who have been subjected to gender-based violence and were inspired by Ms. Banfield's courage and grace. At the same time, many survivors of violence and women living in situations of intimate partner violence have told us about the chilling effects of seeing how Ms. Banfield has been treated and the stress and trauma this behaviour has caused them. Some experienced the verbal and reputational attacks on Ms. Banfield as a form of indirect violence.

Through the Commission's Share Your Experience survey (described in Volume 1, Context and Purpose, and Volume 7, Process), a number of respondents shared how they were affected by hearing about Lisa Banfield's experience and her treatment after the mass casualty. One respondent from outside of Nova Scotia, who was critical of the fact the Commission's website listed only Nova Scotia mental health supports, given the national impact of the mass casualty, stated:

I can guarantee that women across Canada who are victims of abuse are affected by this – especially since the domestic abuse victim is being attacked... People across the country mourn with the [families] who lost someone – but women afraid who are living domestic abuse will see similarities even if their partner isn't this crazy and will feel like they have no one to talk to for exact same reasons the common law wife couldn't come forward.³⁹

A second respondent connected the treatment of Ms. Banfield to the failure of accountability structures:

The shooter's common law partner is facing charges instead of trauma-informed support after potentially years of abuse. This event, for me, really highlighted the lengths that society will go to keep cisgendered, white men from being held accountable.⁴⁰

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A third respondent, who identified herself as a survivor, wrote about the chilling effect of Ms. Banfield's experience on other women living in situations of intimate partner violence:

I missed work and was consumed by this when it happened. Now that these proceedings have started I feel I can't function. I have been through similar experiences to Lisa Banfield and it hurts so much that they are trying to blame her for this. I understand they lost family members but she lived under control and abuse for 19 years (even if she says the first few were ok). She lived 19 years and had nothing in her name. After this happened she had no public support because people blame her. She had no home - no job - no vehicle - nothing. I am not in a violent situation but if my partner left me - I would have nothing because nothing is in my name. It's a big motivator to stay in an unhealthy relationship.⁴

Continuing Impact on Ms. Banfield

During Ms. Banfield's testimony, Commission counsel asked her about the continuing impact of the mass casualty on her. She spoke about her physical injuries: ongoing back issues; a scar on her wrist from where "I ripped the handcuff off my hand";⁴² but declined to talk about other harms. She also spoke about the ongoing need for medication resulting from that experience. Ms. Banfield indicated that initially a lot of people and some organizations had reached out to her and her family, but for the most part that support stopped immediately after she was charged. Commission counsel also asked her what kinds of supports would have been helpful. Ms. Banfield talked about how precarious her life would be were it not for her family, responding that,

[f]or instance, if it wasn't for my family, I don't know where I would be living, what I would be doing. And it's hard for me to say this because I know I'm here and my family is here, and there's so many people that aren't here, so I don't want to complain about what I don't have.⁴³

Ms. Banfield testified that since the mass casualty she does not feel safe walking down the street "[b]ecause all that's out there, I feel like someone could attack me or come after my family, so I'm just nervous."⁴⁴

MAIN FINDING

The RCMP's treatment of Lisa Banfield during the RCMP's H-Strong investigation is an example of the kind of revictimization that makes it less likely that women survivors of gender-based violence will seek help from police.

MAIN FINDING

The victim blaming and hyper-responsibilization (holding of an individual to higher standards than what would typically be expected of the average person) to which Ms. Banfield was subjected by community members reflect myths about "triggers" in a mass casualty and that a woman is responsible for her partner's actions. This reaction also has a chilling effect on other survivors of gender-based violence.

LESSON LEARNED

Active steps need to be taken by police and Crown counsel to ensure fair treatment of women survivors and to end inadvertently discouraging women from reporting gender-based violence.

Recommendation V.6

INTIMATE PARTNER VIOLENCE AND POLICE AND PROSECUTORIAL DISCRETION TO LAY CRIMINAL CHARGES

The Commission recommends that

- (a) Police and Crown attorneys / counsel carefully consider the context of intimate partner violence, and particularly coercive control, when criminal charges are being contemplated against survivors of such violence; and

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(b) Police investigations and public prosecutions should engage subject matter experts to help ensure that the dynamics of intimate partner violence are understood.

LESSON LEARNED

Active steps must be taken to counter myths and stereotypes about “triggers” in mass casualties and victim blaming and hyper-responsibilization of women survivors of gender-based violence.

Recommendation V.7

COUNTERING VICTIM BLAMING AND HYPER-RESPONSIBILIZATION OF WOMEN SURVIVORS

The Commission recommends that

Federal, provincial, and territorial governments work with and support community-based groups and experts in the gender-based advocacy and support sector to develop and deliver prevention materials and social awareness programs that counter victim blaming and hyper-responsibilization (holding of an individual to higher standards than what would typically be expected of the average person) of women survivors of gender-based violence.

Impact and Societal Costs

Our collective failure to protect women by preventing and effectively intervening and responding to gender-based, intimate partner, and family violence comes at horrendous costs. These costs are borne primarily by women but they disperse

outward to families, communities, and society as a whole. The evaluation and summary of the Nova Scotia Standing Together initiative describes the impact:

Domestic violence has significant health, safety, and economic impacts. It is rooted in gender inequality, intensified by systemic inequalities, and connected to social determinants of health and conditions in relationships, communities, and broader society. It creates and reinforces inter-generational cycles and norms that become hard to break.⁴⁵

The National Action Plan to End Gender-Based Violence recognizes that this violence not only has an impact on individuals, families, and communities but also places a costly burden on the health, social, and justice systems. The action plan notes that in 2009, intimate partner violence had an estimated economic cost of \$7.4 billion annually and sexual violence an estimated cost of \$4.8 billion annually.

Women who survive gender-based violence experience a range of negative health effects. Some of the physical effects of assaults are visible, but they may be more extensive than we realize because this area has not been sufficiently studied. In contrast, in their final submissions, the Elizabeth Fry Society of Mainland Nova Scotia cite a number of researchers regarding "the strong link between violent victimization and poor psychological well-being," noting that "experiencing violence is strongly correlated to the use of mental health services."⁴⁶ The psychological impacts of domestic violence on victims have been well documented and identified as a reliable risk factor for the development of various psychological and psychiatric disorders. The Society cites additional research showing that these negative psychological outcomes are most prevalent among older domestic violence victims and those who experience more severe forms of abuse. In addition, as the severity of domestic violence experienced increases, so do symptoms of mental illness.

Children exposed to gender-based, intimate partner, and family violence may experience trauma symptoms, including post-traumatic stress disorder and may experience long-lasting effects on their development, health, and well-being. For example, one study found that exposure to intimate partner violence has "long-lasting effects on a child's socio-emotional and neurological development."⁴⁷ Although the adverse impact of chronic neglect or child abuse has been extensively studied and is well known, the negative consequences of exposure to intimate partner violence are less well understood. The fact that many cases

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of intimate partner violence go unreported is a primary reason for “the dearth of findings.”⁴²

Gender-based, intimate partner, and family violence are life-threatening and life-taking, for reasons that include their potential to escalate to mass casualties. These forms of violence have horrendous impacts on women survivors and their children and other dependants (other family members, pets, and livestock). These effects broaden out – harming individuals, families, communities, and society as whole. They result in incalculable direct and indirect financial costs to individuals and the public purse. Furthermore, gender-based violence is a barrier to women’s equality and self-determination. Violence against women enforces gender roles and norms and contributes to maintaining women at a social and economic disadvantage relative to men. All these impacts and costs are disproportionately visited on marginalized women, families, and communities and reinforce systemic racism and other inequalities. These heightened inequalities also come at a monumental societal cost.

CHAPTER 11

Keeping Women Unsafe

Introduction

Our collective and systemic failures to prevent gender-based violence are not attributable to a lack of knowledge. An overabundance of reports has established a strong foundation of general principles and concrete recommendations. We know a lot about what keeps women unsafe in terms of patterns of risk factors as well as the situations and societal conditions that hinder women's ability to be safe, get to safety, and stay safe. We also know a lot about which programs, policies, and interventions have been shown to be effective and under what conditions. There is no "one size fits all" solution. Some groups of women are less safe than others – a dynamic that is rooted within unequal and discriminatory societal and economic structures and serves to reinforce them.

In searching to further understand and explain these failures, we turn now to our knowledge about the ways in which, as a society, we have failed to prevent gender-based violence, thereby keeping women unsafe. Our collective understanding continues to evolve and gain precision through trial and error; robust, responsive, and inclusive evaluations of interventions; and community-engaged research. This work is being led foremost by women, including survivors of gender-based violence and their advocates as well as front-line, community-based, and governmental service providers who often work in difficult, underfunded, and unfunded positions as well as their allies. We refer to this grouping of individuals and organizations as the "gender-based violence advocacy and support sector." The Commission's work was enhanced through the involvement of some of these experts as Participants, during our public proceedings, and in our public consultation processes. We acknowledge the tireless and sustained efforts of all those working in this field.

This chapter seeks to refine our insight into the ways in which we, as a society, perpetuate women's exposure to risks and contribute to their lack of safety. We focus on five areas where we collectively continue to founder: limited understanding of risk factors and inappropriate and uneven use of risk assessments; overcoming barriers to reporting; reliance on ineffective interventions; misconceptions and minimization of coercive control; and underfunding and defunding effective interventions.

Preventing gender-based violence, intimate partner violence, and family violence requires a process of continual learning, adaptation, and improvement as we find out more about these forms of violence. Supporting and fostering continuous learning will include, for example, benefiting from research into violence that escalates to mass casualties. At the same time, **our inescapable conclusion is that failures to protect women from gender-based violence cannot be attributed to a lack of knowledge.** We close this section by sharing what we have learned about the underlying dynamics that hinder substantial progress in addressing this epidemic.

Inappropriate and Uneven Risk Assessments

Women's safety is improved by a solid understanding of the factors that endanger women and the use of this understanding to prevent gender-based violence by effectively assessing, managing, and eliminating these risks. In this section, we examine what we know about risk factors and assess the ways they are currently being used to prevent violence against women. First, we begin by looking at the way women carry out self-assessments of their risk of gender-based violence and use this information to get to safety and to stay safe. Second, we discuss how economic and social inequality are a structural risk factor that contributes to gender-based violence. Third, we turn to the identification of patterns of behaviour by men who use violence and coercive control in their intimate partner relationships and how understanding these patterns has led to the development of common risk factors. Fourth, we delve into the application of this understanding of risk factors through the use of risk assessment tools. We consider which tools the police

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use and evaluate this approach, and we also consider alternative, women-centred approaches to employing risk assessments to prevent gender-based violence.

In Part B of this volume, we also took a close look at the identification of risk factors and the use of risk assessments in the context of predicting and preventing mass casualty incidents. We noted that risk assessments do not work in the context of events that are relatively rare – including suicide, homicide, and mass casualties. We also warned about the tendency for risk assessments to be informed by and to perpetuate systemic racism, classism, and other forms of bias that have unfair consequences for people with mental illness and for other differentially affected groups. Our general conclusion was that, with these cautions in mind, rather than a punitive approach, the identification of risk factors and the use of risk assessments should be employed in efforts of prevention and as a basis for intervention and support.

In this section, we consider the use of these assessments in the context of gender-based violence and intimate partner violence. The guidance set out above applies in this context, even when we consider the greater prevalence of gender-based violence. **At present, assessments are generally employed to ascertain heightened risks for aggravated and lethal intimate partner violence, which constitute a smaller proportion of the total number of incidents.**

Women's Self-Assessment of Risks

Many women living in unhealthy, power-imbalanced, and violent relationships know they are at risk of continued and potentially escalating violence from their intimate partners. These self-assessments are carried out in the context of complex situations and involve complicated decisions that combine personal, community, and societal factors. These decisions include considerations pertaining to relationship and family dynamics, the needs and welfare of their children and other dependants (other family members, pets, and livestock), financial security, housing options, and access to services. For example, Lisa Banfield gave evidence that leaving the perpetrator would have meant endangering her family because he had made this threat on multiple occasions. Other factors that could have affected her assessment, according to her sister Maureen Banfield, include her financial dependence on the perpetrator and the fact that she was employed by him.

During the roundtable on personal and community responses to gender-based, intimate partner, and family violence, Dr. Deborah Doherty, the former executive director of the Public Legal Education and Information Service of New Brunswick, shared some of the insights she has gained through her research on domestic homicides. After reviewing a range of sources, including media reports, coroners' reports, and court reports, that referred to women having "premonitions" they were about to be harmed or killed, she became critical of using the terminology of premonition, given that a woman's assessment of risk is based not on vague pre-sentiments but on her lived experiences. She explained that these women are not "psychics": "You know, they're not predicting this violence out of nowhere, this is, you know, something that they should have been able – the whole system should have been able to predict and prevent, and it wasn't there for a lot of the women."¹¹

In her testimony, Dr. Doherty noted: "[W]omen are the best judges of their safety and what they want to do or should do to stay safe, but on the other hand, a lot of them do minimize the risk that they're in."¹² She also emphasized the importance of valuing the decisions made by individual women and recognizing that there is no one "right" way: "What makes me feel safe is not necessarily what my neighbour would need or want to stay safe."¹³ She went on to say:

And so there's a whole notion that we can't expect the cookie cutter approach and it'll be the same and be a beneficial or be the right way. There is no right way. There [are] different ways that, whether it's a professional working with a client or whether it's a woman self-administering safety planning tool, really there – you can't say "this is what – this is what would work." I think all we can do is say "You're the expert on your own life. What would make you feel safer? If you leave, what do you think [will] help other women who are still in this situation?"

During our roundtable discussion on exploring the connections between mass casualties and gender-based, intimate partner, and family violence, Dr. Amanda Dale, former executive director of the Barbra Schlifer Commemorative Clinic in Toronto, identified some additional factors that influence a woman's assessment of how to be safe:

And I would say some of the other factors include whether there's other broader support systems. So if the family is disbelieving, if there's nowhere to go, if there's a fear of the shelter system, for instance, if

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there's not been good education in the community about what a shelter really looks like, all of those factors will play into an elevated risk in a moment on a telephone call with someone.⁵

Economic and Social Inequality

The risk assessments made by individual women are shaped by the social and economic conditions in which they live, which are in turn shaped by gender inequality and intensified by systemic inequalities such as racism and ableism. These societal structures have a pervasive impact on gender-based violence. Several experts stressed the saliency of these broad factors during our roundtables on police and institutional understanding of and responses to gender-based violence. Professor Isabel Grant, a professor at the Allard School of Law at the University of British Columbia who specializes in violence against women and girls, with a particular interest in disability, made the point that "economic self-sufficiency for every woman in this country is a really big part of facilitating women's abilities to escape both physical and sexual violence." She noted that "housing is really, really central" and continued: "I did a study of the child protection system in British Columbia, women are losing their children because they cannot afford to leave violent men. So economic self-sufficiency for women is really important."⁶

Professor Grant proposed that a basic standard of supports would help create safety for women. This standard should take into account where women live:

The point about communities, I just want to stress that we need to make sure that there's a basic standard of supports that isn't just in, you know, Vancouver, Toronto, Halifax, but is also in rural and remote communities because of the unique challenges there. Facilities that, you know support pets that - for women in farm communities we need to think about, you know, they're leaving their livestock, their, you know, their livelihoods, their communities. But we need to make sure that all of those services are widely available in those rural and remote communities where we don't have access to the same supports that we do in big cities.⁷

Professor Janet Mosher, associate professor at Osgoode Hall Law School, York University, and co-director of the Feminist Advocacy: Ending Violence Against Women Clinical Program, picked up this theme at our roundtable on personal and

community responses to gender-based violence. She spoke about the importance of housing and social assistance rates and how being a mother can interact with these factors in women's risk assessment:

The lack of access to adequate housing was identified in an inquest in Ontario, maybe two decades ago, the May-Iles Inquest, that access, priority access to safe housing was critical for women's safety, yet it's decades later and we do not have quick access to priority housing.

When we interviewed women who had experienced abuse in the relationships who were in receipt of social assistance, many had returned to or were actively contemplating returning to the relationship because they could not survive on benefit levels. So the inadequacy of those rates, the costs of housing were driving them back to abusive relationships.

They're also very, very aware that their inability to be able to adequately provide housing and food for their children meant that they were likely to have child welfare authorities in their lives, and for many women in Indigenous and Black communities, it's poverty that leads to the child welfare involvement and often to the removal of children from their mothers. So adequate funding for housing and social assistance I think is critical.⁸

Professor Mosher explained how some women are particularly vulnerable to gender-based violence, particularly intimate partner violence, as a result of specific kinds of dependencies or precarious status. **Women's vulnerability is intensified when they do not have Canadian citizenship (visitors, student visa, permanent residence status, refugee claimant, or seasonal agricultural worker), particularly where a woman's presence in Canada is sponsored by a spouse or a common law partner.** In this context, vulnerability results from a state of persistent insecurity, which is referred to as precariousness or precarity. The precarity of women who do not have Canadian citizenships to gender-based violence is connected to their risk of potential removal from Canada and is heightened where the partner has a role to play in these decisions. She explained that the "threat of potential deportation is enormously powerful, and what we know from lots of research, lots of the stories I've heard from women is that they remain in abusive relationships for many of the reasons we've already heard, but in addition, because if they leave, they potentially risk removal from Canada."⁹ The threat carries even more weight when the woman could be removed from Canada without her child or children. Vulnerability

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is further reinforced where a woman does not have the status required to access social assistance benefits.

The other side of this equation is that the structures that empower and privilege some men and marginalize others also have a role determining the risk factors to be considered in assessments. In Part A of this volume, we focused on the perpetrator's power and privilege and the impact they had on his ability to engage in violent, intimidating, and coercive behaviours over many years. In his Commission interview, Tod Augusta Scott, the executive director and lead clinician of Bridges Institute, a Truro-based counselling centre that specializes in helping individuals and families to deal with domestic abuse and anger management, spoke about the flip side of this issue. He explained that creating safety is about addressing social determinants of health, "which are the same as the social determinants of family violence." More specifically, he said: "It's about when guys are coming in and they don't have any housing, they're poor, they don't have any access to education and so forth ... they're hungry."¹⁰ Attending to these issues has to be part of a response to domestic violence:

The more desperate those men are, the more dangerous they are. The more safe they feel, the more safe they are, you know. So we can't like separate out that. That needs to be part of our response to family violence, is not only attending to issues of trauma and so forth in that practitioner sense, but we also need to engage those kinds of practical issues in people's lives that actually do foster violence generally, and family violence in particular."

Identification of Patterns of Behaviour and Risk Factors

In Chapter 10, we acknowledge the limitations in governmental data about gender-based violence and the ways in which they restrict our ability to measure the prevalence of these crimes and also their impact. Inadequacies in Canadian data also circumscribe our identification of risk factors and patterns of behaviour with respect to intimate partner violence and spousal homicide.

“Spousal homicide” can also be called “domestic homicide” or “femicide.”

“Homicide” is the intentional and unlawful killing of one person by another.

“Femicide” is the killing of a woman or a girl by a man on account of her gender.

We use the term “spousal homicide” except when we quote an individual or a report that uses one of the other terms.

During our roundtable on exploring the connections between mass casualties and gender-based, intimate partner, and family violence, Dr. Myrna Dawson, a professor of sociology and the research leadership chair at the College of Social and Applied Human Sciences, University of Guelph, spoke about the impact of data gaps. She noted that Statistics Canada’s reported data on homicides is “one of the most comprehensive official data collection systems” among Western countries.¹² Yet important gaps remain in this data, largely because the data collection instruments historically have been built on male-on-male violence scenarios, which emphasizes violence against strangers and acquaintances.

Statistics Canada continues to improve its data collection, including, for example, recently gathering information about homicides in dating relationships and whether there was a court order preventing contact between the person accused of homicide and the victim. The elaboration of risk factors, however, requires more contextual information to understand the dynamics of gender-based violence, and in particular the escalation to spousal homicide. Dr. Dawson says, for example, that gathering data about the existence of a protective order is not enough: “[T]here’s no way to capture the type of the order or its context, so why was it put in place.”¹³ She underscored the ways limited data contributes to keeping women unsafe: **“These data gaps are actually continuing to put women’s and girl’s lives at risk because we’re not collecting the data that we need to collect.”**¹⁴

Empirical research projects in Canada and in other jurisdictions are enriching our understanding of the patterns of behaviour among perpetrators of gender-based violence and the risk factors for spousal homicide. Many of these projects were initiated as a result of the recognition and outrage over the repeated failures of the justice system to protect women. Some of them employ an action-research method with a dual focus on building understanding and improving the effectiveness of interventions. The text box that follows provides a brief explanatory history of these past and ongoing Canadian initiatives.

TURNING THE TIDE TOGETHER • Volume 3: Violence**Overview of Canadian Empirical Studies of Spousal Homicide*****Statistics Canada Homicide Survey***

The Statistics Canada Homicide Survey represents a complete count of the number of homicides known and reported by police services in Canada per year. The Homicide Survey collects police-reported data on the characteristics of all homicide incidents, victims, and accused persons or chargeable suspects in Canada. The data collected by the survey is intended to respond to the needs of those who work in the criminal justice system (such as the policing community) and to inform researchers, policy analysts, academics, the media, and the public on the nature and extent of homicide in Canada.

The Homicide Survey began collecting information on all murders in 1961 and later expanded to collect data on all manslaughters and infanticides in 1974. This data allowed researchers to track spousal homicide trends from 1974 on. In an effort to respond to changing information needs, the Homicide Survey was revised and expanded in 1991 to provide more detailed breakdowns of the relationship between victims and offenders. This information enabled analysis and comparisons of spousal homicide and other intimate partner homicides, including common law, separated, and divorced couples as well as boyfriends and girlfriends from 1991 on.

Additional changes to the Homicide Survey were incorporated in 1997, 2005, 2015, and 2017. The survey was comprehensively redesigned in 2019 to improve data quality and enhance relevance.

Domestic Violence Death Review Committees

Domestic Violence Death Review Committees (DVDRCs) are multidisciplinary advisory committees of experts who review domestic violence-related deaths and provide non-binding recommendations for change to provincial governments in order to prevent similar deaths. DVDRCs work to identify and address trends, risk factors, and systemic issues that increase the risk or prevalence of domestic violence-related deaths. They publish their recommendations to prevent similar deaths and improve responses to domestic violence-related deaths in reports that provide resources and are often structured along the themes of awareness and education, assessment, and intervention.

The first Canadian DVDRC was established in Ontario in 2002, in response to the recommendations of two major inquests into the deaths of Arlene May and Gillian Hadley by their former male partners. Several provinces and territories in Canada have established DVDRCs, fatality reviews, and/or inquests into deaths related to domestic violence. Other provinces and territories have taken steps to assess the need for a DVDRC or are in the process of establishing DVDRCs.

Canadian Femicide Observatory for Justice and Accountability

The Canadian Femicide Observatory for Justice and Accountability (CFOJA) is a national initiative established in response to a call for action from the United Nations Special Rapporteur on violence against women. The Rapporteur calls on countries to document gender-related killings of women by collecting, analyzing, and reviewing data on femicides in an effort to prevent such cases. It is a grassroots, feminist-led initiative that seeks to contribute to the prevention of femicide in Canada by collecting, producing, distributing and sharing research, knowledge, ideas, education, information, resources, and strategies which can help reduce femicide and, in turn, improve the lives of girls and women in Canada.

The CFOJA defines femicide as the killing of all women and girls primarily by, but not exclusively by, men. The CFOJA hopes to develop more specific parameters that can capture the “killed because they were women” elements of narrower definitions of femicide and to identify various subtypes of femicide. The CFOJA counts and tracks cases of femicide as they occur throughout the country, and it works to establish a visible and national focus on femicide in Canada while remembering and honouring these women and girls.

The CFOJA also identifies legislation, policies, and practices in social and state responses to femicide that perpetuate and maintain social structures and gender inequalities that are conducive to, or help facilitate, the perpetration of femicide. The CFOJA provides user-friendly and reliable information, resources, and research on femicide for researchers, professionals, policy-makers, media, and the public. Through its work, the CFOJA facilitates the exchange of information, reliable data, and current knowledge that can advance legislative, policy, and program change on issues related to the prevention of femicide in Canada at the local, regional, provincial / territorial, and/or national levels, and can allow for the monitoring of emerging issues and trends as they relate to femicide and violence against women more generally.

TURNING THE TIDE TOGETHER • Volume 3: Violence***Canadian Geography of Justice Initiative***

The Canadian Geography of Justice Initiative is a research study that collects and examines data from courts across Canada to explore the combined effects of characteristics such as gender, relationship, race / ethnicity, age, and geography in official responses to crime across Canadian jurisdictions. The initiative recognizes that courts operate in distinct environments that impact how cases are processed and disposed, and it aims to understand what groups are affected, where, and why, in order to ensure consistency in access to justice.

The initiative started with an examination of the role of intimacy and gender in legal responses to violence in Ontario, but has since expanded to a national database that allows for the examination of a variety of research questions about the criminal justice processing of crime and its association factors at various levels of society.

The initiative seeks to document jurisdictional patterns in case processing and dispositions by characteristics of the victims, their accused, and the incidents (i.e., individual, relationship factors); document jurisdictional patterns in case processing and dispositions by characteristics of the courts and the broader communities in which they operate (i.e., community-level factors); identify associations among particular types of cases, court sites, or communities that may help explain identified jurisdictional variations; and determine if there have been changes over time in these jurisdictional patterns that parallel legislative and policy transformations (i.e., societal-level factors).

The New Brunswick Silent Witness Project

The New Brunswick Silent Witness Project is an exhibit of life-sized red silhouettes representing New Brunswick women who have died at the hands of an intimate partner since 1990. Because these women no longer have a voice, the silhouettes are called the Silent Witnesses. However, by listening to their stories and honouring their lives, the project provides a strong, clear collective voice that helps to create awareness and prevent future domestic deaths. The Silent Witness project has three main goals:

- To remember and honour women in New Brunswick who were murdered by a spouse, partner, or intimate acquaintance.

- To create awareness by sharing information in communities around the province about the nature and extent of family violence, including the risk factors for intimate partner violence and domestic homicide.
- To promote action, by profiling local resources that support women coping with violence in their lives and encouraging community and government action to end all forms of violence against women.

These empirical research projects pull together a vast array of information about homicides into databases and include variables informed by an understanding of gender-based violence, including variables that are often overlooked in mainstream justice system data collection. Examples of these variables in the context of intimate partner violence include obsessive behaviour toward the partner and previous threats to kill the partner. **Collecting this data is the first step in identifying risk factors, clustering these factors, and identifying patterns. One common feature is taking a woman-centred approach to understanding risk factors.** Dr. Dawson supports these changes in approach:

[W]e really need to begin to reconceptualize data collection as a prevention tool rather than as an administrative need for governments. And here I'm sort of getting at StatsCan data, which is really seen as administrative data, and doesn't necessarily provide us much information to develop more nuance, prevention, knowledge or approaches.¹⁵

Domestic Violence Death Review initiatives appear to be very effective in beginning to fill these gaps. They exist in some provinces in Canada and are also used in some other countries. These initiatives have been carried out or are ongoing in Alberta, British Columbia, Manitoba, New Brunswick, Ontario, Quebec, and Saskatchewan. Nova Scotia established a committee of this type in 2021. An Atlantic Domestic Homicide Review Network was established by New Brunswick, Newfoundland and Labrador, Nova Scotia, and PEI in 2020. Domestic review committees exist in several Australian states, along with the Australian Domestic and Family Violence Death Review Network. The United States has a National Domestic Fatality Review Initiative.

These reviews are carried out by an interdisciplinary team of experts who regularly come together to review deaths related to domestic violence and to make suggestions for how we could prevent those deaths in the future. Reviewing cases

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in retrospect allows for the identification of risk factors that are recognized as “red flags” and require a response. This work is often housed in medical examiners’ or coroners’ offices in Canada. The reviews produce two concrete outcomes: a detailed list of some of the risk factors that led up to the death stemming from domestic violence; and recommendations for prevention. To be effective, the review committee must include members who can assist in seeking out detailed information about the victim, the relationship, and other contextual factors. It is unclear how often these recommendations are implemented by the agencies to which they are directed. The teams file annual reports, which is one way of tracking and evaluating outcomes from these processes.

Risk Factors

A review of 183 intimate partner-related deaths in Ontario that occurred between 2002 and 2012 determined that these crimes continue to be a highly gendered occurrence: in this large sample, 92 percent of victims were female, and 91 percent of perpetrators were male. The study also identified 32 risk factors and found a high prevalence of 10 factors. A 2019 annual report from the Ontario Domestic Violence Death Review Committee set out findings about additional cases identified over the following six years (2013–18) and found a continued prevalence of these same risk factors. The 2019 report added “victim vulnerability” to the list of prevalent factors, bringing the total from 10 to 11 in all. “Victim vulnerability” includes considerations of the victim’s mental health or addiction issues, disability, language and/or cultural barriers, economic dependence, and residence in a rural or remote location. This data about factors related to intimate partner deaths is set out in the text box, in order of prevalence.

List of Prevalent Factors in Intimate Partner-Related Deaths

1. In 73 percent of all cases, there was a recorded history of the perpetrator’s previous acts of domestic violence.
2. In 70 percent of cases, there was an actual or pending separation of the relationship at the time of the homicide.
3. In 54 percent of cases, perpetrators had exhibited obsessive behaviours vis-à-vis their intimate partner.

4. 50 percent of perpetrators suffered from depression.
5. 49 percent of perpetrators had made previous threats or attempts at suicide.
6. In 48 percent of cases, there was an escalation of violence before the homicide.
7. In 45 percent of cases, victims experienced a sense of fear of their partner.
8. In 43 percent of cases, there were previous threats to kill the victims.
9. In 43 percent of cases, victim vulnerability was a factor.
10. In 40 percent of cases, perpetrators were unemployed at the time they committed the homicide.
11. In 39 percent of cases, the perpetrator had made previous attempts to isolate the victim.

Dr. Carmen Gill, a professor in the Department of Sociology at the University of New Brunswick and Dr. Mary Aspinall, now assistant professor at St. Thomas University, affirm in their expert report, "Understanding Violence in Relationships," that a review of domestic homicides in New Brunswick between 2009 and 2018 yielded results that are comparable to the ones established in Ontario. An escalation of violence and a known history of intimate partner violence by the perpetrator were present in 68 percent of New Brunswick cases, with a pending or actual separation of the relationship and displays of obsessive behaviour following closely at 63 percent.

Other risk factors that have been identified in other studies include the spouse's threats of harm or death to animals, disputes over child custody, the presence of firearms in the home, and alcohol and substance use. The Canadian Coalition on Gun Control, a Participant in the Commission proceedings, monitors the criminal use of firearms in Canada. In the context of the homicide of intimate partners, the coalition noted that Canadian research shows that 56 percent of the women were killed by spouses with firearms - in the majority of cases by long guns. The coalition also pointed to studies finding that, in situations of intimate partner violence, many women reported being nervous about the presence of guns in their home. This concern increased where there was also "serious drinking," addictions, or talk of suicide.

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Dr. Dale recounted how the Barbra Schlifer Commemorative Clinic integrated the deep knowledge about risk factors acquired by front-line workers over many years to identify firearms as a primary concern:

So it was based on that interpretation of the existing and standardized risk assessment tools that we put as one of our top markers the presence of a gun. And the presence of that gun was also a high indicator if it was a licensed gun, because those are ready to hand. Not because those guns are worse, but because they were ready to hand, they are in many households, which means in an escalating situation of intimidation and violence, it's there, and it's permanent. It's not a knife. It's not – even the highest risk, other forms of violence like strangulation don't have the immediate, lethal effect of a gun. And so the presence of a gun, we felt, was the highest risk indicator on our list of high-risk indicators.¹⁶

In her testimony, Dr. Doherty estimated that “some kind of serious addiction, whether it was alcohol or drugs, was in association with the abuse.” She noted that when women were killed by their partners, privacy laws often made it difficult if not impossible to gather this contextual information. She said that in situations where women are also drinking, their use of alcohol can be held against them. For example, in a murder-suicide, a coroner's report might suggest that since “they were both drinking at the time of the offence, she won't seem as a worthy victim.” As Dr. Doherty explained, the implication becomes “that's what happens when people drink too much rather than how sad and tragic.”

And, you know, I know some of the court case, trial materials that I would read, I'd often read the judge would say, “This was a senseless killing. We'll never understand why he killed her. This is a senseless killing.” And, you know, if you can believe [Dr.] Peter Jaffe, nothing's more predictable than a domestic homicide. And we have to find ways to make sense of the senseless if we're going to come up with strategies to predict. It's not causal. You stop drinking or you're drinking heavily it doesn't cause you, but it certainly exacerbates the situation and makes it more likely that there'll be a lethal outcome. So the firearms, the drinking, suicide, thoughts of suicide.¹⁷

The Commission's environmental scan of the recommendations in previous public inquiry reports and institutional reviews also identified the connections between

firearms, alcohol and substance use, and gender-based, intimate partner, and family violence. As we noted in Part B of this volume, these risk factors are also identified in studies of mass casualty incidents in several countries, and they were presenting factors in the April 2020 mass casualty too.

During her testimony, Dr. Doherty made some additional points about how to apply these risk factors to help protect women. First, she highlighted that when implementing strategies to mitigate risk factors, it is vital to understand the context of a woman's life, including where she lives:

We can't treat or try to find solutions and resources to deal with New Brunswick and rural communities that would work in large urban centres. The - 70-percent of the New Brunswick women were killed in communities of less than 10,000, and in Ontario, 55-percent of the women were killed in communities of 55,000 to a million. It's - you know, as the women here would say, a hunting rifle is not the weapon of first choice to get at your wife in Downtown Toronto.¹⁸

Dr. Doherty pointed out another important distinction between the Ontario and the New Brunswick data. The former showed a stronger connection between a recent or anticipated separation and a spousal homicide:

Yet, when we looked at the New Brunswick data, it was about two-thirds of the women were killed in intact relationships. So who knows what they said that night they were killed. Maybe they did say, "I'm moving out tomorrow"; you know, we'll never know. But it seemed that for a rural context, we can't just promote leaving when women are saying, "Strategically I'm staying; it's safer for me to stay because I can read the look in his eyes, I can tell when he's had too much to drink." You know, so yes, we don't go, you know, with a lot of rural women will go for three days and then go back, and they'll do that when necessary. But there's a lot of victims who feel safer because they can read the situation. If they leave, what's he doing? Where is he? When will he come? Will he come in the dark with a rifle? It's scarier for some women to try to leave and take action like that.¹⁹

Dr. Doherty emphasized that as the risk factors associated with someone who is being victimized increase, so too does the likelihood that there will be a lethal or a negative outcome. She stressed: "So a risk factor is a risk factor, but it's the

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clustering of them that tells you something's going on."²⁰ She said that empirical studies show that the identified risk factors are "not causal, but they are predictive."²¹ Based on her expertise, she affirmed that **women living in intimate partner relationships that are marked by clusters of risk factors "need to be protected and to be given the resources to protect themselves."**²²

Additional Risks Factors: Pets and Livestock

Substantial research identifies an additional risk factor for spousal abuse: pets and livestock. One aspect of this risk factor is the correlation between gender-based violence and the abuse of pets and other animals. A second aspect is that women's concern regarding their animals can pose a barrier to their route to safety.

Dr. Doherty spoke of a research project she was involved in titled "Family Violence on the Farm and in Rural Communities" led by Dr. Jennie Hornosty at the University of New Brunswick. Their work highlighted an area of concern regarding pets and livestock (animals) as legitimate barriers to women seeking to leave abusive relationships. Dr. Hornosty and Dr. Doherty approached their field studies from the perspective of wanting to know rural women's experiences. They asked, for example, what is it about a rural situation that makes women more fearful? In addition to concerns about firearms in rural homes and addictions such as alcoholism, they found that **"a lot of women also expressed concern about leaving their pets because their husband may shoot the dog or the pony when they were gone."**²³

Their survey of the link between family violence and the abuse of pets found that 70 percent of the abused women had a pet or farm animal in their household. Of these, 45 percent said their partner had threatened harm to the animal and 41 percent said their partner had actually harmed or killed the pet.

Dr. Doherty testified that "the abuse of pets and farm animals really played a role in the decision-making of the victim. So she might stay if she couldn't take the dog or if she was threatened that it would be abused."²⁴

In a 2017 study by Rochelle Stevenson and her colleagues, *Keeping Pets Safe in the Context of Intimate Partner Violence: Insights from Domestic Violence Shelter Staff in Canada*, the authors also note that shelters for women often have to operate with limited resources:

Finally, it is time to begin conversations at the agency level about how to implement a pet safekeeping program. The barriers noted in this study, such as allergies, space, and money, can be managed through creative solutions and designing a safe pet program that fits the needs of the clients, the shelter, and the community.²⁵

Stemming from their own research in 2008, Dr. Doherty and others followed through on their suggestion. They established a program and a public education campaign in New Brunswick to address these legitimate issues. The province-wide initiative, "Safe for Pets Too," is a collaboration of several non-profit organizations and policing agencies, including the New Brunswick Society for the Prevention of Cruelty to Animals, the New Brunswick Veterinary Medicine Association, transition houses, Family Violence Outreach, the RCMP and municipal police, the Public Legal Education and Information Service of New Brunswick, and others concerned about the welfare of people and animals. The program shelters abused women's pets in free foster care for up to 30 days.

Dr. Doherty testified that a number of American states **have legislation so that emergency protection orders allow for "stay-away orders" that not only protect the abused woman, but also her pets.**²⁶ In New Brunswick, the *Intimate Partner Violence Intervention Act* includes a reference to household pets and, under section 4(3)g, an emergency intervention order can take into account "other previous acts of violence committed by the respondent, including intimate partner violence toward other persons and violence against animals."²⁷ The concern for animal safety can be a legitimate barrier to women seeking to leave abusive intimate partner relationships. It is therefore important to raise awareness about this issue and develop sustainable services that provide for the safety of the animals too.

Use of Risk Assessment Tools

Based on our growing understanding of risk factors, risk assessment tools and approaches are used by a range of service providers, professionals, and the police to evaluate cases and to assist women who are endangered by intimate partner violence. In this section, we consider these tools and how they are used as well as their strengths and limitations.

TURNING THE TIDE TOGETHER • Volume 3: Violence**Overview of the Main Tools**

In their expert report, Dr. Gill and Dr. Aspinall provide an introduction to the main risk assessment tools used by front-line service providers in Canada: the Danger Assessment (DA), Ontario Domestic Assault Risk Assessment (ODARA), Spousal Assault Risk Assessment (SARA), and Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) are among the intimate partner violence risk assessment tools most commonly used by a variety of front-line service providers. Each of these instruments employs one of the three broad approaches to psychological assessment discussed in Part B of this volume: unstructured formats based solely on professional discretion and “gut instinct,” with no formal guidelines; actuarial tools that require evaluators to focus strictly on predetermined categories of risk and exclude additional or context-specific considerations; and structured professional judgment approaches that encourage evaluators to follow specific guidelines but allow for their own decisions and interpretations of risk.

The key features of the four tools are as follows:

- The Danger Assessment (DA) was designed to predict a likelihood of lethality by asking the victims to report the number of abusive incidents they had experienced over the past year and to respond “yes” or “no” to risk factors specifically associated with homicide. In its original form, the DA is frequently used by shelter staff, victim services, and child protection services across Canada. A shortened version specifically for law enforcement, the DA-LE, includes 11 factors asking specifically about separation, control, threats, and previous attempts to kill, threats or use of weapons, presence of firearms, strangulation, victim’s fear, frequency and severity of abuse, and perpetrator threats or attempts of suicide. However, even though the original DA has been adopted by many front-line service providers, this condensed version does not appear to be implemented among Canadian police agencies and is instead found primarily in the United States.
- The Ontario Domestic Assault Risk Assessment (ODARA), an actuarial tool specifically developed for the police, contains 13 items aimed at predicting a perpetrator’s risk of reoffending. Factors assessed include previous intimate partner violence and non-intimate partner violence, previous custodial sentences, breach of release conditions, threats to kill, confinement, victim’s fear, number of biological / stepchildren, assault on the victim while pregnant, and barriers to the victim accessing support. The ODARA has been adopted

for use by police agencies in New Brunswick and Nova Scotia as well. Research conducted in New Brunswick with a random selection of 142 police files has revealed that when the ODARA was administered, a police officer was more likely to make an arrest and recommend charges to the prosecutor compared with files in which it was not used.

- Spousal Assault Risk Assessment (SARA) is a structured professional judgment tool that requests assessors to use a victim interview, standardized measurements of psychological and emotional abuse, and criminal record history to evaluate intimate partner violence and criminal history as well as the psychological and social functioning of the perpetrator. Although still used by police officers in various jurisdictions throughout Ontario, Alberta, British Columbia, and the Yukon, its reliance on judgments of mental health means that police officers generally do not have the required training to employ the SARA effectively.
- In response to such challenges, the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER) was developed in 2005, specifically for police officers as a condensed and revised version of the SARA that does not require a thorough assessment of mental health. Like other tools, the B-SAFER process considers issues such as physical or sexual violence, escalation of violence, threats, breach of orders, criminal behaviour related to non-intimate partner violence, unemployment and financial difficulties, substance use, and mental health diagnoses.²⁸

In Nova Scotia, if the overall score on the ODARA assessment is seven or above, the case is then designated for case management under Nova Scotia's High Risk Case Coordination Protocol. The information is shared with other service providers, with the intent of intervening quickly, providing resources and support, and creating a safety plan with the individuals involved. This protocol is unique and was developed in response to the review of the George / Maxwell Murder / Suicide in the 2001 Russell Report – and it is an example of a recommendation that has been implemented. We provide more information about this protocol in the text box.

TURNING THE TIDE TOGETHER • Volume 3: Violence**Nova Scotia High Risk Case Coordination Protocol Framework*****Background to protocol***

The recommendations flowing from the reviews into the deaths of Lori Lee Maxwell and Bruce Allan George in 2000 and the 2001 review of the Framework for Action Against Family Violence both indicated that increased case coordination among service providers and information-sharing in “high risk” cases was required. On May 10, 2004, the High Risk Case Coordination Protocol Framework came into effect. It is a joint venture between the departments of Justice and Community Services and the Public Prosecution Service in Nova Scotia.

Brief description

The High Risk Case Coordination Protocol Framework allows for critical information to be shared between primary service providers in cases that are identified as “high risk” due to repeated violence or lethality. The Protocol Framework is intended to complement existing policies and procedures and it addresses privacy legislation, how cases are determined to be high risk, and what happens if they are flagged as high risk.

There are two main structured risk assessment tools that are used to designate a case as high risk: the Ontario Domestic Assault Risk Assessment (ODARA) tool and the Jacqueline Campbell Risk Assessment. If a case receives a certain score on either of those tools, it will be designated for specialized case management through the Protocol Framework. Information about the case may then be shared with identified primary service providers, which include police and police-based domestic violence case coordinators, victim services, child welfare, corrections, transition houses, and men’s intervention programs.

Assessment of impact

The High Risk Case Coordination Protocol Framework rests on some underlying assumptions that are not always true for every case of intimate partner violence. For example, the Protocol Framework presupposes that the state is an appropriate place to respond to intimate partner violence. In some cases, the state can cause more harm than good, including when the police or child welfare services become involved. As Verona Singer concluded in her 2012 thesis on

the High Risk Case Coordination Protocol Framework, state and criminal justice systems offer “one-size-fits-all” solutions that cannot adequately address the diversity and breadth of women’s experiences with intimate partner violence.

Dr. Singer explored other criticisms and strengths of the Protocol Framework through interviews with women who had been through the Protocol Framework as well as focus groups with service providers integrated into the Protocol Framework. In addition to the inability to provide individualized and contextualized responses to particular cases, Dr. Singer found that the Protocol Framework lacks an appropriate focus on perpetrators of violence; assumes that all abused women are victims needing to be protected; and places a significant if not complete onus on women to keep themselves safe. On the latter points, Dr. Singer noted that the Protocol Framework is predicated on the assumption that abused women would (or should) always want to end a relationship in which they experience intimate partner violence. In this sense, the implementation of the protocol can be experienced as paternalistic and intrusive, and it can override a woman’s needs, wishes, or best interests.

The Protocol Framework is also based on the assumption that risk for severe injury or lethality can be predicted in cases of intimate partner violence. In reality, risk assessment tools may not always capture a heightened level of risk, for example where non-fatal strangulation is involved.

At the same time, some women Dr. Singer interviewed viewed the Protocol Framework as providing support, validating their experiences, and offering them the possibility of greater control over their lives. Many women acknowledged that they needed support from service providers and were relieved to have their situation designated as high risk because it recognized the extent of the abuser’s violence and served as a tangible indicator of the risk they faced. Some women who believed their lives were at risk stated that they could not convince authorities in the police, legal, and child welfare systems of the severity of the threat prior to the establishment of the Protocol Framework. Dr. Singer found that “[w]hile some women saw the designation of high risk as confirming their own assessment of their situation, for other women, it was that designation that fully awoke them to the dangers of their relationship.”²⁹

Another positive feature of the Protocol Framework is that it continues to evolve and expand. The latest added component is the Highest Risk Domestic Violence Table, which is in a “soft launch” phase. The standard for referral to the Highest

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Risk Table requires imminent risk, allowing for meaningful involvement of the Health Sector while complying with privacy laws.

The Protocol Framework is only one tool that seeks to address and prevent intimate partner violence. Like any tool, it cannot operate in isolation, and it may not be appropriate for every “high risk” case. As Dr. Singer writes, “woman abuse is as diverse and nuanced a social problem as the people who are impacted by it.”²⁹ With an awareness of the complexity of intimate partner violence, efforts to move away from essentialist and dichotomous perspectives on “victims” and “abusers” (including their identities, roles, responsibilities and best interests), and an acknowledgement of the need for a diverse range of responses, the Protocol Framework can serve alongside complementary initiatives that make up for some of its shortcomings to protect those who are at serious risk of harm due to intimate partner violence. Such initiatives would include those that offer protection and agency to people who experience intimate partner violence, and others that assist abusers, both in taking responsibility for past violence and in learning non-violent communication.

Evaluation of Police Risk Assessment Approaches

In their Commission report on understanding violence in relationships, Dr. Gill and Dr. Aspinall conclude that ODARA, SARA, and B-Safer are frequently used by Canadian police officers. These responders are often the first point of contact when intimate partner violence is reported. The assessment tools are predictive, aiming to assess future risk of assault. Dr. Gill and Dr. Aspinall state:

Risk assessments are considered relevant during a number of stages within the criminal justice system, such as at the point of arrest and when making decisions around sentencing and release. For frontline police officers, these risk assessment tools are often utilized on-scene or during the early investigation process to assist in determining arrest decisions, as well as identifying which cases would benefit from further referral and follow-up.³¹

They can also be used in “managing the vulnerabilities of the victim and determining when to refer to and collaborate with additional community services.”³²

Dr. Gill and Dr. Aspinall refer to studies that have concluded that “police officers are in a good position to quickly assess intimate partner violence scenarios as they often speak directly to victims about their relationships and about their current situation and have ready access to criminal history information.”³³ Another study emphasized the efficiency gains from using these tools: “[M]any police agencies work with limited resources[;] risk assessment tools can help to ensure perpetrator risk and victim safety are responded to and managed with appropriate resources.”³⁴ A third study concluded that “it is common for police officers to have access to and be trained in utilizing risk assessments.”³⁵ But a fourth noted:

However, it is difficult to summarize national training practices for police officers, as even though the validated tools mentioned above are widespread, police agencies continue to consider and pilot additional assessment methods such as investigative checklists and protocols designed by their individual agencies that may also require their own internal training.³⁶

A number of concerns have been raised about the use of these risk assessment tools and approaches as a strategy to protect women from intimate partner violence. Dr. Gill and Dr. Aspinall summarized them as follows:

- There is increasing information about coercive control and other non-physical tactics of abuse, yet commonly used risk assessment tools continue to emphasize the presence or history of physical violence.
 - ◊ The SARA and B-SAFER concentrate on the presence of actual or threatened physical harm.
 - ◊ The ODARA requires “evidence in the police report of physical contact with the victim or a credible threat of death with a weapon in hand in the presence of the victim” in order to use the tool.
- The focus on physical abuse downplays other aspects of intimate partner violence that may be influenced by gender, ethnicity, disability, and other social and structural factors.
 - ◊ When asked what issues women considered most important regarding their risk of future harm, they responded with factors such as emotional abuse and controlling behaviours, jealousy, and untreated mental health issues.

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- More consideration should be given to a woman's own perception of harm and level of fear.
 - ◊ While "victim fear" is identified in a number of risk assessment tools, it is not usually a principal category leading to high risk.
- Current risk instruments do not provide sufficient questions to gather information about coercive control, or do not encourage police officers to ask further questions to understand more about the context of relationships.
 - ◊ As a result, if a perpetrator primarily concentrates on using tactics of coercive control against his partner, there can be little to no record of physical violence.
- The risk assessment tools were not all developed for the same purpose, yet they are used in a similar manner across jurisdictions.
 - ◊ For example, the DA (and subsequent DA-LE) was intended to assess lethality, whereas the ODARA was intended to predict re-assault rather than homicide. The SARA was originally aimed at identifying both but has been evaluated only against repeated assaults. Overlap between these issues notwithstanding, risk of revictimization, risk of lethality, and determination of factors that may help to keep victims safer all include different considerations.
- Risk assessment tools have largely been validated only for male perpetrators who abuse their female intimate partners and may not be useful in assessing all intimate partner relationships, including in 2SLGBTQI+relationships. Cultural differences are also not accounted for.
 - ◊ For example, the ODARA is not validated for use with female perpetrators, and cultural differences are also not considered.
 - ◊ While primarily used with male perpetrators, further research is necessary to determine if similar risk factors within assessment tools are applicable for Indigenous men. Consideration of incorporating storytelling and narrative approaches to future risk assessment structures is recommended when administrating these risk assessment tools with Indigenous people.³⁷

Furthermore, and possibly as a result of these limitations, even after having contact with the criminal justice system, women have been killed after their risk was assessed incorrectly or inappropriately.

Dr. Gill and Dr. Aspinall provide this overall evaluation of the existing tools to assess the risks of violence in intimate partner relationships:

Are risk assessment instruments helping police officers address the volatile complexity of intimate partner violence? It seems that knowledge acquired to date is not enough to adequately respond to the issue. Police officers continue to exercise considerable discretion in their decisions to intervene (or not), and while formal risk assessment tools are beginning to guide frontline decision-making, several researchers have demonstrated that police officers still often minimize the issue of coercive control, instead focusing attention on evidence of physical assault. The lack of recognition of patterns of violence involving coercive control leads police officers to respond to intimate partner violence situations solely within the parameters of existing laws and regulations, which likewise largely remain centred around discrete incidents of physical violence or threatened violence.³⁸

Experts who participated in our roundtable on police and institutional responses to gender-based, intimate partner, and family violence were asked for their views on the risk assessment tools that are currently used and whether change is needed. One consistent theme in the responses focused on who was assessing the risk factors and for what purpose.

Dr. Carmen Gill spoke about the limitations in ODARA as used by the police in Ontario – in particular, the inadequate training of officers and the limited time they spend in administering this assessment. Without strong training for the officers, the tool is deficient: “[I]f we’re asking police officers to understand this complexity and the only thing we’re giving them is the ODARA, they will not assess the complexity of the issue.”³⁹ Dr. Lori Chambers, a professor in the Department of Gender and Women’s Studies at Lakehead University, Thunder Bay campus, observed that in order to use this tool, a police officer is supposed to go through all of the questions, but “they’re often in a hurry, they don’t have the amount of time that’s necessary to build rapport with a person who’s been abused so that they’ll get honest answers about things like sexual violence in your personal relationship. So often these forms are not fully completed.” She joined others in saying the problems were “not about police deliberately missing this stuff, in most cases ... They don’t have the time and resources to spend the hours that are necessary to build the rapport that is required to gather information in these highly fraught circumstances.”⁴⁰

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Professor Isabel Grant, Allard School of Law at the University of British Columbia, and Deepa Mattoo, executive director of the Barbra Schlifer Commemorative Clinic, both pointed out that in most cases, police do not make a full assessment and engage in safety planning with women. Rather, officers mostly tell them to do certain things simply to keep themselves safe.

Dr. Chambers's research looks beyond individual interactions to examine patterns in the way police use risk assessment tools and the resulting impact they have and the interventions that may follow. In her multi-year study of the use of ODARA, her team tracked individuals who had multiple interactions with the police. Some of their findings were as follows:

And so what we see is that there are people who had 12, 13 interactions with the police during this three plus year time period, and in one of those – and it's all over the place, the responses to these – the couple. Sometimes it's considered low risk, it's non-criminal, nothing is done; other times, the person is arrested. A person who's been arrested for a very violent crime could then be deemed low risk down the line because they don't necessarily even consult the previous data when they go to a new call. And it's really not about assessing process, observing changes over time in a relationship, or talking to women about wider patterns of control.'

Dr. Chambers stressed the need to distinguish between two different types of risk assessment: assessing the need for immediate measure to ensure safety (for example, when a spouse is holding a gun to a woman's head) and longer-term protection that "requires a much more detailed understanding of the individual situation than just resolving an immediate threat."⁴² Current risk assessment tools are "designed more for that immediate response and is there an imminent threat of lethality." One exception is the approach that is beginning to be used in British Columbia, which integrates safety planning so that police can provide an "enhanced response."⁴⁷

In Dr. Chambers's view, longer-term assessments should be carried out by other agencies, not the police. We consider her efforts to implement this second type of risk assessment below. Other experts consider that police officers can use risk assessments to guide interventions that may not necessarily end in arrest. For example, in a 2019 report, the Office of the Chief Coroner of Ontario concluded that the "recognition of multiple risk factors could promote safety planning and

designations of high-risk that offered earlier support.”⁴⁶ We return to police exercises of discretion in Part D of Volume 5, Policing.

Women-Centric Risk Assessments

Dr. Doherty focused on the use front-line staff might make of these tools to explain to a woman the risk factors that were present in her situation, as she perceived it, to assist her in deciding what steps to take to ensure her own safety. Her approach is to say: “You may not feel you need this, but here’s a little reality check in terms of what I can offer you ... this information might affect your decision and if it does, I’m here to help.”⁴⁵ She emphasized that this approach may not work for all women.

Along the same lines, in her testimony Dr. Doherty quoted Dr. Jacquelyn Campbell, a professor at Johns Hopkins University and a domestic and intimate partner violence expert who pioneered a danger assessment tool for nurses. Dr. Campbell says: “You can’t – shouldn’t expect everybody to have the same outcome from that one tool or safety planning initiative. That you have to do what’s going to be most effective for the particular victim, and that circumstances.”⁴⁶ Dr. Doherty stressed that **safety planning strategies would be different in rural and urban areas and that different factors would be important where the woman wanted the relationship to stay intact versus where she wanted to leave.**

Dr. Dale explained that front-line service providers can use risk assessment tools within their intake systems. When she was executive director of the Barbra Schlifer Commemorative Clinic in Ontario, staff there used the research on risk factors identified by the Death Review Committee as part of their triage system. They integrated this research knowledge with their own front-line experience:

... the kinds of long threads of threat that weave themselves through the lives of women. And we made a decision to use the standardized tests and alter them for the experience that we had with the kinds of stories that we knew from decades and decades of experience.

I just want to make it clear that this is based on not a weekend seminar on risk assessment. This is about engrained, deep experiential knowledge of – we talked about years of experience. When I added up the years of experience in the clinic, we got to over a thousand years of cumulative experience of all the folks who work there.⁴⁷

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Dr. Chambers described a current initiative designed to address risks over a longer horizon:

And what we've been doing in Thunder Bay is I have worked with our local shelter and designed a coercive control assessment that they use at the shelter when someone comes in – that is a much more detailed document. It's – it really takes quite – a couple of hours for them to work through. And it's also accompanied by a whole bunch of training materials talking about why each of the topics needs to be covered and talking about ways that you could explain it to someone who's a victim who might not recognize that the behaviours to which they've been subjected are actually abusive.

And so I think that the wider assessment needs to be done outside of police and then police need to accept the assessments that are made by agencies that are better informed about what abusive relationships look like.

Not that we shouldn't also improve police response, police understanding and police training, but I fundamentally believe we need to separate these things out and provide more resources on the supporting the victim side that are non-police based.⁴⁸

Ms. Mattoo shared information about two initiatives at the Barbra Schlifer Commemorative Clinic. The first is a risk assessment tool developed for use in the family court system. This three-part tool, completed in 2018, is publicly available for anyone to use and adapt on a website. She explained that each part starts with some basic questions that can help stakeholders who work with survivors and the family courts to identify red flags or high-risk situations. Based on their assessment, they can choose to go through the rest of the assessment or make a referral.

The second project is called "Guiding Systemic Response to Survivors of Gender-Based Violence Through Risk Assessment: A Survivor-Centric Approach." Ms. Mattoo described this project as focused on building a blueprint for risk assessment as well as a safety framework. The project team reviewed over 40 risk assessment tools and concluded that most of them have four substantial limitations: they are not rooted in a trauma-informed approach; they do not consider intersecting identity factors; they are not survivor-centric; and they do not consult with survivors in creating those tools. The Barbra Schlifer Commemorative Clinic is working on

developing a blueprint with service providers and survivors who have expertise based on experience. She described the anticipated outcome of this project:

And by no means our expectation is that there is one size fits all would happen after the tool is ready or the blueprint is ready. What we believe is that there needs to be a standardized framework, an agreement on language, an agreement on understanding, an agreement on intersectionality, an agreement on understanding that women from specific cultural identities need services which are rooted in their cultural reality. Black women, racialized women, indigenous women need services and supports which are rooted in their distinct and unique experiences. And that language plays a big role in the way women describe their violence.⁴⁹

Ms. Mattoo shared a central finding that **the way women described their experience of violence plays an outsized role in how they and their situation are viewed by service providers, police, and the justice system. It is at that initial critical moment that credibility and bias come into play. The way women voice their experience and the words they use play a huge role in how systems come to understand “what will they need, what kind of safety do they need and what kind of effective management of that risk that they need.”**⁵⁰ Women who do not speak English or French have “another layer of challenge” in making themselves understood.⁵¹

Conclusion and Recommendations

Our extensive discussion of risk factors reflects the important role that a deeper understanding of these factors and their integration into effective assessments can play in preventing gender-based violence – in particular, intimate partner violence. This recognition flows from, and is consistent with and supports, our finding and recommendations about risk assessments in Part B of this volume, in the specific context of preventing mass casualties through a public health prevention approach. Our shared objective of ending violence against women will be facilitated by fostering a broad public understanding of these risk factors. We see this as a priority as we move forward purposefully together. To underscore the importance of risk assessments, we provide a cautionary illustrative example of a situation in which they were not used effectively (see the text box).

TURNING THE TIDE TOGETHER • Volume 3: Violence**Ineffective Uses of Risk Assessments in Intimate Partner Violence****Situations: Illustrative Example**

On September 22, 2015, over the course of an hour, Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam were murdered at their homes, many kilometres apart, in the Ottawa Valley of Ontario. The perpetrator strangled 66-year-old Ms. Culleton at her cottage, then stole her car and drove to 36-year-old Ms. Kuzyk's house, where he shot her before driving to 48-year-old Ms. Warmerdam's home and shooting her. He was convicted of second-degree murder in the death of Ms. Culleton and first-degree murder in the deaths of Ms. Kuzyk and Ms. Warmerdam after a two-month jury trial in 2017. He was sentenced to life in prison.

The perpetrator had a known history of gender-based and intimate partner violence, dating back to a 1985 charge of assault against his then partner, which was dismissed. In 1994 he was charged with assault, intimidation, and sexual assault against his then partner; those charges were dismissed. Other partners later reported assaults dating back to their time with him in 2007/2008 and 2009 (including a choking incident). He was charged with harassing a former partner in 2010, and that charge was withdrawn. A condition of his release had been that his weapons and Possession and Acquisition Licence (PAL) were taken by the Ontario Provincial Police (OPP) in February 2010.

The former spouse from 2007/2008 reported in 2011 that the perpetrator pulled her from her car and threw her to the ground, causing injuries. This was observed by others at the time. He made detailed threats toward her, including shooting her, burning her house down, and killing her while she slept. These incidents were reported in the course of an arson investigation after her home was destroyed by fire. The home was the subject of an interim order in Family Court which provided the perpetrator's former spouse with possession of the home. The perpetrator was charged with assault causing bodily harm and uttering a threat to cause death or bodily harm in relation to the 2007/2008 incident. These charges were stayed in 2012. As part of the arson investigation, another former partner told police the perpetrator was very abusive and had stated he would burn down the house if the court awarded it to the former spouse.

In July 2011, the perpetrator was charged with assaulting a man. The charges were stayed less than two weeks later.

Ms. Warmerdam's relationship with the perpetrator occurred between 2010 and 2012. She accompanied him to the OPP detachment when the OPP returned the perpetrator's guns to him in early August 2012. The officers present expressed concern for her safety. Less than a month later she reported that he had threatened her child, was drinking heavily, and threatened to kill her animals. The OPP laid charges, including charges related to uttering threats against Ms. Warmerdam's son, and removed the perpetrator's firearms and hunting bows from Ms. Warmerdam's residence. The perpetrator was denied bail and was charged with assaulting a police officer in relation to an altercation during his transport to court for the hearing.

After serving his sentence of 150 days, the perpetrator was released on two years of probation on January 8, 2013. The OPP transferred his firearms to his next of kin on January 29, 2013.

On May 30, 2013, a High Risk Case Review meeting was convened to discuss safety plans for Ms. Warmerdam and another former partner of the perpetrator.

On October 28, 2013, for the first time, the perpetrator's probation officer completed an Ontario Domestic Assault Risk Assessment (ODARA).

On November 17, 2013, Ms. Kuzyk reported to a community support worker that she was in a relationship with the perpetrator; he was abusing her, and she could not get him to leave her home. On January 23, 2014, she reported to the police the theft of her car, after having asked the perpetrator to leave the previous day. She then disclosed that the perpetrator had violently assaulted her on December 30, 2013, including strangling her. He told her he dreamed of choking and drowning former partners. The police charged the perpetrator with the assault, car theft, and other charges, including possession of a firearm contrary to a prohibition order. He was taken into custody and sentenced on September 18, 2014, to a further 160 days in prison. His two-year probation order included an order to have no contact with Ms. Kuzyk; to stay at least 500 metres away from her home; a lifetime ban on possessing any firearm, cross-bow, restricted weapon, ammunition, or explosive devices; and that he attend the Partner Assault Response program (a court-mandated program treating people who abuse their partners). Upon his release from prison in 2014, the perpetrator refused to sign the Acknowledgement of Supervision Order form setting out the terms of the probation order. In addition, when he met with his probation officer, he said he did not have the means of transportation to attend Partner Assault Response program sessions in person and felt that he would not benefit from the

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sessions because of his anxiety. Probation officers encouraged him to attend but never charged him for breaching the conditions of his probation.

In the seven-month period from February 2015 until the time of the murders, the perpetrator was deemed a high risk to recommit intimate partner violence. During this period, he stalked Ms. Culleton, unbeknownst to the police. He made unrequited advances toward her, made repairs to her cottage without invitation, blocked her car in her driveway, left threatening voicemails, erected threatening signs, and destroyed her property. Neighbours knew information about the perpetrator's actions, but no one reported them to police.

Probation services had information about significant risks to the safety of two of the women in the years leading up to their murders, including through various risk assessments. The inquest heard that a probation officer first conducted an intake session with the perpetrator in January 2013, following his release from prison. At that time, the perpetrator was not deemed to pose an imminent risk to another individual. Over time, subsequent risk assessments documented the perpetrator's escalating level of risk. By October 2013, he was determined to be in one of the higher risk categories for intimate partner violence recidivism (referring to his tendency to reoffend). Upon his release from prison in 2014 following the convictions for his brutal assault of Ms. Kuzyk, a risk assessment found him to be in one of the highest risk categories to reoffend.

An institutional rehabilitation officer who had contact with the perpetrator in prison emailed the probation service in December 2014, shortly before the perpetrator was set to be released from jail. The rehab officer wrote: "It is my opinion that the victims are at risk from this individual ... It has been my experience with abusers such as this one ... that he will not comply at all. You will have to breach, breach, breach and breach him forever."

Both Ms. Kuzyk and Ms. Warmerdam worked with Victim Services of Renfrew County to develop safety plans. For Ms. Warmerdam, this included being equipped with a mobile tracking device that could be activated to send outgoing GPS signals to the Ontario Provincial Police about her location. Ms. Warmerdam kept the tracking device with her at all times, including beside her bed at night, right up to the date of her murder on September 22, 2015.

Ms. Warmerdam had also consistently followed up with probation officers about the perpetrator's whereabouts after his release from prison in December 2014, and she had previously expressed concerns to authorities about the perpetrator

moving to a location closer to her following his conviction related to her. When a probation officer spoke to Ms. Warmerdam on December 22, 2014, about the possibility of serving the perpetrator with a peace bond, she declined because she was afraid of antagonizing him.

After the murders, an internal probation service review found that probation officers missed opportunities to reprimand and more closely monitor the perpetrator, and that given his violent history “it would have been reasonable to have him considered as a potential intensive supervision offender.”

From January to June 2022, the Ontario Office of the Chief Coroner’s Renfrew County Inquest examined the circumstances that resulted in the murders and considered ways to protect victims of intimate partner violence, particularly in rural communities. The inquest was specifically tasked with finding ways to improve how probation services monitor perpetrators of IPV (intimate partner violence). At the inquest, a probation quality assurance manager acknowledged in relation to Ms. Warmerdam’s statement that “victims expressing concern would be a red flag.” A further red flag was the perpetrator’s refusal to sign a probation order to stay away from Ms. Kuzyk and to not communicate with her.

On June 28, 2022, the jury on the inquest reached its verdict.⁵⁷ Of the jury’s 86 recommendations, six pertained specifically to risk assessments:

Education and Training

#29(b). Provide professional education and training for justice system personnel on IPV-related issues, which should include risk assessment training with the most up-to-date research on tools and risk factors.

Intervention

#41. Investigate and develop a common framework for risk assessment in IPV cases, which includes a common understanding of IPV risk factors and lethality. This should be done in meaningful consultation and collaboration with those impacted by and assisting survivors of IPV, and consider key IPV principles, including victim-centred, intersectional, gender-specific, trauma-informed, anti-oppressive, and evidence-based approaches.

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#42. Co-train justice system personnel and IPV service providers on the risk assessment framework and tools so that there is a common understanding of the framework and tools for those who support or deal with survivors.

#43. Ensure that survivor-informed risk assessments are incorporated into the decisions and positions taken by Crowns relating to bail, pleas, sentencing, and eligibility for Early Intervention Programs.

Safety

#66(a). Require that probation officers, in a timely manner, ensure there is an up-to-date risk assessment in the file.

#66(f). Require that probation officers, in a timely manner, ensure risk assessments and risks of lethality are taken into account when making enforcement decisions.

The jury made numerous other recommendations regarding risk factors and prevention, and we can use the example of the probation services' risk assessments in the Renfrew County Inquest to see how these recommendations can work in practice. Implementing the jury's risk assessment recommendations could have closed three of the most significant gaps in the probation services' response to mitigating the risk of intimate partner violence Ms. Culleton, Ms. Kuzyk, and Ms. Warmerdam faced.

First, a common framework for risk assessment in IPV cases could have prevented the various red flags identified above from being overlooked, and it would have enabled probation services to conduct a more accurate assessment of the risk. Second, incorporating a woman-centred, survivor-informed risk assessment into decision-making would have allowed probation officers to benefit from each of the women's lived experiences in decision-making about the perpetrator and the risk he posed. Third, if probation services had given sufficient weight to the significance of the risk assessments for monitoring, enforcing, and reprimanding the perpetrator, they could have restricted his ability to consistently breach or push the boundaries of his probation conditions.

What Is an Inquest?

In Canada, there is no overarching federal authority for investigating deaths that are unexpected, unexplained, or a result of injuries or the ingestion of substances. Instead, responsibility for investigating such deaths falls to the individual provinces and territories, which have adopted two different death investigation systems: the Coroner's system and the Medical Examiner's system.

Although there are some differences between how the two systems work, they share the same general mandate: to establish the identity of the deceased, the time and location of the death, the medical cause of death, and the "manner" of death (i.e., natural, accident, homicide, suicide, or undetermined). In addition to the investigation, almost all Canadian Coroner and Medical Examiner systems have some provision for escalating an investigation into an inquisitorial public hearing, referred to as an inquest (in the Coroner's system) or a public inquiry (in the Medical Examiner's system).

An inquest is held to answer the statutory questions (who, where, when, how, and by what means) and to make policy recommendations to prevent similar deaths from occurring in the future. An inquest is different from a trial because it is not an adversarial process and it does not make findings of legal responsibility. Instead, a jury at an inquest will hear evidence about the circumstances of a death, and make evidence-based recommendations about preventive measures.

In Ontario, the inquest process involves a coroner, who presides over the inquest in a manner similar to a judge, and a five-member jury drawn from the public. The jury is responsible for listening to and considering the evidence, answering the five statutory questions, and making recommendations to help prevent future deaths. Any person or organization with a direct and substantial interest in the inquest, including persons and organizations who may be directly and uniquely affected by the recommendations, may apply to participate in the proceedings. Individuals and organizations may also seek public interest standing to participate in the inquest. Inquest proceedings are open to the public. Every year, the Office of the Chief Coroner prepares an annual implementation report on the status of the recommendations from all Ontario inquests.

The Renfrew County Inquest is a recent inquest that looked closely at gender-based, intimate partner, and family violence, and the missed warning signs prior to the murders of three women in Renfrew County, Ontario. The jury from the

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Renfrew County Inquest made 86 recommendations on June 28, 2022 – many of which the Commission adopts or draws upon to inform our guidance in this Report.

Elaborating risk factors and developing tools and approaches that actually result in making women safer depends on the following:

- the quality of the information used in conceiving and defining risk factors;
- how this knowledge is translated into the tools and by whom;
- who applies the tools and for what purpose;
- how assessments are carried out; and
- follow-up and monitoring of assessments over the longer term.

The concerns raised during the roundtables on gender-based, intimate partner, and family violence resonate with the conversation about risk assessments among experts at the roundtable on predicting and preventing mass casualties set out in Part B. There was a consensus that **the primary emphasis should be on using risk assessments as planning tools that empower a woman's decisions about how best to assure safety for herself, her children, and other dependants.** Many of our experts stressed that women who survive intimate partner violence do so mainly where they are able to take care of the situation themselves, and in some cases with the assistance of family, community members, and women-serving organizations. Ms. Mattoo summarized this view: "That's why we don't see as many of them killed because they are actually doing their own risk assessment and safety planning. The system is failing them repeatedly."⁵³ We need to provide more support to women to make and carry out safety plans tailored to their situations.

Police have a secondary role in carrying out risk assessments, particularly in order to assess the need for immediate measures to address imminent threats and ensure safety. Police forces should have standardized requirements for these assessments and effective monitoring to ensure that they are carried out in all cases. Police systems also need to keep track of related reports, given what we know about patterns of behaviour and enhanced risks once a woman has reported gender-based violence. Our additional findings and recommendations about the police role in assessing these risks are set out in Volume 5, Policing.

We need to transcend our focus on individual risk factors and address these patterns of behaviour and the social and economic conditions that allow them to

flourish. Knowledge about factors that endanger women can also be used at the community and societal levels to inform a “whole of society” response to develop policy and program responses to these known risks. We need to take collective steps to ensure that everyone understands what contributes to these risks and acts, within the limits of their control, to mitigate the risks in a systematic way. For example, this information about gender-based violence should be integrated into community-engaged safety plans and primary prevention programs, including public education and awareness campaigns. We discuss these examples in Volume 4, Community.

Women's ability to develop and implement an effective safety plan where there are known risks of gender-based violence depends on the availability and accessibility of resources that can enhance their security within their current situation and/or provide a safer alternative. Too often, women are unable to access needed support to create and sustain a safer life. Sunny Marriner, the national project lead for the Improving Accountability Project and co-director of the Violence Against Women Case Review, reinforced this point in her contribution to the roundtable discussion: “[P]eople often don’t connect housing and homelessness to these issues. I think they absolutely have to in the discussion of any commitment to actually reduce vulnerability to violence.”⁵⁴

Confronting this reality raises questions about our collective willingness to mitigate the impact of gender inequality and other systemic inequities caused by persistent racism, colonialism, and other marginalizing forces that increase and sustain the vulnerability and attendant risks experienced by certain groups. We return to these points below in our discussion of the underfunding of women's safety.

MAIN FINDING

Police use of risk assessment tools in situations of intimate partner violence is inadequate and, moreover, they are applied unevenly by different police forces across Canada.

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MAIN FINDING

The gender-based violence advocacy and support sector is working to deepen our contextualized understanding of risk factors through a variety of initiatives, including domestic homicide reviews, action research projects that include interviews and collaborations with survivors, research into specific issues such as the role of pets and livestock ownership in risk assessments, and development of risk assessment tools that can be used by women themselves and by organizations that serve them.

LESSONS LEARNED

- Our understanding of risk factors for intimate partner violence has grown but must be continually deepened and expanded.
- Broad public understanding of risk factors, including systemic factors, will contribute to prevention. Risk assessment tools should have a dual aim of ensuring an effective response to immediate threats and long-term protection.
- Risk assessment tools can be used by women themselves and in many other contexts, such as health and social service provision, workplaces and schools, women-serving organizations, men-serving organizations, and law enforcement.
- Standardized frameworks for assessments are valuable but must be adaptable to diverse contexts.
- The use of risk assessment tools needs to be continually monitored and evaluated.

Recommendation V.8

WOMEN-CENTRIC RISK ASSESSMENTS

The Commission recommends that

- (a) The federal government should initiate and support the development of a common framework for women-centric risk assessments through a process led by the gender-based violence advocacy and support sector.
- (b) All agencies responsible for the development and application of risk assessment tools integrate this common framework into their work in collaboration with the gender-based violence advocacy and support sector and on the basis of direct input from women survivors.
- (c) The common framework and the risk assessment tools built on this framework have a dual aim of ensuring an effective response to immediate threats and long-term protection.

IMPLEMENTATION POINTS

- We support the adoption and implementation of the Renfrew County Inquest jury recommendation 41:
 - 41. Investigate and develop a common framework for risk assessment in IPV [intimate partner violence] cases, which includes a common understanding of IPV risk factors and lethality. This should be done in meaningful consultation and collaboration with those impacted by and assisting survivors of IPV, and consider key IPV principles, including victim-centred, intersectional, gender-specific, trauma-informed, anti-oppressive, and evidence-based approaches.⁴⁵
- The common framework should be based on work done by the gender-based violence and advocacy sector, including on
 - ◊ the identification of risk factors and the integration of contextualized knowledge about the patterns of perpetration, women's perspectives and experiences; and

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- ◊ systemic factors that contribute to risk assessment tools used by all agencies, including the police, primarily to assist women to develop and carry out effective safety plans for themselves, their children, and other dependants (family members, pets, and livestock).

Barriers to Reporting

In Part A of this volume, we made findings about some of the barriers to reporting the perpetrator's gender-based violence before the mass casualty as they were experienced by Lisa Banfield, the individuals who participated in the meetings convened by the Avalon Sexual Assault Centre (the Avalon process), and witnesses to the perpetrator's assaults on Ms. Banfield, including the neighbour, Brenda Forbes. We also made findings about barriers to reporting more broadly, as we sought to understand why family and community members did not report red flags or warning signs about the perpetrator's behaviour, including his violence toward others, his unlawful acquisition and storage of weapons and ammunition, and the replica RCMP cruiser.

In this section, we build on these findings and consider barriers to reporting with a view to refining our understanding of how they operate to keep women unsafe. **Many women do not report violence to the police because they believe, and in some cases have come to know, the criminal justice system is not a safe route that will help them to escape danger. It is important to recognize that women experience barriers to reporting, but it is equally important to refrain from locating the problem of reporting at the individual level. The focus should and must be on the systems we have developed and implemented to respond to violence in relationships.**

We focus only on the barriers women face in reporting gender-based violence to the police. Repeated studies have shown that only 20 to 30 percent of these offences are reported. This low rate is stagnant: there has been no appreciable increase in the rate of reporting over several decades, as shown in the text box on rates of reporting. It is not due to a drop in the incidence of violence but, rather, to an unacceptable systemic failure, despite many initiatives to raise awareness and improve police responsiveness.

Gender-Based Violence in Canada: Rates of Reporting

Sexual assault

- **1999–2014** – According to a Government of Canada fact sheet on sexual assault (based on self-reported data from the 2014 General Social Survey on Victimization (GSS), on police-reported data from the 2018 Uniform Crime Reporting Survey, and on court data from the 2016/2017 Adult Criminal Court Survey), the rate of self-reported sexual assaults remained relatively stable over the 15 years from 1999 (21 incidents per 1,000 population) to 2014 (22 incidents per 1,000 population). According to the 2014 GSS, in that year, the majority (83%) of sexual assaults were not reported to the police. Only 5% of sexual assaults were reported.
- **2019** – According to Canada's General Social Survey on Victimization, only 6% of sexual assaults that occurred in 2019 were reported to police. This statistic makes sexual assault the most underreported crime measured in the General Social Survey on Victimization.

Intimate partner violence

- **1999–2009** – According to data about self-reported spousal violence from the General Social Survey, while there was no significant change in the proportion of women who experienced spousal violence between 2004 and 2009, there was a statistically significant decline between 1999 (8%) and 2009 (6%). According to the 2009 General Social Survey, 6% of Canadian women currently or previously living in a spousal relationship experienced spousal violence in the previous five years. This represented an estimated 601,000 women who were either physically or sexually victimized by a legally married or common law spouse (current or former).
- **2015–2021** – 2021 was the seventh consecutive year of a gradual increase in police-reported intimate partner violence.
 - › In 2021, police reported 114,132 victims of intimate partner violence (violence committed by current and former legally married spouses, common law partners, dating partners, and other intimate partners) aged 12 years and older (344 victims per 100,000 population). This marked the seventh consecutive year of gradual increase for this type of violence.

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- › Compared with 2020, the rate of intimate partner violence increased by 2% in 2021, while non-intimate partner violence increased by 6%. However, compared with 2019, before the pandemic, intimate partner violence was 4% higher in 2021 while non-intimate partner violence was 2% higher.
- › While intimate partner violence against women and girls decreased by 3% between 2009 and 2021, it increased by 6% among men and boys over this period. During this time, the provinces with the largest increases in intimate partner violence were New Brunswick (+39%) and Quebec (+28%), while the largest decreases were in British Columbia (-28%) and Prince Edward Island (-19%).
- › According to the latest cycle of the General Social Survey on Canadians' Safety (Victimization), which collects self-reported information about experiences of victimization, 3.5% of Canadians in the provinces experienced spousal violence in the five years preceding 2019, significantly lower than 6.2% in 2009. This held true for women (4.2% versus 6.4%) and men (2.7% versus 6.0%).
- **2019** – In 2019, the rate of police-reported intimate partner violence was 347 victims per 100,000 population. According to the 2019 General Social Survey on Canadians' Safety (Victimization), one in five (19%) victims of self-reported spousal violence indicated the violence they experienced was reported to police.

This persistently low rate of reporting raises the specter of the failure of the criminal justice system to address gender-based violence.

We recognize that women use other strategies to get to safety, including by reporting to family law practitioners, social service providers, doctors, nurses, and clergy. **Yet women can also experience barriers to reporting their experience of gender-based violence to these professionals and service providers.** For example, some women, particularly women who are marginalized, have met with inadequate responses when they seek assistance from health practitioners, as shown by several studies focused on Indigenous women and girls. African Nova Scotian women have faced similar patterns of historical and continuing mistreatment. Although we focus on reports to police here, we do not discount the importance

of also eradicating barriers to access for other types of services that contribute to women's safety in situations of gender-based violence.

Previous System Failure Resulting in Lack of Trust

Many women survivors of gender-based violence have reported that it takes a long time for them to trust a service provider enough to open up about their experiences. As illustrated by the Avalon process, **many women do not report gender-based violence to the police because they lack trust that the criminal justice system will respond effectively. This barrier to reporting is related to their fear of being disbelieved and the disconnect between women's needs and the approach of the criminal justice system. Women have learned through their own experience or through what other women experienced that the system routinely fails survivors of gender-based violence.**

The Avalon Report described the multiple ways in which the system fails women:

As we have learned, the criminal justice system often leaves victims of sexual assault with little power and control over their cases. In our meetings, participants disclosed a high level of re-traumatization from having to tell their story repeatedly to different actors in the system. In addition, perpetrators weaponize the legal system and there is no recognition or understanding by police or the courts in understanding coercive control. There are also very low prosecution rates for marginalized victims who experience sexual violence so too often survivors see no point in reporting.⁵⁶

Disconnect Between Women's Needs and the Criminal Justice System

During the roundtable discussion on police and institutional understanding and responses to gender-based, intimate partner, and family violence, Dr. Nancy Ross, an assistant professor in the School of Social Work at Dalhousie University, explained that studies show that one of the main reasons these forms of violence

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are not reported to police is because “the response is traumatic and poses a barrier in general to reporting it to the police because the response they receive is not what they’re hoping for.”⁵⁷ Ms. Mattoo elaborated on how, in the context of intimate partner violence, “[t]hey know this person from a very intimate place, and that knowledge itself creates a lot of hardship and barriers in making their choice of going to the cops.”⁵⁸

A related barrier to reporting is that the criminal justice system does not consistently or sufficiently recognize or address the enhanced danger faced by survivors of intimate partner violence as a result of their report. Ms. Mattoo stressed that research has repeatedly told us that “when a woman chooses to report or take an action against a perpetrator, that’s when she’s at a more heightened risk of violence.”⁵⁹ Much too frequently, as found by the Ontario domestic homicide reviews discussed above, it is when a woman chooses to act that her spouse will kill her. These risks are heightened both at the time of an initial report but also during later stages in the criminal justice process: “[T]he risk doesn’t stop after a case starts.”⁶⁰ Indeed, in many cases, risks are renewed after a case stops. Our existing systems do not meet women’s additional need for increased protection at these intervention points.

Fear of Disbelief

Many women do not report gender-based violence to the police because they fear they will not be believed by them and by other authorities. This fear is not unfounded and ties into an expectation that there will be particular kinds of verification to prove that a woman is indeed a survivor. Professor Mosher pointed out in our roundtable on personal and community responses to gender-based violence that “in many, many contexts, women’s disclosures are met with disbelief.”⁶¹ She went on to explain the profoundly harmful impact of this disbelief on “whether or not a woman will disclose to others or will continue to seek help.”⁶² This skepticism and incredulity is often voiced as a claim that a woman has fabricated a report of gender-based violence “for the purpose of getting some kind of strategic advantage, whether it’s custody, whether it’s to access social housing, whether it’s to access welfare benefits.”⁶³

In our roundtable on police and institutional understandings and responses to intimate partner and family violence, Dr. Patrina Duhane, an assistant professor in the

School of Social Work at the University of Calgary, expanded on this fear of disbelief by placing it within the context of historical and present racism against Black and Indigenous women:

Some women may believe that if they were to call the police for help, they might be either mistreated by the police or they might not be believed. If they have had previous negative contact with the police, they might fear that it might result in another negative experience. They might be disrespected or the police may undermine or even minimize the extent of, the severity of violence in their relationship.⁶⁴

The Avalon Report describes how “marginalized survivors feel, as racialized women, that they will not be believed.”⁶⁵ This skepticism is even more pronounced for particular groups of racialized women, including those who have a previous history with the police, have been incarcerated, have a known mental health diagnosis, are involved in sex work, are unemployed, or are on income assistance. These women know “their credibility will be discounted.”⁶⁶ The Avalon Report describes the dynamics of the experience of marginalized survivors:

The reality is that they know that they will not be believed if they do consider reporting. They often have previously experienced not being believed by formal officials, nor by their family and friends in many cases. Therefore, marginalized survivors anticipate unequal treatment, so they have learned to avoid these harms and traumas of re-victimization by staying silent. Victim blaming, re-victimization, secondary wounding, and institutional betrayal impacts were all themes that survivors identified witnessing or personally experiencing throughout their life.

The women who participated in the Avalon process voiced these experiences:

- “I do not fit the stereotypical image of a victim.”
- “The perpetrator was a professional who did not fit the image of an abuser.”
- “There is a stigma that all Black people are bad, so why would anyone believe I am a victim?”
- “I was left feeling criminalized and that it was my fault, but I was the victim.”
- “The colour of my skin is seen as a weapon; I am not viewed as a victim.”

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- “There is a lack of understanding by police and professionals about how dark skin bruises.”⁶⁷

The Commission held a consultation at the Nova Institution for Women (Nova), a federal prison for women in Truro, Nova Scotia.⁶⁸ This process was facilitated by the Elizabeth Fry Society and is described in the text box. Several women at Nova spoke about having encountered disbelief when they reported gender-based violence:

- [When I disclosed sexual assaults within Nova,] “[t]hey all called me a liar. Past experiences of abuse make you feel extra vulnerable when people don’t believe you. The disrespect was like a chain reaction.”
- “Being called a liar after you’ve told someone what’s happening to you is the worst thing that can happen.”

Consultation at Nova Institution for Women

Several women incarcerated at Nova were directly affected by the mass casualty because they had known Alanna Jenkins, a long-time employee of Nova who was serving as a correctional manager at the time of her death on April 19, 2020.

On September 28, 2022, a small delegation of Commission staff went to Nova, along with several Elizabeth Fry Society staff and two trauma therapists from the Avalon Sexual Assault Centre, to provide an opportunity for women residents to share their experiences and provide input into the Commission’s work.

All minimum- and medium-security residents of Nova were invited to attend the two-hour session, which was advertised the week before via posters, Nova’s special programs officers, and a loudspeaker announcement just before the session began. A total of 27 people attended.

During three facilitated rounds of discussion, the women shared reflections clustered around the following themes:

- In the first round, several women disclosed that they were victims of physical, emotional, and/or sexual abuse both inside and outside Nova. Several women indicated that abuse was perpetrated by an intimate partner.
- In the second round, several women described how, on disclosing abuse, they were not believed; in many cases the abuse was minimized and/or the

women were accused of lying. These women described the deep harm that accompanied not being believed.

- Several women felt failed by the system. Individuals and institutions failed to protect them or address their requests for help, a rebuff that eventually led to situations where they were criminalized. Within Nova, several noted that no programs or opportunities are available to address harms and get help; rehabilitation is not a feature of their confinement.

Suggestions on what might be done differently:

- Believe women who disclose abuse.
- Provide better supports and options for women who disclose abuse.
- Halt practices that normalize and sanction state-perpetuated violence against women, such as strip searches.
- Create a new criminal defence that accounts for the realities of coercive control.
- Educate children that abuse is not acceptable.

Systemic Racism

The criminal justice system integrates, reflects, and perpetuates the systemic racism that operates across Canadian society. The Avalon Report details four ways in which systemic racism contributes to barriers to reporting. First, “the police often fail to substantiate and/or investigate sexual assault claims and intimate partner violence when Indigenous, African Nova Scotian, Black, and people of colour report to the police.” Second, “marginalized women tend to underreport sexual assault to police for fear of discrimination.” Third, they also underreport for “fear that police will use lethal force against their partner or the perpetrator of the violence.” Fourth, “The historic and current actions of the police, where violence and racism has been used against marginalized people, creates a situation where marginalized women potentially risk their own safety by initiating contact with the police when they are a victim of violence.”⁶⁹ Again, we see the ways in which institutional responses and current structures decrease trust and

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confidence in the police and the criminal justice system and diminishes rather than enhance women's safety.

During our roundtable on police and institutional understanding and responses to sexual violence and other forms of gender-based violence, Ms. Lana MacLean, a practising clinical social worker with over 25 years' experience working with members of the African, Black, and Caribbean communities in Nova Scotia and Ontario, provided an account of how racism operates in the criminal justice system and the ways in which it intersects with gender-based violence. She focused on the unique factors that provide both historical and contemporary lenses and on the legacy and historical legacy of racism in Nova Scotia:

The experiences of the black community under-police and over-policing of our bodies, our view and our lack of security with police is informed by certainly our rooted – or rooted in the history of enslavement in North America. What we do know, is that our bodies are always surveilled under the chattel slavery, which even was here in Nova Scotia and in our country.

Being policed under the model also led to, back in the day we say, police patrols. So police patrols would make sure that there were no runaway black slaves or would be sent out to find black slaves and black women, anyone who chose to run away or seek freedom.

And what is unique to Nova Scotia is, even in 2019 with the Scot Wortley Report, is that there's a different configuration of the policing of black bodies in this province through the implementation of street checks. It is therefore reasonable to suggest that people of African Nova Scotian, have a very complex and deeply rooted mistrust of policing. It's also important to note that within the African Nova Scotian community our core values are not based on the individual, but on the community and the collective well-being of others which can be a pivot point for woman of African Nova Scotian descent reaching out to, or contacting police as a protective factor when in fact it could be a very community-disrupter and place not only the community at risk of being over-policed.⁷⁹

Ms. MacLean builds on this contextualized understanding of the systemic racism that shapes the relationship between the police and the African Nova Scotian community to enrich our understanding about the complex situation faced by African

Nova Scotian women in deciding whether to report gender-based violence to the police:

So for Black women, intimate partner violence or gender-based violence, must be viewed in terms of whether or not we are going to betray the community in reaching out to police. That betrayal has a lot of cognitive dissonance, a lot of psychological and emotional aspects of well-being that must be taken into consideration, and for particularly all women, but particularly African Nova Scotian women who have prevalence of having our children apprehended by child welfare. As our brothers and sisters in the Indigenous community, we need to be protective of that particular vital resource.

We are also conditioned in terms of some of our cultural and social norms given our history with systemic racism over and under policing, that it's our view that we cannot be a sellout. And so there are very complex nuance social constructions within the African Nova Scotian community that impact on how women of African descent choose to make informed decisions when they're under trauma experiences about how they want to move forward. But the core essence of it, is that we are community-based people, ones that are based in trust and relationship and any particular aspect that would make that vulnerable.

We say Black women are the keepers of culture in our community and we have to be protective of the larger - or have more situational awareness and not just our own issues of our own protectiveness, but - and we are very mindful of the impact of what it looks like for Black men if they are the perpetrators, to be actually engaged in the criminal justice system and that they are over-represented in the criminal justice system. So for us, it's also another generation of loss into the criminal justice system and do we want to actively participate in that which is a part, again, of our interrogating our cultural normal and our faith-based practices with what is seen as trajectory towards justice.⁷¹

The Avalon Report includes a discussion of this dynamic and recognizes that African Nova Scotians who have experienced violence may not report because they "may fear reinforcing negative stereotypes about their community, particularly if the harm has been caused by a member of the African Nova Scotian community." They may also fear "that their community will shun them if they engage with formal

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authorities." The report reminds us to locate the causes of these problems within the system rather than in the community itself: "In African Nova Scotian communities, the 'code of silence' surrounding violence is a legacy of historic and ongoing racism, the failure of legal systems to protect African Nova Scotian communities, and police violence."⁷²

During the roundtable on personal and community responses to gender-based, intimate partner and family violence, other experts emphasized the ways in which systemic racism affects Indigenous women's willingness to engage with the criminal justice system by reporting gender-based violence. Ms. Emma Halpern, a lawyer, activist, and the executive director of the Elizabeth Fry Society of Mainland Nova Scotia, shared what she has learned from clients about the historical dimensions explaining why Indigenous women do not report this abuse. She pointed out it is not only the generational history and "what someone has experienced themselves but what their families have experienced for multiple generations in this land." She continued: "When we expect policing systems to be the space ... that will save us from violence or from harm, we are leaving out a significant group ... in our population who would never feel safe from those state systems as the space where to go to when they experience harm."⁷³

Lorraine Whitman, Grand Mother White Sea Turtle and former president of the Native Women's Association of Canada, shared her direct experience of this inter-generational trauma as a barrier to reporting gender-based violence:

But in saying that, you know the question you ask; why? Why didn't they go to the police? Why didn't they go to the hospital? Why didn't they go to the RCMP? And then when I look at it, why, because it was the police that would take our children out of the homes for residential schools, the Sixties Scoop, and I can attest to that because I remember my four siblings being taken out. And I can remember, and I still hear it, "Run in the woods," when a police car would come in the yard or into the community so that we would be protected because then Mum had the excuse, "I don't know. They're outside playing or whatever." But, "Run! Run!" And that's instilled here.

So yes, why do we not go to the police? Because of that. Because they're the ones that took us out of our home.

Why would we not go to the priest? Someone we're supposed to, you know, the man of the cloth, the women of the cloth, the nuns, why didn't

we go to them? Because we were sexually, physically, and mentally abused. And we couldn't even speak our language. Why wouldn't we go to these people? Because I speak Mi'kmaq; I don't speak English very well. They don't understand my language. There's that barrier that's there. How can I explain in my language what's happened to me when I know that you're not going to listen to me? Why I would I not go there.⁷⁴

The Avalon Report explains some other consequences of systemic racism that further complicate decisions to report gender-based violence. Racism also contributes to harmful stereotypes. The stereotype of the "strong Black woman" can act as a barrier to reaching out for help, and that in turn "minimizes and undermines experiences of trauma experienced by Black women, and pushes them to sacrifice their own needs for those of others."⁷⁵

Risks of Criminalization and Other Forms of State Harm

Many women survivors of gender-based violence worry that if they report the abuse, the police will involve child protection services and they will lose their children. The concerns are particularly strong for Indigenous and African Canadian women. Indigenous women have reported that the police asked them "irrelevant questions about their children while they attempted to report the violence they experienced."⁷⁶ During the Commission's consultative conference with Indigenous Nova Scotians, Cheryl Copage-Gehue stressed the importance of understanding that the reason Indigenous women are not reporting violence is because they fear their children will be taken away from them:

If they report it to - if they're doing the right things - say for example, their spouse and them had a disagreement. They're doing the right thing, getting their child in counselling or something like that. They're being reported to Child and Family Services for doing the right thing and then they're under this immense pressure. Like, "Oh my God, they're going to take my child away. I was just trying to do the right thing to help my child. No, I'm not going to do anything anymore."

And that disconnects the relationship. It's so important that this trust isn't violated and that it's a safe place. If an Indigenous woman comes forward and says, "I need to report domestic violence in my house," the first step

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can't be Child and Family Service coming in, saying, "We're going to take your child because you reported violence." And that's a lived reality in our First Nations communities.

And it's in the urban setting as well. That is so important. Like, we're never going to fully even get the stats on what the violence is amongst women, because it's not reported because there is such a fear that you're going to take our child away. And as I said before, we now have more children in the child welfare system than we did at the peak of Residential Schools. And it's our lived reality, and as women we will take the abuse. We will take that to keep our child safe and home with us.⁷⁷

Another problem created by the interactions between the criminal and the family law systems is that women can be penalized for either reporting intimate partner violence to the police or for not reporting it. Professor Mosher explained this dilemma:

If you haven't gone to the police, your story is rendered as potentially implausible; if it had truly happened, you would have gone to the police. But if you went to the police, the narrative is flipped on its head and you're a woman who has concocted a story in order to get an advantage in a custody proceeding.⁷⁸

Professor Mosher also explained why women's fear of being criminalized is warranted. One main reason is that the introduction of mandatory charging policies led to "an increase, first in the number of dual charges, and then in the number of women being charged solely." She recognized that there are "huge challenges for police officers investigating in the moment to figure out the history of the relationship and to determine who is the dominant or primary aggressor. But the reality is, many, many women who are survivors are criminalized."⁷⁹

The Avalon Report found that for many members of marginalized communities, engaging with formal institutions, including the police, presents serious risks related to criminalization, immigration detention, deportation, and involvement with the child welfare system. The report notes that Indigenous women have faced arrest when they reported domestic violence. Because of their realistic fear about the potential for excessive use of police force during an arrest, some marginalized survivors may be particularly concerned with being charged with domestic violence simply for defending themselves.

Women without Canadian citizenship are not only vulnerable to gender-based violence but their status also makes it more difficult for them to report these crimes because of their fear of deportation. Professor Mosher explained the ways the criminal law and immigration regimes operate together in this context:

In the immigration context, if you are a foreign national and you're convicted of an assault, you are inadmissible to Canada, even if you are a permanent resident, and let's say you're charged with assault with a weapon - women are more likely to be charged with assault with a weapon. Common weapon; cell phone.

If you're charged with that offence and you're convicted, even if you're a permanent resident, that offence fits under what's called a serious criminality provision and you're inadmissible to Canada. So even though you are a permanent resident, now you face potential removal.⁸⁰

Fear of arrest is also strong for women engaged in sex work, particularly where these women are racialized. The Avalon Report noted that this group commonly experienced law enforcement as "a source of repression rather than protection."⁸¹

In their expert report, Dr. Gayle MacDonald, professor of sociology, and Dr. Meredith Ralston, professor and chair of Women's Studies, both at Mount Saint Vincent University, provide us with insights on the health and safety of survival sex workers (those who exchange sex for basic needs) in Halifax and Truro. Their report is based in part on interviews with members of this marginalized and stigmatized group, who are at high risk of experiencing violence, and with the individuals who provide advocacy and support services to them.⁸² The report documents the barriers they face in accessing healthcare to deal with the consequences of gender-based violence. Dr. MacDonald and Dr. Ralston conclude that: "A few caring nurses / doctors and police notwithstanding, the overall health system is considered by marginalized people as too unwelcoming, too judgemental, and too overburdened to take care of any but the most urgent needs."⁸³ As a result of many negative experiences, survival sex workers generally lack trust in the healthcare system and are reluctant to access it.

People engaged in survival sex work in these communities also hesitate to report to the police because of a similar history of negative experiences. Some of the reasons sex workers often will not report violence include having a criminal record, having previous infractions revealed, and/or fear of becoming criminalized.

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Dr. MacDonald and Dr. Ralston include a quotation in their report that summarizes the complex constraints on reporting experienced by women engaged in sex work:

It's very rare that we have someone that we work with who's been sexually assaulted [who] then wants to file a report. You know, our clients generally have ... that intersection with addictions and sex work. So they may be doing sex work and then purchasing drugs or some combination of both. So because of that, there's a tremendous vulnerability because they're afraid of being criminals.⁸⁴

Conclusion and Recommendation

Women experience a range of systemic barriers to reporting the violence they experience. The Avalon Report concluded that for some marginalized survivors, "there are no safe spaces to report."⁸⁵ We accept this conclusion, and we generalize it to apply to a broader group of women survivors while also emphasizing that marginalized women are the most severely constrained in their reporting under existing systems. As we have recounted, there is widespread experience of barriers to reporting gender-based violence. It is clear that, if the low incidence of reporting is to be reversed, we need to develop alternative systems for women to report gender-based violence. These systems should be broadened to include anonymous and third-party reporting. We discuss these broader reporting systems in our discussion on community-engaged safety plans in Volume 4, Community.

MAIN FINDING

The unacceptably low rate of reporting of gender-based violence is a result of factors such as systemic barriers rooted in the criminal justice system and the operation of racism, gender-based myths, and stereotypes; the complex interactions among the criminal, family law, and immigration law regimes; and the fact that these systems do not adequately take into account the reality of women's lives. Many women fear disbelief by others, including the police, do not trust that police will ensure their safety, and are concerned about being criminalized or subject to other state harms. These barriers are heightened for marginalized women survivors.

LESSON LEARNED

New community-based systems for reporting gender-based violence must be developed to respond to the safety needs articulated by women. Specific attention must be paid to the needs of marginalized women survivors and the needs of other women who are vulnerable as a result of their precarious status or situation.

Recommendation V.9

CREATING SAFE SPACES TO REPORT VIOLENCE

The Commission recommends that

- (a) Governments, service providers, community-based organizations, and others engaged with the gender-based violence advocacy and support sector take a systemic approach to learning about and removing barriers to women survivors, with a focus on the diverse needs of marginalized women survivors and the needs of other women who are vulnerable as a result of their precarious status or situation.
- (b) Community-based organizations, supported by governments, should develop safe spaces suited to their community needs in which women can report violence and seek help.
- (c) Community-based reporting systems should include the capacity to move beyond individual incidents and identify and address patterns of violent behaviour.
- (d) Community-based reporting systems should be linked with the police in a manner that takes into account the input and needs of women survivors.

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Continued Reliance on Ineffective Interventions

In this section, we consider interventions that institutions and actors continue to rely on despite evidence they are ineffective. The first is mandatory arrest and charging policies. The second is police failures to act because of the pervasive and entrenched institutional influence of sexist myths and stereotypes.

Mandatory Arrest and Charging Policies

In Canada, mandatory arrest policies in response to physical and sexual gender-based violence have existed for over three decades. In the section above, we mentioned how these policies can have the perverse effect of barring women from reporting violence to the police. In this section, we examine the ways in which these pro-arrest, pro-charge, pro-conviction policies have been shown to be ineffective in, and some instances counterproductive to, ensuring women's safety. We focus on intimate partner violence – and note that most policies use the term “domestic violence,” consistent with the term commonly used by the Government of Canada and Statistics Canada.

Several Commission experts provided evidence on the background to mandatory policies and on how and why organizations serving women had advocated for them. During the roundtable on police and institutional understanding and responses to intimate partner violence and family violence, Dr. Ross noted that these policies were initiated in 1980s, and in the 1990s in Nova Scotia, largely in “response to mainstream feminists.”⁸⁶ These “policies were implemented because people were concerned about safety, they were concerned that they wanted to make gender-based violence a public [issue], not a personal issue or private issue, and they wanted to remove the onus, responsibility from the victim survivor to report to the police.”⁸⁷ The policies were initiated by the Government of Canada in co-operation with the Solicitor General and local police departments across the country.⁸⁸ She explained that these policies “contribute to the criminalization of domestic violence by providing legal authority to police and prosecution to proceed with criminal charges where reasonable and probable ground exist that domestic violence has occurred.”⁸⁹

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In her testimony, Dr. Doherty said that the impetus behind these policies was to encourage police officers to take violence against women more seriously and to remove the onus on women to pursue or initiate the laying of a criminal charge. In her view, it was an improvement over police “looking at the woman and saying, ‘Do you want to charge him?’”⁹⁰ When asked about whether these policies were a barrier to women, she responded: “[I]t’s a little more complicated than yes or no.”⁹¹ She recognized that the policies do not always align with what women want and what they know will keep them safe in the context of intimate partner violence. **Women often call police because they need the violence to stop in the moment, but that does not always mean they see the criminal justice system as the answer to ensuring their safety in the longer term.**

An assessment of the mandatory arrest and charging policies is inextricably linked to an assessment of whether punitive measures and in particular imprisonment should be the central societal response to gender-based violence. We use the term “carceral response” to refer to this approach. Questions concerning the effectiveness of these policies are particularly acute in the context of violent behaviour within a relationship, including intimate partner violence.

Critiques that point to the ineffectiveness of mandatory arrest and charging policies focus on four unintended harms that have resulted from their enforcement:

- The policies have undermined women’s autonomy, particularly in jurisdictions with mandatory arrest and “no drop prosecution policies” where the woman survivor does not have the authority to decide whether her abuser is arrested, charged, or prosecuted. When victims resist these policies, they are sometimes deemed as helpless, unable to think for themselves, or as being untruthful about the nature of the abuse.
- The policies have contributed significantly to the criminalization of women survivors of intimate partner violence because, when survivors retaliate as a form of self-defence, they are also charged.
- The policies have resulted in other serious “knock-on” (indirect) effects for women survivors owing to the way they interact with the child protection and family law regimes (as discussed above). For marginalized women, this result leads to additional harmful scrutiny and surveillance.
- The policies endanger women further because in some cases the various stages of the criminal justice intervention (e.g., charge, decision to prosecute, court appearances) can result in an escalation of violence.

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Dr. Ross and her colleagues conducted a scoping review of all the published literature related to these mandatory charge and arrest policies since the 1990s and reviewed 296 articles. On the basis of this exploratory review, she said during the roundtable: "I would say that the evidence clearly points to the need for some revision regarding these policies." **One critical factor is that the majority of women survivors want to remain in the relationship: according to some studies, about 70 percent of people desire this outcome. The focus on criminalization ignores "the possibility of healing" and the option for people to learn skills, including conflict resolution skills, that can intervene effectively to stop violent behaviour in some cases.**⁹² Dr. Ross reported that many women say "if they knew what it set in motion, they wouldn't have called the police in the first place."⁹³ She concluded that these policies "set in motion a response that is more traumatic and add[ed] a layer of trauma that I think is something we need to really pay attention to and I think provide some impetus for change."⁹⁴ She stressed that this reaction is "more so for people who are racialized, who have disabilities and who are economically marginalized."⁹⁵

The traumatic impact of criminal justice system responses has lasting consequences for whether and how women can find a path to safety in dealing with further intimate partner violence, either from the same partner or in a separate relationship. Dr. Ross described this ongoing dynamic: "But many people have shared with us in our research that the immediate response was often traumatic and then they felt they had no response, they were left on their own. And so the safety falls apart following the initial response, and they also feel that they're left with no support."⁹⁶ This finding is concerning given what we know about the ways in which intimate partner violence can escalate when there is no effective intervention in the man's behaviour.

Nearly all the experts and Participants who addressed the current mandatory arrest and charging policies in their opinions and submissions were unanimous in stating that these policies have failed. Nova Scotia Legal Aid submitted that current domestic violence pro-arrest, pro-charge, and pro-prosecution policies are a "complete and abject failure."⁹⁷ Based on the experience of legal aid lawyers, Nova Scotia Legal Aid projects: "If this policy were revoked, it would not lessen the ability of complainants to be protected by the criminal justice system. Indeed, it may increase it."⁹⁸

American researchers Melissa Dichter and Richard Gelles surveyed 164 women in the United States about their perceptions of safety and risk after a police response

for intimate partner violence. Their 2012 study concludes that **responses to intimate partner violence should be shaped by needs identified by the women survivors. They conclude that we need to “identify the form, context, and meaning of the violence from the victim’s perspective in order to match women with effective interventions.”**⁹⁹ **We find that this insight should guide the reform of current pro-arrest, pro-charge, pro-prosecution policies and should likely lead to their replacement by policies that better meet women’s needs – and, thereby, keep women more safe.** In some cases, police must arrest a perpetrator of intimate partner violence to prevent continuation of the offence and avoid further risks to the safety of the spouse and others. The problem is with making arrest and charge the central focus, and the fact that under current policies these responses are mandatory.

In this section, we have mainly focused on the unintended harms stemming from the criminalization of intimate partner violence. In their expert report, Dr. Gill and Dr. Aspinall also express concern about coercive control and the ways in which the impact and serious risks arising from these behaviours are not sufficiently recognized and addressed, including revictimization during police response. Further, they highlight the finding made by Dr. Dichter and Dr. Gelles that a lack of police response can also fail women and may even “exacerbate her risk by removing a deterrent; if the partner learns or perceived that he will not be held accountable, he may be more likely to proceed with violence than if he thought he would be subject to formal sanction.”¹⁰⁰ A balance is clearly necessary.

Conclusion and Recommendations

We conclude that mandatory arrest and charging policies have failed in significant ways and have had unintended impacts that contribute to our collective and systemic failure to protect women and to help women survivors protect themselves. These policies played an important but time-limited purpose in encouraging the understanding that intimate partner and family violence are a public concern, not a matter to be kept within a family, and that the police cannot turn away. Rather, they have a responsibility to act.

The focus on carceral responses is inconsistent with what many women view as their best path to safety, but that does not mean the police and the criminal justice system have no role in this matter. Police have important responsibilities in

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ensuring public safety, even though it is important to realize that they share this responsibility with community members and many other organizations and institutions.

These mandatory policies should be abolished and replaced by frameworks for structured decision-making by the police, with a focus on the prevention of violence. This reform will help to shift the role of responding police officers away from asking the question, “What charge can be laid here?” and toward identifying what is happening to a woman survivor and what supports are needed to ensure her pathway to safety. This approach flows from and is connected to the women-centred risk assessment approaches we outlined above. We discuss the implementation of this recommendation by police agencies in Volume 5, Policing.

MAIN FINDING

Mandatory arrest and charging policies and protocols have often failed to keep women safe and have resulted in unintended harms that in some cases endanger women.

LESSON LEARNED

Mandatory arrest and charging policies and protocols for offences arising from intimate partner violence should be abolished and replaced by a new women-centred framework that focuses on violence prevention rather than a carceral response.

Recommendation V.10

REPLACEMENT OF MANDATORY ARREST AND CHARGING POLICIES AND PROTOCOLS FOR INTIMATE PARTNER VIOLENCE OFFENCES

The Commission recommends that

- (a) Provincial and territorial governments replace mandatory arrest and charging policies and protocols for intimate partner violence offences with frameworks for structured decision-making by police, with a focus on violence prevention.
- (b) The federal government initiate and support a collaborative process that brings together the gender-based violence advocacy and support sector, policy-makers, the legal community, community safety and law enforcement agencies, and other interested parties to develop a national framework for a women-centred approach to responding to intimate partner violence, including structured decision-making by police that focuses on violence prevention.
- (c) Provincial and territorial governments, working with gender-based violence advocacy and support sectors, develop policies and protocols for implementing this national framework to address jurisdiction-specific needs.

IMPLEMENTATION POINT

- One model worth exploring in planning the national initiative is the approach taken in the development of the Canadian Framework for Collaborative Police Response on Sexual Violence.

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Failures to Act Based on Myths and Stereotypes

A companion issue to mandatory arrest and charging policies is that the police do not always intervene effectively when women overcome barriers and report gender-based violence. During our roundtable on police and other institutional responses, Ms. Mattoo described the issue of the police failing to act:

But I will actually go even further and say that as your duty to actually prevent violence from happening in the community, the responsibility on the cops is to take every call seriously so that they can actually prevent. I mean – and it kind of is a bit mindboggling to some extent that you would want people to give you tips, you know, like anonymously, but when that phone call comes to you, yourself, you would not take it seriously. So it's – the system definitely is broken in many, many places.¹⁹¹

Provincial Death Review committees and other Canadian and international studies have shown that in many cases of intimate partner homicide, the woman had requested support and assistance from the police. In her testimony based on her work in Australia, Dr. JaneMaree Maher, a professor in the Centre for Women's Studies and Gender Research at Monash University, explained why the requested support was not forthcoming:

Even though policies are in place that require police to respond and take the report seriously, and despite the fact that [in Australia] about 50% of policing is responding to family and domestic incidents, police still do not take women's reports seriously. This is partly based on a de-valuation of domestic violence as a "less-than form of violence." If someone filed a report about a person assaulting them as they entered their business, that would be taken seriously because it is criminal behaviour in a public space.¹²²

In Canada, about 25 percent of calls to the police are about domestic violence.

Sexist and Racist Myths and Stereotypes and Their Impact

A key contributing factor to this devaluation of gender-based violence, and in particular of spousal assault and sexual assault, are myths and stereotypes about women and these forms of violence. In the context of our discussion of the RCMP profile (“psychological autopsy”) of the perpetrator in Part B of this volume, we define stereotype as the assumption that a person possesses certain characteristics or engages in certain behaviours based on his or her membership in a group with which those characteristics are popularly associated. We also note that the Supreme Court of Canada has identified that stereotypes about women deprive women of substantive equality. **Myths are common, ingrained biases that reflect these stereotypes. There are numerous myths around expectations of how women respond to spousal assault and sexual assault, even though it is clear that there is no one “right” way for women to react, such as by crying out for assistance or immediately reporting the crime. Canadian courts have held that these myths have no place in Canada’s justice system, including in sexual assault trials and judicial reasoning.**⁶³ These myths and stereotypes are notoriously persistent, as the extensive caselaw on these subjects demonstrates.

In several of our roundtables focusing on different perspectives on gender-based violence, experts discussed the way in which myths and stereotypes are an interpretive lens through which people understand the narratives that women share about their experiences of gender-based violence. Professor Isabel Grant, for example, outlined some aspects of this interpretive lens:

[W]hen I talk about myths and stereotypes, I’m talking about beliefs that make assumptions about how people behave and how people are expected to behave in certain situations. That can distort a finding and legal determinations about the violence that is done to people. And what I’ve looked at particularly, is how those myths and stereotypes change but are very much the same, depending on the groups of women looked at. So they may manifest in different forms but they are similar and rooted in the same kinds of beliefs in my work about women and girls. So, for example, the idea that women and girls are not trustworthy, are recanters of what’s happened to them, that they tend to lie, that women and girls are more likely to lie when they’re talking about sexual activity and that somehow coming forward to police is something that – an experience that someone would be likely to do even if they don’t have an

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honest story to recount. So the ways that myths and stereotypes intersect with race and with gender and with other forms of marginalization I think is really important in understanding how they operate in courts.¹⁰⁴

Professor Grant underscored how “embedded” the beliefs can be “so that you don’t see the lens, you just think of it as common sense or something you intuitively know and so they’re not contested or challenged in that regard; we just take them for granted; they’re the way we see the world. And that applies to police, that applies to judges and to many lawyers as well.”¹⁰⁵ **Myths and stereotypes tend to be disparaging and are always limiting and unfair. They prevent us from seeing, hearing, and responding to an individual in an unbiased way.** Professor Grant provided an example of this effect:

I think often myths and stereotypes may be rooted in some degree of experience, but it’s the automatic application of them to people without looking at the experience of that person, of that complainant, and the context in which she finds herself in the context of sexual assault. So there may be elements of truth in some cases that may be distorted, but it’s applied without looking at the individual as you say, as a lens through which to understand sexual interactions.¹⁰⁶

One significant example of the operation of sexist myths and stereotypes is the failure to recognize non-physical signs of and patterns of abuse. During our roundtable on police and institutional understanding and responses to gender-based, intimate partner, and family violence, Dr. Carmen Gill spoke about the nature of these myths: “The very first one that we are going to hear about is that if they are staying, it may not be that serious, it may not be that violent. We’re going to consider that violence is not serious. Like when police are responding, they will see more like verbal arguments, so it will be seen as less serious.”¹⁰⁷ These myths tend to result in victim blaming: “[B]laming the person because we are going to consider that when you are in an abusive relationship, you should take the responsibility to get out of this relationship.” Dr. Gill explained how these myths and stereotypes flow from attitudes about “gender roles and gender norms” that shape the way we ascribe particular roles for men and women in our society which in turn influences how we see or don’t see patterns of violence in relationships.¹⁰⁸ Myths and stereotypes narrow our view and limit our responses. They render us unable to understand the complexity of these issues and, in particular, the complicated situations many women find themselves in when their intimate partner is violent.

Dr. Gill confirmed that police officers are not exempt from being influenced by myths and stereotypes and that these assumptions shape their discretion in responding to gender-based violence. Research shows, she said, that police officers who predominantly share a traditional view about women in relationships are less likely to arrest and less likely to refer a victim for counselling. Part of the rationale for mandatory arrest and charging policies was to constrain this discretion. Dr. Gill stressed these stereotypes continue to affect the way police apply the gender-based violence risk assessment tools:

And of course, when we start looking at police, what are the main factors that are going to lead police officers not to be convinced that someone is a victim? Well, you need to be a true victim. Okay, I'm saying something that is absurd here. But what is a true victim? It's someone that is going to be helpless, that is going to potentially be crying, will be shaky, will have some bruises, will really show that she is a victim. This is what we're seeing, this is what we are expecting. Police officers are not going to believe a victim if she fails to show that she is a victim, that she is victimised.

Imagine, you call the police, you fear the - your spouse, you don't know what's coming next, and yet you have to demonstrate that you are a victim. And if they are unable to demonstrate a particular posture, it's going to be very difficult for a police officer to understand.

And what I'm saying here, and I'm not - I'm not judging police officers. I think - I think they deal with the instrument and the - they have a toolbox to intervene, so we are going to talk about this, but really, there are elements that are in front of police officers and that prevents them from recognising someone as a victim.⁹⁹

Emilie Coyle, executive director of the Canadian Association of Elizabeth Fry Societies, explained that myths serve to establish and maintain cultural narratives that portray "some people as being good and some as being bad, and often that is interwoven with ideas and biases around certain peoples. So we're looking at classism, we're looking at racism, transphobia, homophobia, all of those biases play into who is good and who is bad, who is deserving of protection and who is not."¹⁰⁰

Dr. Patrina Duhaney built on these general comments to explain the ways stereotyping can operate with respect to Black women, with the unfair impact of portraying them as a group less deserving of protection:

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And so for a Black woman, it's really important for us to understand, you know, there's this history of violence even from police officers, and so highlighting the piece around stereotypes just like derogatory stereotypes exist in society, officers may also endorse these derogatory stereotypes and may construct Black women, for instance, as argumentative, aggressive, violent, who instigate a fight or are more likely to provoke their partners or emasculate Black men.

And so certainly what was said earlier in terms of the ways in which some women may conform to this stereotypical image of femininity that constructs women as passive, controlled, constrained and if Black women conform to those stereotypical images of what a woman is supposed to be and how a woman is supposed to behave, they might not be considered as credible victims.

And so there's certainly stereotypes associated with blackness, crime and criminality which oftentimes masculinize Black women's use of force against their partners. They're often demonized and their actions are characterized as criminal, and so with all those different layers, they might not receive the same protection as other women. And police may also justify their use of force and brutality against them or even justify the fact that they might not even take their situation serious or provide the same level of protection.¹¹

Ms. MacLean enlarged on Dr. Duhaney's comments and provided additional context that helps us to understand the persistence of myths and stereotypes about Black women. She framed her comment, set out in the text box, from the "misogynoir"¹² perspective - a term expressing the contempt for and ingrained prejudices against Black women and recognizing that sexism and racism create and reinforce these stereotypes.

A Closer Look at the Stereotyping of Black Women

During our roundtable on police and institutional understanding and responses to sexual violence and other forms of gender-based violence, Ms. Lana MacLean shared this perspective on the stereotyping of Black women:

First, the idea of those tropes [is] based in a womanist or Black feminist politic and critical race theory and are formulated within

the framework of "misogynoir" ... a term coined by the queer Black feminist Moya Bailey to describe the particular racialized sexism that Black women face on a daily basis. And those tropes tend to be, in simplest terms, in four categories. That the Black women are viewed as too sassy, too loud; we take too much space and then presenting to the larger society, "Well, she must have been deserving, she claimed too much space or she must have been speaking back."

The hyper-sexualization or the Jezebel issue that is rooted in systemic racism that we are overly sexualized and, therefore, looking for some form of our attention, whether it's around sexualized violence. Or are we the angry Black woman who needs to be shut down, that we have, again, too much to say. And then there's this really interesting piece which is the strong Black woman, that we have to take whatever is given to us, particularly in the issues around gender-based violence, and do it with a sense of dignity and decorum and not to show any fragility.

So those myths and stereotypes and this particular sense of Misogynoir, how they show up in our lives as Black women can be a silencing impact on us, and then therefore, not move us forward in terms of seeking supports that are in the larger community because we're internalizing those because they have been embedded in some of the myths of how we perceive ourselves and how we have actually been seen and been impacted by society. And it's quite nuanced that, you know - what I would say is that Black womanhood is routinely and systematically devalued and dismissed in ways that white womanhood isn't. And the above - those four particular tropes are just a few ways in which Misogynoir shows up in society and in gender-based violence and intimate partner abuse as ways to mitigate the community's response and accountability to Black women.¹³

During the roundtable discussions, Dr. Pamela Palmater, a Mi'kmaw lawyer and chair of Indigenous Governance at Toronto Metropolitan University, explained that myths and stereotypes also have a pervasive impact on police decision-making

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with respect to Indigenous women survivors of gender-based violence but that, in many cases, conscious bias is also at work in police decision-making. Citing several recent national reports, she indicated that there is a relationship between police, particularly members of the RCMP, serving in rural and remote Indigenous communities as perpetrators of sexualized and domestic violence and the failure to protect women or follow up for domestic violence:

This results in, unsurprisingly, large cases of unfounded conclusions, unopened files, and under reporting by Indigenous communities and women, a lack of follow-up, assessments of the woman's credibility as – well, improper assessments of the woman's credibility, improper assessments of what constitutes consent and whether or not they choose to investigate.¹⁴

Dr. Palmater's comments help us to understand the complex workings of systemic racism that operates through a range of processes – historical and current discriminatory acts, decision-making shaped by conscious bias, myths and stereotypes, social and economic structures that marginalize individuals and groups and so on. Overall, as we have acknowledged in earlier sections, systemic racism contributes to our collective failures to ensure women's safety.

Conclusion and Recommendations

We find that even in the current context of mandatory arrest and charging policies, the police still fail frequently to respond to and take the reports of gender-based violence seriously enough. A key contributing factor to this devaluation of gender-based violence, and in particular intimate partner violence, are myths and stereotypes about women and these forms of violence. Finding effective ways to counter these systemic failures will become even more important in light of our recommendation to replace mandatory arrest and charging policies with approaches that focus on preventing violence and prioritizing women's safety in both the short term and the long term. Monitoring and accountability mechanisms will therefore be key.

One possible model for addressing these concerns is the Improving Institutional Accountability Project, which aims to reverse the trend of high-level attrition among sexual assault cases. The main facet of this project is to establish

front-line, advocate-led, independent teams in communities around Canada to review all the cases that did not proceed to charge. During our roundtable on police and institutional understanding and responses to gender-based and sexual violence, Sunny Marriner, the project lead, explained that the high level of attrition in sexual assault cases, both at the policing level and as the case moves through the criminal justice system, is a problem that has been recognized and studied for many years. Her research showed that responses to case attrition to date, “including by identifying and addressing barriers and trying to understand the causes of attrition, have not led to meaningful change.”⁷⁵

Ms. Marriner described the case review methodology in practical terms:

What that means is that if a report of sexual violence was made to police and that case did not proceed as, on average, 80 to 85 percent do not, then an independent reviewer will review that case within three months to determine whether – what aspects of the case created the barrier to proceeding and whether or not there are additional steps that can be taken.⁷⁶

The Improving Institutional Accountability Project model is currently being implemented in 28 communities across five Canadian provinces, and it continues to grow. Although it is too early to determine its efficacy, we believe this approach should also be applied to other forms of gender-based violence – in particular to intimate partner violence.

The Commission has gathered extensive evidence, including through our environmental scan, about the failure of policing institutions to act effectively and consistently in preventing, intervening in, and responding to gender-based violence. Despite several decades of concerted efforts to counter the impact in policing of sexist and racist stereotypes about women survivors of violence, these cultural narratives continue to operate and contribute to policing failures. Given this finding, we recommend that robust external accountability measures be adopted. These approaches could go hand in hand with the enhanced supervisory models and police educational and training requirements we describe in Volume 5, Policing.

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MAIN FINDING

Sexist and racist myths and stereotypes continue to result in ineffective and inconsistent responses by police services to gender-based violence – in particular to intimate partner violence and sexual assault cases.

LESSON LEARNED

External accountability mechanisms are required to counter the prevalent sexist and racist myths and stereotypes about gender-based violence that result in largely ineffective and inconsistent police responses.

Recommendation V.11

EXTERNAL ACCOUNTABILITY MECHANISM FOR POLICING RESPONSES TO INTIMATE PARTNER VIOLENCE

The Commission recommends that

- (a) The federal government support the gender-based violence advocacy and support sector to work with police services to expand upon the National Framework for Collaborative Police Action on Intimate Partner Violence.
- (b) This framework should include an external accountability mechanism.

IMPLEMENTATION POINT

- The Improving Institutional Accountability Project model or a similar model should be considered.

Misconceptions of Coercive Control

We are continually refining our understanding of the dynamics of gender-based violence. As we noted in our definition section in the introduction section of Part A of this volume, the words and concepts used to discuss these forms of violence have evolved over time as our collective understanding has increased. **One current area of focus is learning more about coercive control as a form of intimate partner violence.** As we stated in Part A of this volume, coercive control is a form of violence in intimate partner relationships. In an expert report prepared for the Commission, Dr. Katreena Scott defines coercive control as follows:

[A] pattern of behaviours to assert control over a person through repeated acts that disempower the other partner in a number of possible ways including through fear for the safety of self or others, removal of rights and liberties or fear of this removal, by isolating them from sources of support, exploiting their resources and capacities for personal gain, removing the victim's rights and liberties, depriving them of the means needed for independence, resistance, and escape, and regulating their everyday behaviour.¹⁷

In Volume 2, *What Happened*, we found that the perpetrator's violence in his relationship with Lisa Banfield encompassed physical assaults and other forms of abuse, including coercive control. **The Commission received considerable evidence that coercive control continues to be misunderstood within Canadian society. The fact that this form of violence is misconceived limits effective responses and interventions – to the detriment of women's safety.**

Coercive control is discussed here with a primary focus on male domination and oppression within heterosexual dating and spousal relationships. We recognize that coercive control is a pattern of behaviour that can be exercised in a range of intimate and familial relationships, including in 2SLGBTQ+ relationships, in families with elders or people with disabilities, in parent-child relationships, and by women against their male partners. Coercive control, like any form of violence, is always wrong.

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How Coercive Control Works

During our roundtable on police and institutional understanding and responses to intimate partner violence and family violence, Dr. Lori Chambers provided a clear description of coercive control and how it operates as a form of gender-based violence. She explained that “coercive control is extremely gendered,” by which she means it is based on sexist assumptions about gender roles and relates to power and control within spousal and dating relationships.¹⁸ It also means that this behaviour is exploitative: “[T]he men who are abusive and use coercive control deliberately exploit expectations of female subordination to both normalize and justify their behaviour and to render it invisible to the wider society.”¹⁹

Dr. Chambers described the way this form of gender-based violence presents itself day by day:

So coercive control is a pattern of behaviour that develops over time, which uses isolation, intimidation, and control to keep women from being free to make decisions for themselves, to keep them tethered to men who treat them with complete and utter disrespect. It does not have to include a lot of daily [physical] violence. So what do I mean by that?

Well, women are not necessarily being hit all the time; they're not black – they don't have blackened eyes and broken bones. They're not showing up in the hospital, necessarily. What they experience instead is a kind of micro-regulation of absolutely everything they do all day long.

So their partners – they start out with what appears to be loving concern and correction of their behaviours, which turns into a really totalitarian regime which feels like you are a victim of kidnapping or a prisoner of war.¹²⁰

Dr. Chambers provided a range of specific examples of coercive control:

- Women are not allowed to think for themselves: “[T]hey can't have their own opinions, they're corrected, they're gaslighted and told that their version of reality is wrong. And sometimes men do all sorts of weird things to make women question their sense of reality; hide the keys, do things to make them think that they're losing their ability to think rationally.”

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- Women are insulted and degraded and start to feel increasingly worthless. For example, men “criticize all of the things that are about women’s gendered performance in society; their cooking, their cleaning, their management of the household, their rearing of children.”
- Some men take all the woman’s money and make her dependent: “Even a woman who has a well-paid, secure job is not financially secure living with a coercive controller because he will take control of her salary and limit her access to cash.”
- Often a woman will either not be allowed to have a phone or will have tracking on her phone, so that she is being listened to every time she uses it.
- Men will follow their intimate partner and “they put GPS devices on people’s cars, track – use video to track people.”
- Men use violence against their partner “when they need to, to reinforce their power.”
- Sexual violence is also a routinized part of this behaviour: “So women may not say explicitly they’re raped, but they’re forced to have sexual – engage in sexual activities they wouldn’t choose for themselves, and they’re forced to it at times when they don’t want to. So woken up in the middle of the night, told that they have to do this. And there’s no option of saying no, and it’s very clear that there’s no option of saying no.”¹²

Coercive Control and Homicide

In their expert report, Dr. Gill and Dr. Aspinall present research demonstrating that coercive control is a risk factor for intimate partner homicide. They note that additional research shows that actual or pending separation is a risk factor for intimate partner violence and intimate partner homicide. The two are connected because separation limits the opportunity for spousal control – and so it can lead to an escalation of violent behaviour. Dr. Chambers’s research also establishes that there is a stronger correlation between coercive control and ultimate lethality than there is between physical violence “that results in major body damage” and lethality.¹²

In her roundtable remarks, Dr. Chambers reinforced that, contrary to common belief, coercive control does not end when a woman leaves a relationship. This myth is “overwhelmingly dangerous.” Her research demonstrates:

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[I]n coercively controlling relationships, the most dangerous moment is when you attempt to leave, because it is about control; it's not about violence. It's about controlling you and keeping you. So if you are not being kept, if you're refusing - if you're refusing this paradigm, then you're now at risk of being killed because this is the moment when you are threatening power and control of your coercive controller.¹²³

Dr. Chambers emphasized that the danger is heightened not only at the time of separation but also for a significant period thereafter. She said that "coercive controllers use every trick in the book after separation to try to continue to have control over their partners."¹²⁴ The man's ability to continue to exert coercive control is particularly strong where there are children of the relationship because child custody and access requires some level of continued contact. Cellphones also facilitate a former spouse's controlling behaviour after separation because "the phones that we now have ... follow us everywhere [and] tell the world where we are."¹²⁵ The result is men showing up "wherever you might be," including your workplace.¹²⁶ Dr. Chambers articulated how this behaviour can make a woman "feel that even though you've left, you're still not safe, and so therefore maybe you will go back."¹²⁷

Limited Understanding of Intimate Partner Violence

Police and other institutions continue to operate on the basis of limited understandings of intimate partner violence. **In their expert report, Dr. Gill and Dr. Aspinall found that police policy and training fail to equip officers with the skills needed to identify and respond to the often insidious nature of domestic violence.** For example, one study of the police in New Brunswick found that 58 percent of police believed intimate partner violence to be definable as predominantly physical violence. As a result, "Intimate partner violence is not assessed as a pattern occurring over time, leading officers to believe that there is no violence if, e.g., there is no injury present at the time."¹²⁸

Other studies have shown that a "lack of understanding of a pattern of coercive control during the initial police response may set the tone for intervention availability."¹²⁹ Dr. Gill and Dr. Aspinall explain that where physical violence is the central focal point of intervention, police officers can make the wrong call: "If they get it wrong at that first point of contact then you're sending the wrong resource or you're not sending another resource at all, you're not correctly identifying the

risk, whether that's risk to the victim or to children."¹³⁰ Police officers tend to seek evidence of only physical violence at a scene and "as a result they may assess the situation as low risk if controlling behaviours are not recognized as being harmful to the victim."¹³¹ **Policing coercive control involves a drastic shift in the way a situation is approached and assessed: it becomes "seeing what is invisible in plain sight."**¹³²

Dr. Gill and Dr. Aspinall conclude that "police tasked with responding to intimate partner violence still regularly fail to recognize its severity and extent." They outline some of the difficulties faced by police to determine whether a spouse is engaging in coercive control over his intimate partner. Their report points out that "coercive control refers to various tactics to monitor and micro-regulate by denying rights and resources to the victim. It is not easy to recognize these tactics from an incident-based approach, as they occur over time and are less perceptible than physical violence."¹³³ They also point to more effective approaches to address this form of violence. In particular, they propose that the police "spend additional time asking further questions that may allow them to document more broadly what they encounter at the scene, resulting in more information about the context of a situation."¹³⁴

The Avalon Report sets out a multipronged critique of the criminal justice system, including that there is "no recognition or understanding by police or the courts of coercive control."¹³⁵

Conclusion and Recommendations

We conclude that coercive control is a form of violence in intimate partner relationships that is clearly problematic and which we are still not addressing properly. We received a range of proposals about how best to address misconceptions of coercive control and better assure women's safety. Many proposals were framed as being for or against the criminalization of coercive control.

Several experts urged us to recommend the creation of an offence of coercive control in the Canadian *Criminal Code*. So, too, did some of the Participants at the Commission, Feminists Fighting Femicide in coalition with Persons Against Non-State Torture. The Canadian Association of Chiefs of Police supports the creation of a new *Criminal Code* offence for coercive control between intimate partners. Many other common law jurisdictions (including Australia, England and Wales,

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Northern Ireland, and Scotland), and civil law jurisdictions (including France), have adopted some form of legislation that recognizes and encapsulates all aspects of coercive control.

In their expert report, Dr. Gill and Dr. Aspinall conclude that one factor that contributes to police failures to recognize and effectively respond to coercive control is the fact that it is not captured in the *Criminal Code*, "making it difficult to define, study, and respond to this phenomenon."¹³⁶ During our roundtable on police and institutional understanding and responses to intimate partner violence and family violence, Dr. Gill made a precise case for criminalization:

We need to criminalize coercive control and we should have an offence about femicide. Because when we talk about intimate partner homicide, generally, we talk about intimate partner femicide, because women are the ones who are killed in abusive relationship. So, for me, this form of violence is a crime. I cannot see someone terrorizing a woman for 15 years and that's fine, but he punches her in the face once and it's a crime. But once it's criminalized, it doesn't stop there. This is not the solution. You need all the resources to be able to support how we are going to address coercive control in our society.¹³⁷

Dr. Chambers also recommended the criminalization of coercive control because "it sends a public message that these behaviours are unacceptable and criminal."¹³⁸ She voiced some ambivalence, however, given the way past reforms have been used against women:

At the same time, I'm really nervous about it because in the same way that pro-arrest policies have led to dual charges and women being - finding themselves in jail because they're deemed to be aggressors, coercive control legislation could be manipulated by abusers and used to punish women. And I don't see criminal solutions as ultimately what we need to do. We need to start - instead of responding after the fact, we need to move to more preventative types of approaches. And I also do believe, in all but the very worst cases, in the possibility of healing... So, yes, I think we need to, but with deep reservations.¹³⁹

Other Commission experts expressed a similar ambivalence but advocated against criminalizing coercive control. In Dr. Duhaney's words:

I am concerned of - about taking a carceral response to addressing that issue, and for the various reasons that Lori [Chambers] and others have highlighted. And I think[,] given that we're still working through some of these complexities of domestic violence or family violence or IPV [intimate partner violence], I think we still have a long ways to go before we add another piece to the mix. Yes, we need to take - really understand that it is a serious issue, and it needs to be addressed, but I would caution us against using the criminal justice system as a form of response because we have seen individuals who continue to be harmed by the criminal justice system's responses and they will continue to be harmed by that.¹⁴⁰

As we have recognized throughout this Report, it is members of marginalized groups, particularly Black and Indigenous people, who are disproportionately and unfairly surveilled, targeted, and punished under the criminal law. Adding more criminal offences means broadening and deepening this impact.

Dr. Duhaney urged us to look at a "whole system response" before deciding whether criminalization is the right route:

And I do agree that, you know, not just looking at the police, but we need to look at lawyers. We need to look at judges. We need to look at all of those different systems that are involved in women's lives. Children's Aid Society, and so I think all of these systems could, you know, make a woman's situation even worse ... And sometimes people who are reporting these issues, they don't even have the training, the proper training to report these issues or to even identify it appropriately. So I think we need to look a bit deeper, dig a little bit deeper before we begin to even think of penalizing from a, you know - or having the carceral responses or approaches to dealing with this issue.¹⁴¹

Dr. Nancy Ross similarly urged us not to be narrow in our focus, and particularly not on the criminal justice system, which is "dated" and "rooted in" colonization. She concluded: "[W]e need to step out of it and to think about alternatives."¹⁴²

Emma Halpern advanced an approach that focuses on understanding coercive control in conjunction with the hyper-responsibilization of women, and expressed concerns about emphasizing carceral responses. She explained how these ideas converge and their practical effect:

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And so we need to understand that coercive control actually is a mitigating factor for women who are in very violent relationships and are in – and then are criminalized in conjunction with those violent relationships. We need to understand it, in fact, I believe we need to see it as a proper defence. And we do not understand in our court system that that context, or sorry, in our legal system, I shouldn't just blame the courts, but certainly across the board in our legal system the context in which a woman in an abusive relationship, who has lived her life under – in these abusive systems from – and abused by our state, whose family has often been abused by our state, often has no other choice. And we don't understand that or negotiate with that, and we are therefore locking up people who are experiencing these types of coercive control, and I would argue, not just at the hands of their intimate partners, but also in many ways in the way they're interacting with their – with the state actors around them.¹⁴⁷

Other Participants, Nova Scotia Legal Aid, and the Elizabeth Fry Society recommended that coercive control should be recognized in the *Criminal Code* as a form of self-defence in scenarios where this pattern of behaviour exists. We refer to acts of violence by the target of coercive controlling behaviour in response to the dominant aggressor's violence as "resistance violence" and agree that self-defence should be available in these circumstances.

During our consultation with Participant gender-based organizations, Dawn Ferris, representing the Transition House Association of Nova Scotia, advocated amending the *Criminal Code* to include coercive control as both an offence and as a defence.

The Participant coalition of Women's Shelters Canada, Transition House Association of Nova Scotia, and Be the Peace Institute recommended that further study on the issue of "how the criminal law could better address the context of persistent patterns of controlling behaviour at the core of GBV/IPV" should be undertaken by the federal, provincial, and territorial governments. In particular, this coalition recommended that governments "strike an expert advisory group, drawing on community experts, frontline service providers, and survivors, to examine how criminal law could better address the context of persistent patterns of controlling behaviour at the core of GBV/IPV." In their view, this group should examine "the possible benefits – and potential unintended negative consequences – of creating a new *Criminal Code* offence of coercive control, as well as review how existing offences (such as criminal harassment, uttering threats, or the non-consensual

distribution of intimate images) could be better used to address the types of controlling behaviours experienced in intimate or domestic relationships."¹⁴⁴ This proposal achieves a balance between our recognition of the need for more effective legal protections for survivors of coercive control with our concerns about carceral responses and the likely negative impact of criminalization. We agree that further study is required before a new offence is added to the *Criminal Code*.

In Canada, different family law regimes are in place that address the issue of coercive control. The protections differ depending on where you are in the country. For example, since 2013, British Columbia's *Family Law Act* has recognized family violence as a factor that should be taken into consideration by the courts in the family law context, including in parenting agreements (child custody and access) and the issuing of protection orders.¹⁴⁵ The Act's definition of family violence extends beyond physical assault and encompasses patterns of coercive and controlling behaviour.

In March 2021, the Canadian *Divorce Act* was amended to include a similar broad definition of family violence that encompasses coercive control¹⁴⁶ – as set out in the text box. This federal amendment followed the sentencing of Andrew Berry to life in prison for the 2017 murders of his two young daughters, in Oak Bay, British Columbia. The trial judge found the evidence established beyond a reasonable doubt that he had murdered his children at least in part because he wished to hurt their mother, Sarah Cotton.¹⁴⁷ The *Divorce Act* applies across Canada, but only in the context of divorce proceedings – that is, between two people who are or have been married.

We conclude that protections against coercive control should be available across Canada. We also recommend that all family law regimes recognize a broad definition of family violence that includes patterns of coercive and controlling behaviours.

The Canadian *Divorce Act* Definition of Family Violence

Divorce Act, RSC, 1985, c3 (2nd Supp.)

2 (1) in this Act

family violence means any conduct, whether or not the conduct constitutes a criminal offence, by a family member towards another family member, that is violent or threatening or that constitutes a

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pattern of coercive and controlling behaviour or that causes that other family member to fear for their own safety or for that of another person – and in the case of a child, the direct or indirect exposure to such conduct – and includes

- (a) physical abuse, including forced confinement but excluding the use of reasonable force to protect themselves or another person;
- (b) sexual abuse;
- (c) threats to kill or cause bodily harm to any person;
- (d) harassment, including stalking;
- (e) the failure to provide the necessities of life;
- (f) psychological abuse;
- (g) financial abuse;
- (h) threats to kill or harm an animal or damage property; and
- (i) the killing or harming of an animal or the damaging of property (violence familiale).

Several Participants recommended that additional steps be taken to educate and raise awareness about coercive control by members of the public, police, professionals, and service providers. We agree that initiatives of this type are needed to counter misconceptions about coercive control and to foster preventative approaches. In Volume 5, Policing, we examine the role of policing in addressing coercive control, including developing effective policies and educating police to carry out this role.

MAIN FINDING

Coercive control is a pattern of violent behaviour exercised by an intimate partner or in familial relationships that is clearly problematic and poorly understood in Canadian society, including by the police. Misconceptions about the nature of coercive control and the harms that result from this behaviour contribute to a lack of effective prevention, interventions, and responses.

LESSON LEARNED

A multifaceted approach is required to enable effective prevention of, intervention in, and responses to coercive control.

Recommendation V.12

EFFECTIVE APPROACHES TO ADDRESSING COERCIVE CONTROL AS A FORM OF GENDER-BASED INTIMATE PARTNER AND FAMILY VIOLENCE

The Commission recommends that

- (a) Federal, provincial, and territorial governments establish an expert advisory group, drawing on the gender-based violence advocacy and support sector, to examine whether and how criminal law could better address the context of persistent patterns of controlling behaviour at the core of gender-based, intimate partner, and family violence.
- (b) The federal government amend the *Criminal Code* to recognize that reasonable resistance violence by the victim of a pattern of coercive and controlling behaviour is self-defence.
- (c) Where they have not already done so, provincial and territorial governments amend their family law statutes to incorporate a definition of family violence that encompasses patterns of coercive and controlling behaviour as a factor to be considered in proceedings under these statutes.
- (d) All provincial and territorial governments work collaboratively with the gender-based violence advocacy and support sector, policy-makers, the legal community, community safety and law enforcement agencies, and other interested parties to develop educational and public awareness campaigns about coercive control.

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IMPLEMENTATION POINT

- We support the adoption and implementation of the Renfrew County Inquest jury recommendation 38:

Ensure that IPV [intimate partner violence]-related public education campaigns address IPV perpetration and should include men's voices, represent men's experiences, and prompt men to seek help to address their own abusive behaviours. They should highlight opening the door to conversations about concerning behaviours.

Underfunding Women's Safety

Many decades of women's advocacy and activism have resulted in the development of systems and services designed to make women safer, yet we know that a lot of women remain in dangerous situations of gender-based violence. One reason is that services that help to keep women safe are not always available or accessible to the women who need them. **Simply stated: our collective and systemic failures are attributable to the fact that we underfund women's safety.** This recognition brings us back to the way our failure to implement recommendations fuels the cycle of denial we described earlier. The other factors addressed in this section point out some of the attitudinal, behavioural, institutional, and structural obstacles to keeping women safe. Underfunding and defunding what we know works well is a cross-cutting feature contributing to other systemic failures.

Many of the reports contained in our environmental scan emphasize the importance of adequate funding for interventions and adequate access. Many contributors to our Commission processes – witnesses, experts, Participants, members of the public – made the same point. In some cases, funding decisions run contrary to recent recommendations designed to promote women's safety. Ms. Mattoo provided an Ontario example:

[I]t's really important to remember the MMIWG [National Inquiry into Missing and Murdered Indigenous Women and Girls] recommendations came out in April 2019. One of the recommendations was that the provincial government should establish a healing fund for families of missing

and murdered women. These funds should be accessed through an application process pursuant to established guidelines. In June 2019, in the same year, the Ontario government actually purged a three-decade long Criminal Injuries Compensation Board, the only board which actually had a compensatory scheme through which people could access funds for healing. Instead, they replaced it with Victim Quick Response Program, which only offers supports for immediate needs, and none of the sexual assault survivors can actually get any healing funds from that program.¹⁴⁸

During our roundtable exploring the connections between mass casualties and gender-based violence, Dr. Amanda Dale summed up this situation:

And – so it’s not – everybody keeps saying it’s not a simple matter. It’s not a simple matter, but it’s also not an unknown matter; it’s a matter which we know a great deal about. And in fact, we talked earlier, there was some mention of UN statistical frameworks, we know that it – the UN declared violence against women a global pandemic in 2013. So we’ve known for a very long time that this is not something you can have a bake sale for; and that’s what shelters and women’s organisations across the country are doing, they’re holding bake sales to keep themselves open.¹⁴⁹

As several Commission experts made us aware, the United Nations considers that Canada has fallen behind in meeting our international obligations to address gender-based violence and that until very recently we had not complied with the requirement for a national framework of action. This sense of falling behind enhanced the urgency expressed about under-investment. Ms. Mattoo urged us to recognize that “we haven’t invested in this pandemic [of gender-based violence] as we should have, and we are really behind and very late.”¹⁵⁰

Examples of Underfunding

We heard about a broad range of areas where underfunding means that programs and services that contribute to women’s safety are not available in a timely way to meet urgent needs or are simply not available. The lack of accessible services is higher in rural and remote communities. Issues related to community safety in

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the rural context, including survivors or those at risk of gender-based, intimate partner, and family violence, are the focal point of Volume 4, Community.

Here we focus on three examples of underfunding and its impact.

The first example was provided by Sunny Marriner during the roundtable on police and institutional understanding and responses to sexual violence and other forms of gender-based violence. She spoke about the situation today from her perspective as a front-line advocate with 25 years of experience:

I've been in frontline sexual assault centres for 25 years. There are unbelievable waiting lists for survivors who are experiencing violence, whether they experienced it yesterday, they experienced it 25 years ago, so risk isn't even coming into the equation...

If survivors can't access that when they're seeking support, then it's very, very difficult for them to be able to leave a situation where they're potentially at risk, or even make decisions or talk through decisions about whether or not they want to engage systems.¹⁵¹

Many programs begin when volunteer community members see a need for or a gap in essential services to keep women safe. During our Phase 3 consultative conference with representatives from Nova Scotian Indigenous communities, we heard about the work of the Jane Paul Indigenous Resource Centre. This not-for-profit organization provides a variety of supports and services to Indigenous women who live "in Sydney, off reserve and away from community resources. Many of these women found themselves in high-risk situations experiencing violence, including trafficking, homelessness, poverty, addiction, mental health struggles, involvement with different agencies, disruption of family life, and/or experiencing involvement with the criminal justice system."¹⁵²

Heidi Marshall, co-founder of the Jane Paul Centre, explained:

So we started with no funding, absolutely none, like, not even a penny, you know. And so things just kind of fell into place. I had to volunteer for two years, you know. We – and it was just kind of burn out because, you know, like, we had nothing. We kind of just opened up with nothing. And so we got a little office on 16 George Street. We just had, like, probably, like, a little, tiny room as big as my trailer here probably right now I'm sitting in. And we just started.¹⁵³

The Jane Paul Centre offers a housing support worker, a counsellor, space to support the children and youth of the women involved with the program, and food security services. All these services operate without stable core funding, supported only by grant and project funding. The Nova Scotia Native Women's Association assists by sharing accounting and other general services. This untenable situation continues despite the recommendations of the National Inquiry into Murdered and Missing Indigenous Women and Girls to provide funding for these types of services as a way to help keep Indigenous women safe.

During our roundtable on personal and community responses to gender-based, intimate partner, and family violence, Lorraine Whitman described the problematic way that scarce public funding creates unhealthy competition among organizations working toward the same goal of preventing violence against women:

And that's why today we're having so much problems and concerns and barriers and challenges, and it is with the government system. And we'll go into it more in the line of funding and how that barrier and challenge is there, because that funding is just - it's like putting a cob of corn in front of you and everyone is going for that cob of corn. And it's that same cob of corn every year that we go for proposal, but there's less corn on that cob. Unfortunately, that's setting us up for failure.

...

We need the proper funding. We see funding that's given out but, you know, for us to be able to help, we're on a proposal base. Non-profit organizations proposal base. We're all going for that same dollar.

...

We're fighting with our own women, our own people for the same amount of dollars. We need core funding so that we can continue doing the work that we do because the proposal funding, it doesn't fit us. It's no value because it's set up for failure because once we have something going and it's working good, that proposal and those dollars may not be there later on in the day.⁵⁴

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The Vicious Cycle of Defunding

Many representatives of front-line service providers, community advocates, and other community-based organizations working to support women survivors, children, and others harmed by gender-based violence and male perpetrators told us about the vicious cycle of defunding programs that have established their effectiveness in meeting needs and making a positive difference. In her Commission interview, Heather Byrne, the executive director of Alice House (a second-stage transition house in Dartmouth, NS) described the impact of defunding:

I think if there was one thing that needed to be worked on it was there ... it's the granting opportunities or the program expansion opportunities always seem to be one year or two year. Like, they're these temporary things that they want folks to try which is actually really challenging for community organizations because you have to build. You're still trying to enhance and expand and solidify the current services that you know are working because you've been doing them for as long as you have. And then to have to try another program and hire someone for just a temporary position, because it doesn't have funding, doesn't get you the strongest necessarily or applicants that are looking for something more long term. You sort of set everybody up with services. You report on all your findings and then ... well that was a great program but there's no more money, so we're going to end it and we're going to stop providing services like that to these groups that have come to count on it, or that is enhanced. It's not even about the success of the program sometimes. It's because there's just no more money left for it. So that is a recurring cycle that I think is challenging for organizations they want doing the work.

And it's also challenging for all the service users that we're trying to pull into the services, whether they're perpetrators or victims, and almost using them to try the services to see if they work, get their information and data, and then that's it; there's no more. We can't provide these anymore. Thank you for using them and telling us what you think. And now we're going to change directions and go over here. The cycle is not good for anybody.¹⁵⁵

During our consultation with Participant gender-based organizations, Dr. Katreena Scott, a clinical psychologist and director of the Centre for Research and Education

on Violence Against Women and Children at Western University in Ontario, spoke about the underfunding of men's intervention programs. She explained that this same cycle of discontinuing programs that have been positively evaluated is seen with these programs too: "[T]here are multiple examples as well of programs and services that create coordination and referral. Many of them have been piloted in Canada, shown to be effective, and then because they are sort of limited funding, demonstration projects, they haven't been picked up."¹⁵⁶ She cited a range of examples:

- programs that help police, for example, recognize risk factors immediately upon a call for a domestic where a charge isn't being laid, help to link perpetrators to services, help to do outreach to survivors to get interventions right away;
- programs that run through Child Protection Services, recognizing that a lot of child protection is domestic violence, helping Child Protection Service engage better with men as fathers, and work with domestic violence risk factors;
- programs that link both substance-use programs and mental health programs much more tightly and closely with programs and services for domestic violence, so that the co-occurring problems can be dealt with.¹⁵⁷

During our consultation with Participant gender-based organizations, RCMP Supt. Kimberly Taplin, the director of National Crime Prevention and Indigenous Policing Services, also emphasized the need for "long-term funding that ... doesn't end after three or five years."¹⁵⁸

Misalignments in Funding Priorities

Public funding decisions are not sufficiently responsive to the epidemic of gender-based violence. In her Commission interview, Ms. Byrne stressed the complete mismatch between the pervasiveness of abuse in relationships (and its impact on children, women, and families) and public investment in ending this violence. In her words, this abuse "is nowhere near funded at appropriate levels that we are able to make a difference to bring those numbers down."¹⁵⁹

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During the roundtable on police and institutional understanding and responses to sexual violence and other forms of gender-based violence, Emilie Coyle spoke of this misalignment:

The frontline community organisations are where we see beautiful transformative innovative creative models that we should be continuing to sustain through adequate funding year, over year, over year, over year, without requiring frontline organisations to continue to beg for – for every tiny penny that they get.

And I think what you will do with that is you will start to model, and I think this is really important, some of the values that are – that we say are very important to us in this country. The values of effective public health, the value of care, decolonisation, equality, fair treatment, all of these remain unattainable with the systems that we currently have because we've flipped how we are using our public dollars. And so if we were to reverse that and to start really investing in the places where people are necessarily, because they work one-on-one with the people that are affected by these systems, they – and are – and are learning from them daily, what is it that they need, then that's the place where you're going to see the real change.¹⁶⁰

In a similar vein, Dr. Palmater compared the funding provided to the RCMP while at the same time “we’re not funding safety for Indigenous women and girls, which obviously includes the support but it’s also the basics of life like clean water, food, access to real healthcare where they’re not also going to be sexually assaulted by the hospitals or denied healthcare.”⁶¹ She referred to public funding as paying for gender-based violence committed by RCMP members and systemic claims against the RCMP. In a similar vein, during our consultation with Participant gender-based organizations, Nick Cardone, a Halifax-based therapist, provided other examples of using public funds contrary to the interests of women survivors:

Now, I’m not an expert in all the content around Hockey Canada; okay? But this is what I see when I look at these stories. There’s a reference to this fund. Again, I believe it was referred to as the fund for uninsured liabilities or something to that extent. And a good chunk of that money goes toward paying off people, women, to maintain their silence. But

there is a fund, our tax payers, by the way, our tax payer dollars, that is allocated to paying people off to maintain silence.¹⁶²

Ms. Halpern added an insightful comment to this discussion:

I said this to some of my colleagues the other day and they were laughing because it seems almost incredulous. Like what if, instead of - what if those who are building our prisons, for example, or funding our - you know, building our new courthouses had to justify that money every six months, had to write reports that then, you know, were reviewed and then every six months had to write another report and justify every single penny that was spent. It would look very different. It would look very different because that's what those of us in the community are required to do. We have to evaluate every single penny and prove that it works.¹⁶³

We build on Ms. Halpern's point by concluding that we need to review our public spending priorities in light of the epidemic of gender-based violence and our sustained collective failure to address it. That said, we do not propose to submit police and other authorities that have institutional responsibility for preventing violence against women to the endless reports or the cycle of defunding described here. **We do, however, conclude that we need to prioritize spending funds where they will best meet the objective of ending gender-based violence.**

Conclusion and Recommendations

In submissions from a range of Participants and members of the public, we received many requests to propose public funding for specific initiatives in our recommendations. We decline to do so because we are not in a position to evaluate or prioritize among them. We recognize, however, that implementing the recommendations we make throughout this report will require public investment. In Volume 4, Community, we highlight a range of strategies that have demonstrated the potential to contribute to ending gender-based violence in a significant way. We return to this broader question in Volume 6, Implementation: A Shared Responsibility to Act.

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We are in a position to make findings on three general principles that should guide public funding decisions designed to reverse our collective failure to keep women safe.

First, we find that redressing our collective failure to keep women safe will mean shifting public funding toward prevention – toward addressing the upstream problems, including the causes of male violence and the social and economic conditions that perpetuate women’s vulnerability to violence. In her Commission interview, Ms. Byrne highlighted access to housing as a priority issue that has a major impact on people’s ability to be safe. She provided a strong justification for funding prevention measures:

We do have resources going towards women who have been victims of intimate partner violence after the fact, and we know it’s not enough. We need more because so many women continue to just grow up from being young girls to young women who, you know, statistically one in three will end up being abused in a relationship in an intimate partner relationship at some point in their life. So we need more resources there but what we need is frontloaded resources to stop and have it be maybe one in five. And then maybe one in ten. And then maybe one in 20. We have to go upstream and really pour money and time and intervention into short circuiting the pathway to these abusive and violent relationships to begin with. They can’t take anything away from the services that are currently responding to domestic violence, but it’s exhausting and demoralizing to continually have all of the time and energy be spent on the far end of this issue trying to help people recover and repair and start over after trauma, after loss, after years of abuse and loss and missed opportunities.¹⁶⁷

Second, we find that increased funding should be core funding for services that are known to be effective in meeting the needs of women survivors of gender-based violence and that contribute to preventing gender based-violence, including interventions with perpetrators. The services should be funded over the long term and should not be discontinued until the program is no longer needed or an equally effective alternative is established.

Third, we find that the priority should be on funding community-based safety resources and services, in particular on services within communities where marginalized women are located. Ms. MacLean emphasized that resources shouldn’t be “carte blanche”: “Every community has some cultural nuances that need to be

taken into consideration. So I – for me, the resources and the supports needed must be connected to the community of care in which the women live in and be culturally responsive.”⁶⁵

These community-based services need to be viewed in tandem with police agencies as equal partners in violence prevention, not as poor cousins or afterthoughts. They are essential first responders and subject-matter experts that should be accorded the same value and respect as police agencies. This combined, holistic approach to violence prevention and community safety will ensure that the police can focus on the job they are good at, and community-based services can do the same, rather than expending their scarce resources on continually seeking grants.

Community-based services, including those provided by the gender-based advocacy and support sector, are front-line public services. They should not be seen as, or funded as, discretionary services. Social services exist as a continuum, and we all need to acknowledge the important role each organization plays within it. In some cases, community-based organizations complement government-run programs. In other cases, they fill important gaps and they can do things that governments simply cannot do. The public needs them, and governments also need them. They are partners in community safety and wellness, and they should be funded accordingly. **Our collective recognition that organizations in the gender-based advocacy and support sector are partners in ensuring women’s safety is a central foundation for ending the epidemic of gender-based violence. Adequate, long-term funding to this sector sets all of us up for success.**

In concluding this discussion, we endorse Dr. Dale’s comment during our roundtable exploring the connections between mass casualties and gender-based, intimate partner, and family violence: “This is everyone’s problem. It’s not the local shelter that needs to do a better job at its fundraising; this is a global problem that needs a pandemic-level investment.”⁶⁶ **Any other epidemic is treated as a public health emergency. We must begin to see and treat gender-based violence as a public health emergency.**

MAIN FINDING

Funding related to preventing and effectively intervening in gender-based violence has been inadequate for many years and, for that reason, endangers women’s lives.

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LESSONS LEARNED

- Community-based services, and in particular services provided by the gender-based violence advocacy and support sector, need to be viewed in tandem with police agencies as equal partners in preventing violence. These services are front-line public services and are not discretionary.
- Project-based funding is inefficient and causes lapses in effective preventive and support services. Adequate and stable core funding is essential for efficient and effective operation of all organizations forming part of the public safety net in Canada.

Recommendation V.13

EPIDEMIC-LEVEL FUNDING FOR GENDER-BASED VIOLENCE PREVENTION AND INTERVENTIONS

The Commission recommends that

Federal, provincial, and territorial funding to end gender-based violence be commensurate with the scale of the problem. It should prioritize prevention and provide women survivors with paths to safety.

IMPLEMENTATION POINTS

- Funding should be adequate and include stable core funding for services that have been demonstrably effective in meeting the needs of women survivors of gender-based violence and that contribute to preventing gender-based violence, including interventions with perpetrators.
- These services should be funded over the long term and should not be discontinued until it has been demonstrated that the services are no longer required or an equally effective alternative has been established.
- Priority should be placed on providing adequate and stable core funding to organizations in the gender-based violence advocacy and support sector.

- A further priority should be funding community-based resources and services, particularly in communities where marginalized women are located.

Knowing and Doing

Our examination of the ways in which we collectively keep women unsafe is sobering. It brings into sharp relief the gulf between words and action, between knowing and doing. In our roundtable on personal and community responses to gender-based violence, Ms. Halpern summed up the situation this way: “The beauty of that is we actually know what works, but we aren’t funding it. We know what works.”¹⁶⁷ We agree that we know what works and that funding is critical, but there is a missing piece in the puzzle: Why do we repeatedly commit to addressing gender-based violence but fail to live up to this commitment? What causes this disconnect?

One important contributor is that our society is divided into two solitudes: those who are very engaged in preventing, intervening in, and responding to gender-based violence and those who are not. Sue Bookchin, co-founder and executive director of Be the Peace Institute, described this division during our consultation with Participant gender-based organizations. In reference to the Commission’s environmental scan, she remarked on the “total of hundreds of recommendations, some of which are repetitive, year after year, decade after decade,” and continued: “One of the problems in complexity is that the people who are immersing themselves in the problem from all vantage points are not the people who are responsible for implementation.”¹⁶⁸ Ms. Mattoo expressed a similar sentiment during our roundtable on political and institutions responses to gender-based violence:

But I also want to say something that probably is important for all of us to reflect on. Most of the discussions that we are going to – are doing today or going to do, is the knowledge that we already have, it’s the knowledge that we already know. Most of us in the room probably did not hear anything new. Most of us in the room are probably not shocked. And to me,

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that speaks to itself, that speaks to what is lacking, that speaks to what we are not doing.¹⁶⁹

The result of this disconnect is the normalization of gender-based violence: the acceptance that violence is a routine feature of our society. During our consultation with Participant gender-based organizations, Kristina Fifield, a social worker and sexual assault trauma therapist with the Avalon Sexual Assault Centre in Halifax, stressed how problematic this acceptance can be:

There's even a normalization of violence that happens within our services, where people are put on waitlists, where we expect survivors and victims who are reaching out to services to tell us every single thing about their safety; right? And if we understand trauma and understand what it's like for a survivor to come out and reach out for help, we prioritize, based on what they're saying, their safety, and put them on a waitlist because, you know, it's not bad enough.¹⁷⁰

We need to bridge this disconnect by mobilizing a “whole of society” response. Governments, businesses and workplaces, media, schools and educational institutions, the family, front-line service providers, and other organizations must all address gender-based, intimate partner, and family violence. Communities and individuals must also work together to end the epidemic of gender-based violence.

Ms. Fifield sketched out some of the elements of the required wide-ranging response, with a focus on the role of the powerful and the privileged:

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

There's many opportunities, but people in positions of power in society often are just providing a lip service to gender-based violence and intimate partner violence issues.⁷¹

Part C: Preventing Mass Casualty Incidents - Chapter 11: Keeping Women Unsafe

It is time for concerted and coordinated action from a wide range of individuals and organizations. They must step up to address the structural and institutional barriers to progress in ending gender-based violence.

CHAPTER 12

**It Is Time: A Collective
Responsibility to Act**

Introduction

This chapter provides our insights on how to work toward preventing mass casualties through a fundamental reorientation of our responses to gender-based, intimate partner, and family violence. **We do not profess to have all the answers. Rather, we share what the Commission has learned from the input from the many individuals and organizations who have participated in this joint inquiry. Our aspiration is to contribute to a “whole of society” response and to embolden and hearten the many individuals and organizations who contribute to ensuring the safety of everyone affected by gender-based violence. We do this by setting out four lessons learned about the path forward through mobilizing a society-wide response; situating women’s experiences at the centre; putting safety first; and building up robust accountability. We make recommendations to respond to these four lessons to guide our concerted journey forward from the mass casualty.**

It Is Time

The April 2020 mass casualty created profound disruption and destabilization in Nova Scotia and far beyond. In Volume 1, *Context and Purpose*, we set out what the Commission has learned about the initial and continuing impact of the mass casualty. The mass casualty has fundamentally challenged our individual and collective sense of safety and contributes to a crisis of trust in policing institutions and other authorities. We recognize these challenges did not begin on April 19, 2020: many people in Nova Scotia and Canada were already living insecure lives and did not have confidence or trust in our public safety system. The magnitude of the mass

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casualty – the most lethal shooting incident in Canadian history – compounds this reality and further disturbs the general complacency about being safe. This incident, along with its aftermath, exposes some of the systemic dangers and deficiencies of which many of us were previously unaware.

The mass casualty was, and continues to be, a powerful disruptor. Through the Commission's work, we have seen the outrage that has characterized the response to the mass casualty, an outrage felt most keenly by those directly affected – individuals, families, and communities – but one that also encompasses broad segments of Canadian society and beyond. We are confident in saying that now is the time to harness this outrage to work together to prevent gender-based, intimate partner, and family violence, with its potential to escalate to mass casualty incidents. It is tempting to look away and avoid hard truths, but the mass casualty has been too devastating and the evidence is too compelling to permit further disregard. We must all reckon with this lesson now, as we learn from the mass casualty, and in going forward, as we strive to prevent further incidents of this nature.

There is another reason why we say it is time. We are writing this report at a unique juncture: many initiatives are coming together to create a new momentum toward ending the epidemic of gender-based violence. This push is being spurred on most immediately by the National Action Plan to End Gender-Based Violence, a country-wide agenda for change that will in large measure be implemented through provincial and territorial plans. We describe the main features of the national and the Nova Scotia plans here, with additional details contained in text boxes.

We recognize these recent, timely initiatives are built on two foundations and several movements. One foundation consists of what we have learned through the many years of tireless work and advocacy undertaken mainly by women to keep themselves, their children and others safe, and also by the gender-based violence advocacy and support sector and their allies facilitating this quest. The second foundation is what we have learned through the reviews and reports that have investigated the many times our systems have failed to give women the assistance they need to keep themselves safe and the patterns of these failures. In particular, we highlight the important advances in our understanding of the root causes of violence against Indigenous peoples and the present-day manifestations in the Truth and Reconciliation Commission of Canada report, with its calls to action, and the report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, with its calls for justice. Much work remains for all of us to fully respond

to these calls for action and justice. This moment is also shaped by growing local, national, and international awareness of systemic racism and sexism, notably amplified by the findings of the report on the Nova Scotia Home for Colored Children, the #BlackLivesMatter and #MeToo movements, and other conversations about discrimination against Black people, Indigenous people, and other people of colour women, 2SLGBTQI+ people, and intersections among them. As the Standing Together plan to prevent domestic violence recognizes:

[F]or the first time in our country's history, we have two National Action Plans focused on GBV [gender-based violence] – a broad framework for all Canadians, and a plan to address GBV against Indigenous women, girls, and 2SLGBTQIA+ people. We have an unprecedented opportunity to coordinate our actions, leverage knowledge and investments, and make meaningful, generational change.¹

National Agenda to End Gender-Based Violence

The National Action Plan to End Gender-Based Violence is guided by the vision of “A Canada free of gender-based violence. A Canada that supports victims, survivors and their families, no matter where they live.”² The plan was adopted by federal, provincial, and territorial governments in 2022 and aims to attain this vision within 10 years: “It is a timely and necessary step to address the root causes and persistent gaps that remain in Canada to end GBV.”³ (Note: Although we do not use the initialism for gender-based violence, it is used in the National Action Plan.) The plan recognizes the urgent need to address the “multiple, complex and deeply rooted factors” that contribute to gender-based violence.

The National Action Plan is the result of the concerted effort of many people, organizations, and institutions over many years. The plan “builds on the work, advice and wisdom of victims, survivors, their families, Indigenous partners, direct service providers, experts, advocates, and academics.”⁴ **The governments that adopted the plan “recognize that GBV is a complex and multifaceted issue that requires action by all governments according to their respective responsibilities, as well as cross-sector collaboration.”**⁵

The National Action Plan to End Gender-Based Violence provides a common vision, principles, goals, and pillars to guide efforts across the country. These elements

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are set out in the text box below. Provincial and territorial governments throughout the country will consider the priority actions identified in this document to guide their responses, based on their own specific contexts and priorities. One of the five pillars set out is Indigenous-led approaches, and the federal government recognizes the high levels of gender-based violence against Indigenous women, girls, and 2SLGBTQI+ people and its specific duties in this regard. The federal government describes this plan as “evergreen”⁶ in that it is designed to adapt to evolving needs and emerging issues.

One of the federal government’s central roles is to ensure the National Action Plan has a strong foundation. The plan’s foundation has three components:

- leadership, coordination, and engagement;
- data, research, and knowledge mobilization; and
- reporting and monitoring.

We return to these foundational issues in the context of our discussion on accountability at the end of this chapter.

Excerpt from National Action Plan to End Gender-Based Violence (2021)

Goals:

- Engage all people in Canada in changing the social norms, attitudes, and behaviours that contribute to gender-based violence.
- Address the social and economic determinants that contribute to and perpetuate gender-based violence.
- Ensure anyone facing gender-based violence has reliable and timely access to culturally appropriate and accessible protection and services.
- Improve the health, social, economic, and justice outcomes of those impacted by gender-based violence.

The National Action Plan to End Gender-Based Violence consists of five pillars and a foundation.

Pillar 1: Support for Victims, Survivors, and Their Families

Gender-based violence services provide critical, life-saving support and safe spaces. They deliver social, health, and community services that protect and empower victims and survivors, including women, girls, and 2SLGBTQQIA+ people experiencing violence. The safety and well-being of victims and survivors are at the centre of the National Action Plan to End Gender-Based Violence in recognition that they are the experts in their own personal experiences, with diverse backgrounds and needs.

Pillar 2: Prevention

The National Action Plan to End Gender-Based Violence emphasizes primary prevention approaches that address the root causes of gender-based violence in order to stop violence before it occurs. Prevention work must occur in a range of contexts – in private spaces; public spaces; community spaces; workplaces; educational settings of all types, including post-secondary institutions; and online settings.

Pillar 3: Responsive Justice System

Gender-based violence is a violation of human rights and, in many cases, a violation of Canadian criminal law. In Canada, the justice system comprises criminal law and civil law, which includes family law. The justice system involves multiple players, including law enforcement, prosecutors, judges, lawyers, and victim service providers, all of whom work to ensure the consistent application of laws and fairness to all who are involved.

Pillar 4: Implementing Indigenous-Led Approaches

Working with victims, survivors, and their families, Indigenous governments and partners, non-governmental organizations, and provinces and territories, as well as working horizontally across federal institutions will help ensure a coordinated approach that supports sustainable progress toward ending gender-based violence against Indigenous women, girls, and 2SLGBTQQIA+ people, no matter where they live.

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Pillar 5: Social Infrastructure and Enabling Environment

“Social infrastructure” refers to health and social programs, services, and support, including childcare, long-term care, and gender-based violence services. Social infrastructure investments can include, but are not limited to, supporting parents in taking leave; providing care support for children, families, seniors, and communities; providing socio-economic benefits for those in need; providing wraparound services; increasing culturally and socially relevant trauma and violence-informed support and services, particularly for those living in rural, remote, and northern areas; and providing a range of housing options.

The Foundation:

Achieving the shared vision of a Canada free of gender-based violence that supports victims, survivors, and their families, no matter where they live, requires joint work by federal, provincial, and territorial governments; Indigenous organizations; gender-based violence direct service providers; researchers; the private sector; and victims, survivors, and their families. Implementing the National Action Plan to End Gender-Based Violence requires a strong foundation based on the following three components: leadership, coordination, and engagement; data, research, and knowledge mobilization; reporting and monitoring.

Guiding Principles:

- Be flexible in response to regional and sectoral realities.
- Respect jurisdictional authority of each order of government.
- Promote interjurisdictional collaboration.
- Support Indigenous-led solutions.
- Be grounded in an intersectional approach.
- Promote a multi-sectoral, cross-departmental / ministry approach.
- Support community-based, community-centred approaches.
- Promote evidence-based, innovative, and responsive policy and programs.
- Incorporate a systems view of services and programs.
- Be victim- / survivor-centric and inclusive of children and families.
- Recognize the expertise of victims / survivors and community agencies providing support.

- Be trauma and violence-informed.
- Be culturally safe, relevant, accessible, and appropriate.
- Recognize that community organizations provide gender-based violence supports and services that are critical to advancing gender equality.
- Recognize the role of men and boys in preventing and addressing gender-based violence.

Standing Together: Nova Scotia's Action Plan to Prevent Domestic Violence

Standing Together is the Government of Nova Scotia's commitment to work with community organizations, groups, and experts to build an action plan to disrupt harmful cycles of domestic violence. Standing Together focuses on domestic violence rather than gender-based violence. This term is gender neutral, but the provincial government affirms its gendered character:

Domestic violence affects many Nova Scotians and can happen in any relationship. Evidence shows that women are the primary victims and men are the primary perpetrators. In Nova Scotia, 79% of domestic violence victims are women. These threats to women's safety can affect their health, social and economic well-being, and that of their children and families.⁷

Standing Together is led by the Nova Scotia Status of Women Office and informed by a commitment to "work differently" with others. It is being implemented collaboratively with community, government, and academic partners. During its first phase, from 2018 to 2022, Standing Together provided funding to support more than 80 projects, programs, and collaborations to help community organizations and government agencies test new, innovative ideas to prevent violence and provide support. Like the National Action Plan, the Nova Scotia plan recognizes sustained, coordinated effort and investment are required to have an impact on this complex issue.

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Standing Together is premised on the insight: **“the time is right for something new.”**⁸ Here, the emphasis on timeliness is based, in part, on an assessment of the current climate in the wake of the pandemic:

In the last several years, we have all experienced unprecedented change locally and globally. People are having more difficult conversations in mainstream places. Collectively, citizens and governments have developed a deeper understanding of our interconnectedness and the complexity of many social problems. The pandemic has required government and community to respond and collaborate in new ways to meet emerging challenges. It has also shone a light on the experiences of domestic violence and many underlying vulnerabilities that contribute to individual, family, and community safety and wellbeing.⁹

In Nova Scotia, gender-based violence has entered “conversations and media coverage like never before” as a result of the Desmond Fatality Inquiry and this Commission.¹⁰

Standing Together set out to work differently to understand domestic violence and map a forward path for Nova Scotia. The initiative embraced innovation, exploration, learning, and evaluation. This approach has produced a deep understanding of the context and has promoted learning to inform actions and pathways for change.

The first phase of Standing Together was evaluated through a collaborative engagement process guided by Diane Crocker, professor of criminology, Saint Mary's University, and Heather Ternoway, executive lead, Standing Together, Nova Scotia Advisory Council on the Status of Women. Their report, *Learning What It Will Take to Prevent Domestic Violence in Nova Scotia*, does more than evaluate the outcomes of the 80 funded projects; it also provides a “learning summary”¹¹ to inform action on a going-forward basis. The evaluation and learning process report summarizes Standing Together’s approach and describes key insights from the initiative’s first four years. It is based on an extensive process:

The evaluation and learning framework incorporated a developmental and participatory approach that benefitted from many contributors. It included multiple perspectives as we “learned in real time” and built understanding of the broader context surrounding our commitments to preventing and addressing domestic violence in Nova Scotia. This

approach included collaborations amongst government, academics, researchers, and community.¹²

Standing Together applies the “social ecological model of prevention,”¹³ which includes four levels of prevention: individual, relationship, community, and societal. We examine this model in greater detail in the next section of this chapter, on collective responsibility.

The evaluation and learning process report identified which funded project aligned with which level of prevention. Most Standing Together projects aligned with the individual and community levels, with a smaller number aligned with the relationship and societal levels. Examples cited are:

Individual-level work tended toward education and training, as well as programming and counselling.

Community-level projects focused on schools, workplaces, and neighbourhoods, and aimed to change these settings to improve their ability to do prevention work.

Relationship-level projects included working with parents, families, and peer groups to promote healthy relationships.

Societal-level projects focused on changing social norms, such as working with men to rethink men’s roles in society and what healthy masculinity looks like.

The Standing Together funded programs have already had a positive impact. According to Professor Crocker and Ms. Ternoway’s report, “people have learned about healthy relationships and gender norms, safer spaces have been created, victims / survivors have been supported, and funded organizations have been strengthened.”¹⁴

More generally, the evaluation and learning process identified several changes that occurred under the Standing Together initiative. These included:

- more resources for women in violent relationships;
- increased capacity to think, talk about, learn, and effect system change together;

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- more funding to organizations that do not typically focus on domestic and gender-based violence but work with underserved or at-risk populations;
- improved level of collaboration, cooperation, and speed (especially COVID-related);
- increased willingness to speak about gaps in services for men and boys;
- more safe spaces (i.e., physical spaces for those in underserved populations);
- more updated resources and information about domestic violence and services;
- more hope;
- stronger connections between organizations, service providers, and government;
- more cross-sectoral collaboration; and
- openness to restorative and relational ways of thinking and working.

As Standing Together's work evolved, the evaluation team reported "increased attention and interest in system change as an important part of the shift pillar." They apply the following systemic indicators in their analysis:

- increased knowledge and capacity of system actors;
- expanded, deepened relationships, collaborations, and networks;
- legislative and policy changes;
- practice changes; and
- new narrative and culture shift.¹⁵

The evaluation and learning process found indicators and changes related to all these outcomes, suggesting that Standing Together had some impact on the system and has created momentum for more change. Two of the systemic changes identified in the report are:

New narrative and culture shift epitomize system change, and we see evidence of change in these regards. For example, we see the narrative shifting away from framing women as victims and men as perpetrators. We are seeing a trauma-informed approach to those who experience violence and those who cause the harm, and a recognition that men who have committed violence often face their own underlying trauma.

We have observed a striking change in how violent or abusive men are viewed. While no one excused male violence, the narratives we heard reflected on seeing these men through a different lens. The work with men could catalyse social change that re-thinks men's role in society and what it means to be a man. As one project participant reflected to a service provider, the program is "helping me see my male identity differently."¹⁶

As Commissioners, we understand the authors to be calling attention to two shifts in the way we understand domestic violence. The first shift is the need to not see women survivors as passive victims but instead to acknowledge their agency and create spaces and processes in which these women lead in deciding what responses will best support them and create lasting safety in their lives. This shift also entails understanding that while the majority of this violence is perpetrated by men, there are societal structures that cause that to be the case, and addressing those root causes is necessary in order to address male violence. This shift shows the importance of recognizing that gender-based violence is a whole-society epidemic, affecting everyone, including men and boys. We return to the theme of healthy masculinities in Volume 4, Community.

The second shift is the move away from a primary emphasis on criminalization and carceral responses. Our approach is consistent with the Standing Together report on both these signal transformations.

We highlight four key elements of the knowledge gained through Standing Together to date:

- Domestic violence is a complex and serious, but preventable, public health problem.
- It's easier to work at the individual and community levels than at the relationship and societal level. Deliberate efforts will have to be made to work at these other levels to effect systems and social change.
- No organization holds the only solution to these complex challenges, and it will take more than a generation of primary prevention to demonstrate impact.
- Nova Scotia is now better prepared to create conditions for change and work toward preventing domestic violence.¹⁷

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The evaluation and learning report advised against developing an action plan, especially in light of cynicism about “plans that gather dust on shelves.”¹⁸ The report noted: “Many action plans rely on linear checklists which can be helpful for short-term accountability but may have limited impact. The linearity of a checklist cannot account for the complexity of the problem or be easily operationalized to generate deep system change.”¹⁹

The Standing Together evaluation team is now focused on finding a way to “conceive of an action plan differently so that it could be a ‘catalyst for change’ rather than a static report.”²⁰ The evaluation and learning report concludes that going forward the focus should be on the factors that Standing Together participants identified as critical to the work:

- stakeholder engagement;
- collaboration and co-operation;
- resources, including staff who can prioritize the work;
- diversity of service providers;
- strong relationships among stakeholders;
- social determinants such as housing;
- social support for gender equity; and
- government commitment and champions.²¹

This approach is encapsulated in the Nova Scotia Advisory Council on the Status of Women publication “Standing Together: Pathways for Change,” the key features of which are reproduced in the text box below.

In November 2022, upon signing the National Action Plan to End Gender-Based Violence, the government of Nova Scotia noted some of the achievements from the projects funded in the first phase of Standing Together and emphasized: “Going forward, investment in prevention at all levels must be prioritized, and primary prevention must be the top priority.”²² We discuss some of the specific proposals made in the Standing Together evaluation and learning report later in this chapter.

Standing Together: Nova Scotia's Action Plan to Prevent Domestic Violence

Goals:

- **Prevent domestic violence** by disrupting cycles of violence and ensuring that Nova Scotians are better prepared to develop healthy, violence-free relationships.
- **Support victims of domestic violence** with an improved system of programs that help them rebuild their lives and prevent violence in the future.
- **Shift policies and interventions** so support systems better respond to people's needs, understand and promote gender equality, and address barriers facing the most vulnerable Nova Scotians.²⁵

Pathways for Change:

Prevention

Our focus is to prioritize actions and initiatives that get at the root causes of gender-based violence. The future we envision includes social norms and attitudes that encourage healthy relationships and equity, structures and systems that connect and support people, and communities where healing and well-being are prioritized. We want people to be safe and secure in their homes, in public spaces, where they work, where they play, and online.

Support

A stronger, more coordinated intervention and response sector can meet people where they are, ensure the right supports are available at the right time, and share the responsibility for long-term outcomes such as the safety, well-being, and economic security of survivors and those involved in gender-based violence. For prevention work to be successful, the intervention sector needs to know that they can expect stable funding and high levels of collaboration with government and other partners. Strengthening and enhancing supports for survivors and their families means addressing systemic barriers and inequities in terms of access, cultural safety, and responsiveness.

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Leadership and Coordination

Continuing to prioritize prevention and improve supports are key elements that will continue to inform and adapt government's approach to being both forward-looking and responsive to emerging needs and contexts.²⁴

The National Action Plan and Nova Scotia Standing Together plan both call for action today and emphasize the long-term commitment required to rid Canadian society of this epidemic. The "today" directive responds to the urgency driven by the unacceptable human cost of these prevalent and persistent forms of violence. The "tomorrow and tomorrow and tomorrow" pledge responds to our knowledge of complex root causes of gender-based violence and their individual, community, society, and structural dimensions. While demonstrably correct, the dual messages of "right now" and "over an extended time horizon" can lead to inaction. In one of his speeches, former US president John F. Kennedy used the phrase "We must use time as a tool, not a couch."²⁵ He expanded on this entreaty: "Time should be used to work for you. Either you're using time to get things done, or you are using time to wait for things to develop."²⁶ **If we want to end gender-based violence, whether it will take 10 years or a generation, we need to act right now. If we do not, it will continue to wreak damage throughout Canadian society, including through mass casualty incidents.**

A Collective Responsibility to Act

The Commission's record clearly establishes the need for a whole of society response to end gender-based violence, including its escalation to mass casualty incidents. The National Action Plan describes this collective responsibility this way:

Ending GBV is everyone's responsibility. It is a multi-faceted and complex issue that requires cross-sectoral approaches, with responses from education, health, justice, and social service sectors. Working in partnership across orders of government, with victims and survivors, Indigenous partners, direct service providers, experts, researchers, advocates, and the private sector is essential.²⁷

The Standing Together evaluation and learning report also named our collective responsibility to address domestic violence:

No organization holds the only solution to these complex challenges, and primary prevention will take more than a generation to demonstrate impact. We have a shared responsibility to make deep and lasting change. By strengthening relationships built on trust – between individuals, community, and government – we believe that we can create a future where young people will have safe spaces where they can express their feelings openly and honestly, find strength in each other, and learn how to model nurturing, loving, healthy, and safe relationships.²⁸

We find the Standing Together Social-Ecological Model to be particularly helpful in articulating and providing a visual representation for a whole of society response to gender-based violence. With the permission of the Nova Scotia Advisory Council on the Status of Women, we reproduce this model here.

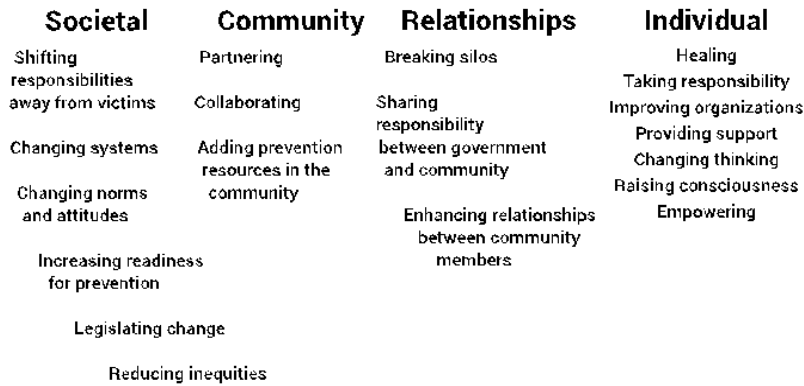
Standing Together Social Ecological Model

The Standing Together Social Ecological Model is closely allied with the public health prevention approach that we endorse in Recommendation V.2: A Public Health Approach to Preventing Mass Casualty Incidents, which can be found in Chapter 8 of this volume. The Standing Together report relies on the US Centers for Disease Control and Prevention definition of this model:

This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level. Besides helping to clarify these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact.²⁹

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Standing Together Social Ecological Model



Learning about what it will take to Prevent Domestic Violence in Nova Scotia: Evaluation and Learning Summary, Diane Crocker & Heather Terroway, for the Nova Scotia Advisory Council on the Status of Women, 2022.

This approach encourages us to think and act in more holistic ways, to break down silos between different approaches, and to conceive of our work to have individual, relationship, community, and societal approaches.

An acceptance that it is everyone's responsibility to act could have the unintended consequence of nobody acting because they are waiting for others to step up first. For this reason, we consider it important to emphasize that a whole of society

response depends upon the personal engagement of all: it begins with what everyone says and does, and learns and contributes. **One point is indispensable: gender-based violence is everyone's problem.**

Clearly, the primary obligations to help prevent and respond to gender-based violence and mass casualty incidents lie with institutions, organizations, and systems responsible for keeping communities safe. It is individuals, acting personally and collectively, that shape these bodies and help to reinforce or challenge systems that perpetuate gender-based violence.

While maintaining this focus on institutions and structures, we recognize that **everyone will have individual and collective opportunities to keep each other safer and to support each other now and in the future.** One of the main lessons we have learned from the April 2020 mass casualty is that community residents are first responders to critical incidents. This insight is set out in Volume 2, What Happened, and explored further in Volumes 4, Community, and 5, Policing. It is equally important to affirm that community members are "first preventers," in that everyday actions can have a decisive role in interrupting or facilitating the dynamics of gender-based violence.

Furthermore, a "collective" refers to a whole consisting of its parts – individuals, families, and communities – and to the ways these coalesce through relationships, cultures, institutions, systems, and structures to form our society. "Collective" also means that the responsibilities engaged have a concerted and cumulative impact.

In calling for a whole of society response, we mean the collective responsibility to act understood in this broad and nuanced way. Wherever possible, we include examples of actions and changes that engaged all these levels of activity.

Lessons Learned and a Path Forward

Gender-based violence is a societal problem and requires a whole of society response. There is a tendency to attribute our inadequate responses to a problem with policing, but we need to understand that the problems and solutions are holistic and multifactored. They involve many systems, which can interact to reinforce rather than prevent violence against women. This is not to say that police

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have no role in this dynamic, but rather to stress that their role cannot be viewed or understood in isolation.

In this section, we share our central lessons learned about how to work toward preventing mass casualties by prioritizing the prevention of gender-based violence in all its forms. We add this distillation of the Commission's public record on gender-based violence to the knowledge gained from many other sources that are coalescing at this critical juncture. In Volume 4, *Community*, we apply these lessons in our discussion and recommendations concerning best practices for community-based responses and interventions to gender-based violence and fostering healthy masculinities. In Volume 5, *Policing*, we take the same approach to our focus on policing responses and interventions. Given our conclusion that we know what to do but are not doing it, we focus primarily on making recommendations about principles to guide this fundamental shift.

Based on our inquiry into the causes, context, and circumstances of the April 2020 mass casualty, we join many others in affirming that a fundamental change is required in order to end the epidemic of gender-based violence. Numerous experts, some Participants, and some public submissions encouraged us to consider "full system changes," a "paradigm shift" to "reimagining justice," or to "tear down the system and fix it with something brand new."

We conclude that the central thrust of this change must be to confront and eliminate our social acceptance of gender-based violence, and mass casualties, as inevitable. As we documented in the previous chapter, violence against women is normalized, routinized, and all too common-place in Canadian society. In Part B, we confronted the erroneous belief that mass casualties, while comparatively rare, are also inescapable. The same logic applies more broadly to gender-based violence.

Canada, along with the majority of other Western countries, has acknowledged the prevalence of gender-based violence and its horrendous costs for decades, and we know that it has been operating within and across most societies and cultures for much longer than that. This history does not make gender-based violence normal or unavoidable, but it does point to the extent of the challenge and the need for collective action. During our lifetimes, we have witnessed substantial progress toward eradicating widespread social problems through society-wide public health interventions supported, where needed, by justice system reform. We can succeed again.

Mobilizing a Society-Wide Response

Confronting and ending the normalization of gender-based violence requires mobilizing a society-wide response. We have already highlighted the need to recognize a collective responsibility and individual, community-wide, and institutional duties to act. Here, we propose lessons learned about how to prepare the ground for purposive action.

The Participants in the gender-based coalition of Women's Shelters Canada, Transition House Association of Nova Scotia, and Be the Peace Institute proposed that the Commission "recommend that all levels of government in Canada declare gender-based and intimate partner violence as an epidemic that warrants a more meaningful response."⁵⁰ The first recommendation of the 2022 Renfrew County Inquest jury (concerning the 2015 murders of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam by a man known to them) is for the Government of Ontario to "Formally declare intimate partner violence an epidemic."⁵¹ **We agree that recognizing gender-based, intimate partner, and family violence as an epidemic is a valuable first step in mobilizing the collective action toward the substantive steps needed to prevent and eradicate these forms of violence. The word "epidemic" signifies the scope of the problem as prevailing and sweeping, and also speaks to its toxic and unhealthy character. It may resonate strongly now, given our recent shared experience of acting together in the public interest to bring COVID-19 under control.**

A mobilization strategy that emphasizes the prevalence of gender-based violence and its costs should be complemented by one that emphasizes how individual actions can make a big difference. During the roundtable on personal and community responses, Pamela Cross, legal director, Luke's Place Support and Resource Centre for Women and Children, read two quotations from the community consultations that she held in Renfrew County, Ontario, before the inquest referred to above: "To survive you have to live in a community that takes responsibility for your safety. It's fine to hope that the courts will do it and the police will do it, but at the end of the day, it's your neighbour who's going to do it," and "You can have the best or the worst safety plan in the world, and it isn't going to matter a great deal in the end. What's going to help keep you alive is someone keeping an eye. I don't mean police, probation and counselling services, although all of them have a role, I mean the community, friends, neighbours, and employers. Bystander intervention has to be taken to a whole new level."⁵²

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By underscoring the vital importance of individual and community action, these views, and the lived experiences they represent, can contribute to a whole of society response.

As part of the same conversation, Dr. Deborah Doherty, executive director (ret.), Public Legal Education and Information Service of New Brunswick, spoke about the pervasiveness of the “don’t ask, don’t tell”³³ mindset and how governments may need to support actions to counter it in order for communities to play their important role. She spoke about research that she and colleagues have undertaken in this area:

For a lot of the reasons that have been identified today, telling is not always a productive strategy, especially if you’re telling the criminal justice system, the family law system. But what about telling your friends, family, neighbours, co-workers...

... the section in our research about friends, family, neighbours suggest that they’re not responding in a particularly helpful way when victims ask – tell them or disclose ... And it goes on to say, you know, that in a rural community it’s two-fold, you want to help, yet in the same sense there’s pride. They don’t reach out for help and if someone approaches them, like a well-meaning minister, they’ll deny it. It’s very common for it to be a total non-issue. And from a victim’s perspective, we heard people don’t take it seriously. If you go around saying you’re abused or that there was a firearm involved, they’re just, “Oh, that must have been bad,” and that’s it. You know, they really don’t take notice. So I think that don’t ask, don’t tell has arisen out of some of those kind of misconceptions about how you could be helpful or what you can say.³⁴

Based on this research, Dr. Doherty proposed a public education campaign to make communities more responsive. A central message would be that community members are often “the only ones that can help.”³⁵ It is having a social network of friends, family, and neighbours that makes a difference in a woman’s feeling of safety and contributes to her actually being safe.

Dr. Amanda Dale, former executive director of the Barbra Schlifer Commemorative Clinic in Toronto, also emphasized the need to “make a case for social change in attitudes,” including through government-backed “incentives to shift culture” toward a shared responsibility for keeping women safe.

The most recent Australian national plan to end gender-based violence builds on earlier plans and has a focus on the need for a whole of society response that must be recognized and supported by governments. The 2022 report states: “To reach our goal of a country where all people live free from fear and violence we need sustained, collective action across society.”³⁶ The report sets out the roles and responsibilities of various actors: national government and state and territory governments (including through a commitment to share delivery); the Domestic, Family and Sexual Violence Commission; the family, domestic, and sexual violence sector; businesses and workplaces; media; schools and educational institutions; perpetrators; the justice system and health sector; and communities.

We agree with the approach taken in the Australian national plan and encourage everyone to actively take on an individual and community role by seeking out opportunities to contribute to ending gender-based violence. In the text box below, taken from the Australian report, we set out a few of the ways they have identified to foster a society-wide response. Ideas such as these illustrate some of the steps we can each take to meet our collective responsibility on this path.

Preventing Gender-Based Violence: Steps to Take in Our Everyday Lives

These steps we can take in our everyday lives to help prevent gender-based violence are based on ideas from the Australian National Plan to End Violence against Women and Children 2022-2032:

- Learn more about gender-based violence and what steps we can take to prevent it.
- Learn about how to be an ally to people working in the gender-based violence advocacy and support sector.
- Challenge the condoning of violence against women in our workplaces and social settings.
- Challenge gender stereotyping and traditional forms of masculinity.
- Strengthen positive, equal, and respectful relationships between all people in our homes, communities, workplaces, and other settings.
- Become a champion for broader prevention efforts.³⁷

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Within the Canadian context, a whole of society response necessarily involves federal, provincial, territorial, municipal, and Indigenous governments; the health sector and the justice system; the non-governmental and community-based social services sector; businesses and workplaces; media; schools and educational institutions; communities; and individuals, including survivors and perpetrators. We urge all to join in this communal response and add their efforts to those of the gender-based advocacy and support sector. This sector of mainly women-serving organizations has for too long have struggled without adequate funding, sufficient allies, collaboration, backing, and contributions. In Volume 4, Community, we expand further on a range of opportunities for engagement by individuals, groups, and sectors in ending gender-based violence and enhancing community safety.

The participation of survivors and perpetrators is an integral but often overlooked aspect of a whole of society response. During our Phase 3 consultations with Participant gender-based organizations, Sue Bookchin, representing the Be the Peace Institute, noted that survivors “often want the opportunity to contribute to change in these system. We rarely, if ever, invite them to the table.”³⁸ She also advocated for recognizing that “we need the voices of people who used violence.”⁴³

We recognize the critical need for more men and boys to become actively engaged in efforts to prevent and intervene in gender-based violence. Furthermore, it adds insult to injury to see that women, particularly survivors of gender-based violence, have also been forced to tirelessly lead this change. It is time for more men to be part of the solution. We again call on Ms. Bookchin, who explained: “The bulk of the responsibility for this work over decades, maybe hundreds of years, has been on the shoulders of women. We need men to step up ...”⁴³

The 2021 United Nations *Handbook on Gender-Responsive Police Services for Women and Girls Subject to Violence* expands on the vital role that men can and must play:

Whilst the majority of men don't abuse or use violence, to simply say “I'm a good guy, I don't do that” isn't enough. We need men to show leadership and take a stand against the abusive behaviours of the “some men” that do abuse.

There is much that men can do to prevent men's violence against women. Finding a collective will in male culture to make it a priority is key. It's clear that a majority of men are uncomfortable with other men's abusive

behaviours but they have not figured out what to do about it or have not yet mustered the courage to act on their own.⁴

The handbook provides specific examples of practical actions for men.

Gender-based violence is not a women’s problem; it is primarily a men’s problem. Men need to actively resist the normalization of violence against women and take steps within their reach to advocate for and work toward an end to this epidemic.

Engaging Men in Prevention

“As long as we take the view that these are problems for women alone to solve, we cannot expect to reverse the high incidence of rape, child abuse and domestic violence. We do know that many men do not abuse women and children and strive always to live with respect and dignity. But until today, the collective voice of these men has never been heard, because the issue has not been regarded as one for the whole nation. From today, those who inflict violence on others will know that they are being isolated and cannot count on other men to protect them. From now on, all men will hear the call to assume their responsibility for solving this problem.”

—Nelson Mandela, National Men’s March, Pretoria, South Africa, 1997⁴

Recommendation V.14

MOBILIZING A SOCIETY-WIDE RESPONSE

The Commission recommends that

- (a) All levels of government in Canada declare gender-based, intimate partner, and family violence to be an epidemic that warrants a meaningful and sustained society-wide response.

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- (b) Non-governmental bodies, including learning institutions, professional and trade associations, and businesses, declare gender-based, intimate partner, and family violence to be an epidemic that warrants a meaningful and sustained society-wide response.
- (c) Men take up individual and concerted action to contribute to ending this epidemic.

IMPLEMENTATION POINTS

- A whole of society response recognizes the range of actors that have roles and responsibilities to contribute to ending this epidemic, including: federal, provincial, territorial, municipal, and Indigenous governments; the health sector and the justice system; the non-governmental and community-based social services sector; businesses, and workplaces; media; schools and educational institutions; communities; and individuals, including survivors and perpetrators.
- A whole of society response respects and values the expertise and experience of survivors and the gender-based violence advocacy and support sector.

Centring the Experiences of Women

One of the central principles of the Commission's "lessons learned" is that the experiences of women survivors must be at the centre of all aspects of our collective work to prevent and intervene in gender-based violence. These experiences must be at the centre of this fundamental change from beginning to end, from issue and problem identification and prioritization to the development of services, policies, and strategies, and to a review of these services, policies, and strategies. During our roundtable on political and institutional responses to intimate partner and family violence, Dr. Nancy Ross of Dalhousie University emphasized the ways in which victims or survivors of gender-based violence want a voice. She said that it is "a myth that victims are passive and have nothing to say."⁴³ She went on to confirm that her research indicates most victims want to and can contribute to ending gender-based violence.

A growing number of researchers and policy-makers understand the central importance of putting people at the centre of policy development and implementation. This approach can be traced back to bell hooks, an American author and social activist who spoke about the concept of “margin to centre” thinking, planning, and design.⁴⁴ During our roundtable on personal and institutional responses to gender-based violence, Dr. Rachel Zellars of Saint Mary's University explained one of the core principles in this work. She noted that Ms. hooks taught us that “those of us in a society, in a community that live with the most complex experience are those that produce the most detailed knowledge, always. And if we take those voices, those people that you described to us so perfectly, and bring them to the centre of our world, our understanding, our design, we ensure that no one gets missed.”⁴⁵

A related but separate point is that the emphasis on women-centred solutions should itself focus on taking active steps to listen to, learn from, and situate the most marginalized, oppressed, and vulnerable women. This insight is also drawn from Ms. hooks's work, as well as from Columbia Law School Isidor and Seville Sulzbacher Professor of Law Kimberlé Crenshaw's work on intersectionality. Intersectionality is a framework of analysis that explains how related systems of oppression and discrimination (including on the basis of race, gender identity, and socioeconomic status) reinforce each other to lead to systemic injustice and social inequality.⁴⁶ We learned this lesson in practical terms through the Avalon process, described in Part A of this volume, which demonstrated that it was only by taking steps to create a safe space for African Nova Scotian and Indigenous women that we heard about the perpetrator's predation in that community and his impact on the lives of numerous women, some of whom participated in that consultation process. The importance of the lessons learned through this experience was reinforced by others during our roundtable discussions and Phase 3 consultations. The path forward means countering these forces of marginalization and precarity by direct engagement with these women and others in comparable situations, whose voices are too easily silenced.

These steps are critical because we know that there is no “one size fits all” solution to preventing and intervening in gender-based violence. The Standing Together evaluation and learning report confirmed this point: “From the work done, it became clear that not all women experience domestic violence in the same way. Not all women can access the same kinds of services. Some women may never seek help or support from domestic violence agencies. Women in rural areas and those with disabilities face additional barriers. One size does not fit all.”⁴⁷

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In testifying about her many years of research into women's safety, Dr. Doherty summarized the general finding: "What makes me feel safe is not necessarily what my neighbour would need or would want to feel safe."⁴⁸ She emphasized there is no right way, and the most important thing we can do is say "You're the expert on your life. What would make you feel safer?"⁴⁹ During our roundtable, Emma Halpern, executive director, Elizabeth Fry Society of Mainland Nova Scotia, also emphasized a woman-centred approach: **"At the end of the day, the most important thing that I want to leave here with is we need to listen to the people who experience this day to day. They are the experts, the survivors themselves, the stories."**⁵⁰

The Avalon Report concludes that their process demonstrated that "the lived experiences of survivors, victims and perpetrators of violence are fundamentally vital to the Commission's work."⁵¹ We concur, and believe the words of the survivors themselves say it all:

"We need to be believed as Black and Indigenous women."

"I need you to acknowledge that violence, racism and brutality has and continues to impact our people."

"Our voices matter."⁵²

Paying attention to women survivors, particularly marginalized women survivors, is critical. The Avalon Report coupled this principle with a second one concerning the necessity for persons who benefit from socio-economic conditions and have power and privilege as a result to champion the voices that are not at the centre: **"We need white informed advocates who amplify our voices."**⁵³

Situating the experiences of women survivors at the centre of the work is an integral part of the fundamental shift required to prevent and intervene in gender-based violence. We examine three actions necessary to achieve this shift: hearing women, seeing women as members of communities, and affirming and support women's agency.

Hearing Women

Putting the experiences of women survivors at the centre of our collective work to prevent and intervene in gender-based violence requires us to listen to, hear,

and answer to women's voices. Yet, our society and institutions are systemically hard of hearing when it comes to female voices. Barriers to attending to women's voices were a consistent theme of the Commission's work. We have already discussed these barriers with respect to the African Nova Scotian and Indigenous women who had information to provide about the perpetrator of the April 2020 mass casualty, and yet did not feel safe providing that information directly to the Commission. As described in Part A of this volume, we were able to hear the voices of these women through the auspices and efforts of Avalon Sexual Assault Centre. Throughout our Inquiry, we witnessed several other examples of women's voices being silenced through failure to pay attention or respond, mishearing, misunderstanding, disregard, neglect, disparagement, and derision.

In Volume 2, *What Happened*, we made findings about the lack of attention paid to information provided by Jamie Blair, Kate MacDonald, Cst. Victoria (Vicki) Colford, and Acting Cpl. Heidi Stevenson. We found:

- At 10:01 pm on April 18, 2020, Jamie Blair told the 911 operator that the perpetrator was driving a car that was "decked and labelled RCMP," but that he was a denturist, not a police officer. Her voice was neither fully heard nor acted upon.
- From 10:25 pm to 10:30 pm on April 18, 2020, immediately after the perpetrator shot her husband, Kate MacDonald spoke with Operational Communications Centre RM Brian Rehill. She provided the perpetrator's first name and information to support the proposition that the perpetrator's car was a clearly marked vehicle. Ms. MacDonald was not identified as a surviving eyewitness or interviewed until April 20, 2020. Her voice was neglected.
- At 10:48 pm on April 18, 2020, Cst. Vicki Colford broadcast over the Colchester radio channel alerting other RCMP members to the existence of another potential exit out of Portapique. Her voice was not heard.
- At 8:44 am on April 19, 2020, Acting Cpl. Heidi Stevenson inquired about a media release to the public. It was pushed up the chain of command, but she never received a response to her inquiry. Her voice was discounted.

We acknowledge that there are also examples of men's voices not receiving an adequate response during the mass casualty, including Andrew MacDonald and some family members of those whose lives were taken in Portapique (including as discussed in Volumes 2, *What Happened*, and 5, *Policing*). This acknowledgement does not contradict our finding that there is a pattern of silencing women's voices

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that is more widespread, including in police responses. As discussed further in Volume 5, Policing, this lack of attention is partially attributable to systemic weaknesses in the RCMP's critical incident response. The examples above, however, are also indicative of the ways in which women's voices tend to be poorly heard, unacknowledged, and ignored.

In reviewing events leading up to the mass casualty, we identified other examples of gendered silencing. Lack of police responsiveness to complaints by Susan (Susie) Butlin and April Duggan to the RCMP Bible Hill detachment about Ernest Duggan's threatening, violent behaviour and the concern that he might have a firearm are examples of systemic failures in this regard. In August 2017, Ms. Butlin made several complaints to the detachment about Mr. Duggan's sexual assault and stalking of her; he murdered her on September 17, 2017. Her voice was disparaged. On August 21, 2017, Ms. Duggan, wife of Mr. Duggan, made a complaint to the RCMP Bible Hill detachment fearing for her own safety and the safety of their neighbour, Ms. Butlin. She also reported that she thought he had obtained a gun. Her voice was disregarded.

The Butlin case informs our longer-term perspective on these issues. More proximate to the mass casualty, as discussed in Part A of this volume, Brenda Forbes provided information to the RCMP in 2013 about the perpetrator's violence and firearms, and her ongoing concern for Lisa Banfield's safety. Her voice was misunderstood and disregarded. In August 2019, a woman, referred to by the Commission as II to protect her privacy, also tried to make a complaint that the perpetrator had sexually assaulted her. Her friend told the RCMP members who responded that II was just drunk. Her voice was silenced.

We examine these examples further in Volume 5, Policing. Systemic failures contribute to further silencing, as women question why they would bother to report when they are unheard. Ms. Forbes talked about this in her testimony. Ms. Forbes's experience also contributed to Ms. Banfield's belief that it would be pointless to report the perpetrator's assault on her.

After the mass casualty, Melinda Daye, an activist, advocate, and lifelong resident of the North End of Halifax, spoke to the police about the perpetrator's problematic behaviour within the communities where his clinics were situated – communities where she is an acknowledged leader. When interviewed by the RCMP, Ms. Daye told them that the perpetrator had a habit of propositioning Black women and implying that he would reduce their denturist bill in exchange for sexual favours. Ms. Daye informed the Commission that the RCMP took no action, and there is

no record of RCMP follow-up on this relevant information. Learning from Ms. Daye about this dimension of the perpetrator's violent, intimidating, and predatory behaviour was a critical step in the path to the development of the Avalon process that provided insight into the perpetrator's violent, intimidating, and predatory behaviour, specifically in marginalized communities.

As we reviewed the RCMP's actions after the mass casualty, several further examples of the way women are misheard or disregarded within that law enforcement agency came to light. These examples indicated that this silencing can happen even when those women are at the "top" of a hierarchical organization. A week after the mass casualty, Lia Scanlan, H Division's director of strategic communications, asked RCMP national headquarters for relief staff and support for H Division personnel. Her request went unfulfilled for weeks, during which time H Division faced heavy criticism for gaps in its public and internal communications. Around the same time, members of the RCMP Emergency Response Team (ERT) engaged on April 18 and 19, 2020, sought support through a request to work together for a few weeks following the mass casualty. A/Commr. Lee Bergerman ordered that steps be taken to fulfill this request, yet the necessary steps were not taken. Related to this same issue, Kelly Sullivan, H Division employee and management relations officer, was criticized by some members of the ERT for the failure to meet this request, although she had taken active steps in support. When she learned that some RCMP were being critical of her, including by making sexist and otherwise derogatory statements, she sought the assistance of her supervisor to facilitate a meeting to clear the air. This request was ignored. In listening to the audio recording of the meeting between senior officers from RCMP Headquarters and H Division, we also learned that Commr. Brenda Lucki's reasonable request for a timeline of the mass casualty had not been actioned. The characterization of that meeting by some in attendance as only about her criticism of H Division conveys only part of a more nuanced story. These examples show how the voices of women, regardless of their professional status, can be disrespected. We discuss the significance of the patterns of institutional behaviour represented in these RCMP examples in Volume 5, Policing.

Ending gender-based violence depends upon reversing processes that silence women, particularly marginalized women, and drastically improving the attention given to women's voice. During our Phase 3 consultation with Participant gender-based organizations, Dr. Katreena Scott summarized some key points of our dialogue, including the importance of "changing the social narrative, recognizing power and privilege, believing survivors and valuing their voices."⁴¹

TURNING THE TIDE TOGETHER • Volume 3: Violence**Seeing Women as Members of Communities**

In the previous chapter, we set out what we had learned about the complex relationship between marginalized women, their communities, and the existing systems for reporting gender-based violence. For example, several experts emphasized how Indigenous and Black women's decisions to report gender-based violence to police can be shaped by values of community and collective well-being. They also informed us about how this potential conflict between individual and collective values is heightened by systemic racism and intergenerational trauma. This lesson underscores the need to be open to responding to women in communal and relational terms rather than on a purely individualistic level.

The Nova Scotia Standing Together initiative pays particular attention to several priority populations and communities whose needs have not been served well by the existing system. The evaluation and learning report concludes that "In some cases, the system has created or exacerbated harm in these communities. Anti-Black and anti-Indigenous racism emerged as a major theme and a barrier to meaningful and culturally appropriate prevention work."⁵⁵ The report also stresses that Participants from Mi'kmaw communities described their lack of trust in mainstream supports and services and "highlighted the importance of strength-based approaches, the need for safe spaces and Indigenous-led programs and service."⁵⁶ Participants from African Nova Scotian communities emphasized their experiences of systemic racism in the province. Members of these communities "want to see Afro-centric service and supports that allow them to directly challenge, on their own terms, some expressions of masculinity in the community."⁵⁷

Affirming and Supporting Women's Agency

Situating women at the centre of this work will also require affirming and supporting women's agency within these actions and strategies. The importance of this approach was one of the findings made during the Avalon process. Similarly, in a research project carried out by a Commission Participant - Be the Peace Institute - 40 women were interviewed about their searches for justice as survivors of gender-based violence. According to Sue Bookchin, "it came down to three things: they wanted support; they wanted validation that they had been harmed; and they wanted to exercise agency in the process."⁵⁸

During one of our Phase 3 public stakeholder conversations, Mr. Leland Maerz, counsellor at Bridges Institute in Truro, made a related point. He noted that preventing gender-based violence will require both supporting women and children to access the resources they require and “also understanding the limitations of that resource.”⁵⁹ He went on to say:

[W]omen and children can also be their own resources. Sometimes in this discourse, we actually rob women of the agency that they – and children of the agency – already have because of how we gender the conversation as men being so dangerous and powerful and women being so – and children being so weak and vulnerable, so like again, being careful about essentializing women based on their gender only, right, and being careful when we’re offering resources within those resources when we’re rolling them out to ensure that women and children get connected with their own agency, their own agency to make better choices.

... is that resource helping them connect with their sense of agency, connect with their own values, connect with their own goals in life so that when that resource isn’t there any more, they feel as though they have the strength and the support to carry on on their own.

And so I think my conversations with women, that’s what stands out the most to me is the – how the culture can inadvertently assume they don’t have any agency or any ideas about how to do what’s important to them, and treat them only kind of as a victim. I suppose that’s why we talk about – we use the word “survivor” in that sense, right? There’s that negative connotation sometimes to that word [victim].

We conclude that one central aspect of our path forward is to make women-centred strategies and actions a focal point of our collective response to gender-based violence. Implementing this focus requires us to pay foremost attention to the situation of marginalized and oppressed and women living in precarious circumstances. It will also require taking active steps to improve our systemic ability to hear women’s voices and to affirm and support their agency. The gender-based advocacy and support sector has experience and expertise that can assist in learning and applying this lesson.

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Recommendation V.15

WOMEN-CENTRED STRATEGIES AND ACTIONS

The Commission recommends that

- (a) All organizations and individuals adopt women-centred strategies and actions to prevent, intervene in, and respond to gender-based violence, and to support restoration and healing;
- (b) Women-centred strategies and actions be facilitated through the development and support of holistic, comprehensive, coordinated, collaborative, and integrated advocacy, support, and services.
- (c) Women-centred solutions focus foremost on taking active steps to listen to, learn from, and situate the most marginalized and oppressed women and women living in precarious circumstances.

IMPLEMENTATION POINTS

- Recognition of the expertise and experience of the gender-based violence advocacy and support sector, including survivors of gender-based violence, is essential.
- No effective solutions can be developed without input from the people for whom they are being developed.
- Tailored solutions are required in recognition that there is no effective “one size fits all” approach.
- Institutional and personal dynamics that result in silencing women must be actively noticed, identified, resisted, and remedied.
- Women should be seen as members of communities rather than in purely individualistic terms.
- Approaches should affirm and support women’s agency.

Putting Safety First

It may seem obvious that one of main strategies to keep women safe is to prioritize their safety. However, our collective and systemic failures to achieve this end, as described in detail above, belie this simple premise. Our current approach places inordinate emphasis on intervention rather than prevention. In particular, the criminal justice system – with its overriding and disproportionate emphasis on arrest, charging, and conviction – plays too central a role. We must shift this orientation in a deep-seated way. We must take a public health prevention approach that enables us to rebalance the roles of community and police in ensuring safety. A public health prevention approach takes into account the social and economic determinants of behaviours and encompasses a continuum of strategies to end gender-based violence: prevention, early intervention, response, and recovery and healing.

Public Health Prevention Strategies to End Gender-Based Violence

- Prevention: stopping violence before it starts
- Early Intervention: stopping violence from escalating and preventing it from reoccurring
- Response: providing services and supports to address existing violence
- Recovery and Healing: helping to break the cycle of violence and reduce the risk of retraumatization⁶⁰

The case for a fundamental change in orientation starts with an acknowledgement of the limitations of the traditional model of policing that continues to underpin our safety system (recognizing that a few police services are more forward-thinking in their approach and there is more to be done). With respect to gender-based violence, this model results in police officers seeing their job as focusing primarily, and in some cases solely, on whether what a woman tells them is enough to lay a charge.

During our roundtable on police and institutional understanding and responses to sexual violence and other forms of gender-based violence, Dr. Pamela Palmater, a Mi'kmaw lawyer and chair in Indigenous Governance, Toronto Metropolitan University, spelled out what a profound shift a safety-first approach means in how we see

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the role of the police. Under the current model, she noted, “the issue isn’t how do we prevent violence? How do we keep this woman safe? What can we do with all of the tools available to us? It’s my sole job to see if there is a charge, that’s what my focus is. If there isn’t, that’s it.”

This approach, she noted, runs counter to a safety-first approach: “But their legal obligation, under international human rights, is to prevent the violence, investigate fully the violence, and prosecution comes later. Like that’s a secondary step. The first one is how do you keep the woman safe, which you have a legal obligation to do? It’s a state obligation. Police are a state institution, whether it’s federal or provincial.”

Dr. Palmater also described the impact of the failure to put a woman’s safety first in relation to the Susan Butlin murder:

And so she was in fear of her life, she felt under threat. They could have, at a minimum, started from the beginning, okay, how can we prevent harm to her? Is she at risk? This is a neighbour, there’s proximity. Have we investigated him for guns or weapons? All of those things. Have they done wellness checks? Did they show a constant presence to maybe act as a deterrent to him? All of those things around safety, your legal obligation to prevent violence. Regardless of the charge she experienced violence. ... **[Y]our job isn’t just to prevent convictable violence, it’s all violence.** And I think that’s what [is] really missed in this. It was no concern for her, just whether or not they would get the charge.⁶¹

The failure to put women’s safety first extends beyond the limitations of policing.

Putting women’s safety first does not mean downloading the responsibility for safety to individual women. As we noted above, many women are successful at carrying out their own risk assessment safety planning, partly because the system has failed them repeatedly, but many others are not. During this roundtable, Professor Isabel Grant, Peter A. Allard School of Law, University of British Columbia, noted that in a range of gender-based violence cases, including criminal harassment, “police and others expect women to take steps and to change their lives in order to deal with threats from violent men.”⁶² She used the examples of women being told to change the way they get to work and change the locks on their house. Professor Grant explained how this approach shifts the government responsibility to protect everyone onto women themselves: “We’ve individualized responsibility

for keeping women safe, and that's particularly true in criminal harassment, but also in sexual assault."⁶⁴

Safety must be resourced at every point in the continuum of strategies to end gender-based violence: prevention, early intervention, response, and recovery and healing. Professor Janet Mosher, Osgoode Hall Law School, York University, questioned the value of, for example, focusing on statutory reforms (changes to laws) as central to ensure women's safety: "So again, I just want to be clear that the statutory reforms, they can be important, but they can also be deceptive. We deceive ourselves when we think that statutory reform is all that's needed because the resources and populating systems with people who care, love, understand is really what's critical."⁶⁴

We need to acknowledge systemic failures and respond to them by putting women's safety first and resourcing it as a central principle in efforts to end gender-based violence. This principle requires approaches that are proactive and that also enlarge existing approaches focused primarily on individual incidences. In the remainder of this section, we examine four additional four additional areas that need to be prioritized in order to achieve the desired shift: lifting women and girls out of poverty, decentring the criminal justice system, primary prevention, and supporting healthy masculinities.

Lifting Women and Girls Out of Poverty

Putting women's safety first entails resourcing women to stay safe and to develop and implement paths to safety when they are threatened. In their expert report on understanding the links between gender-based violence and mass casualty attacks, Dr. Jude McCulloch and Dr. JaneMaree Maher conclude: "Better prevention of such violence will require increased funding to programs and services that are designed to expertly assist the safe escape of victims / survivors and their children, including social services, health services, child support, disability, housing programs, and culturally diverse and culturally safe support programs."⁶⁵

Along the same lines, one of the four aims of the Canadian National Action Plan to End Gender-Based Violence is to "address the social and economic determinants that contribute to and perpetuate gender-based violence."⁶⁵ This is a welcome recognition of the connection between safety and material security that we examined in the previous chapter. The plan's pillar of action that is most closely related

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to addressing these determinants is framed as “social infrastructure and enabling environment.”⁶⁷ The plan defines “social infrastructure” as “health and social programs, services, and supports, including childcare, long-term care, and GBV services” and notes a number of potential areas for social infrastructure investments, including providing socio-economic benefits for those in need, providing wrap-around services, and providing a range of housing options.⁶⁸ The plan’s pillar of action on “implementing Indigenous-led approaches” also recognizes the importance of addressing the social, economic, cultural, and other forms of marginalization that have resulted in the disproportionately high rates of violence against Indigenous women and girls.⁶⁹ None of this, however, directly confronts the main circumstance that enables gender-based violence: gender inequality and, more particularly, women’s poverty.

Ultimately, the most direct route to ending gender-based violence is lifting women and girls out of poverty. The Canadian National Action Plan recognizes that gender-based violence is rooted in gender inequality and further intensified by systemic inequalities. It falls short, though, of placing gender equality as a central objective. This can be contrasted with the Australian National Plan, which includes this as the primary prevention strategy: “advance gender equality and promote women’s independence and decision-making in public life and relationships.”⁷⁰ The Australian plan makes this connection in stark terms: “Violence against women is serious, prevalent and *driven by gender inequality*.”⁷¹ It also notes that to achieve the objective of ending gender-based violence “we must reshape the social, political and economic aspects of our society that allow gender inequality and discrimination to continue. Across Australia – in cities and regional, rural and remote communities alike – every individual’s humanity and worth must be respected and valued, regardless of their age, gender identity, sexuality, sex characteristics, disability, race and culture.”⁷²

Canada has made significant gains in reducing poverty levels and has adopted a poverty reduction strategy. Given the close connection between material security and safety, targeted strategies to address the forms of poverty that heighten the risks of violence for women and girls, and in particular marginalized and precarious women and girls, are required. Putting safety first requires it.

During the Commission proceedings, we heard over and over that economic barriers can pose an almost insurmountable hurdle to women seeking a path to safety. For example, during our Phase 3 stakeholder consultations, Shawna Wright,

community outreach coordinator at Inspiring Communities, spoke about the impact of limited shelters and housing:

We do need more places like that for sure, but ... those are transition places, and after that, once they're leaving, they're fleeing to these shelters from a violent situation, and then they're transitioning, helping them get into their own place. Like, what happens after they leave? That's the most important thing. Is that violence still there? You know what I mean? They're still unsafe. They're unsafe when they're with us because the individual will come to the shelter, right?⁴⁴

Decentering the Criminal Justice System

Shifting to a focus on putting women's safety first also necessitates decentering the criminal justice system. We have already examined the lack of congruence between women's needs and our current approaches to policing, and we continue this analysis in Volume 5, Policing. The criminal justice system, however, encompasses much more than police investigation; it extends to prosecution, judicial and alternative processes, sentencing and incarceration. We heard about these broader shortcomings from some experts, Participants, and members of the public.

A strong argument in favour of shifting away from a criminal justice focus to a public health prevention model is the fact that most survivors never report. The odds of sexual assault being reported to police are about 80 percent lower than for other violent crimes. Only 6 percent of sexual assaults are reported to police, making it the most underreported crime measured in the General Social Survey on Canadians' Safety. It is estimated that less than 1 percent of sexual assaults experienced by women lead to an offender being convicted. A second argument is provided by clear evidence that punitive responses are disproportionately levelled on marginalized men, particularly Indigenous people (4.9 percent of Canada's population but 32 percent of the federally incarcerated population) and Black Canadians (3.5 percent of Canada's population but 9.8 percent of the federally incarcerated population) and racialized immigrant men. We set out and explored these facts and the ensuing impact on keeping women safe earlier in this volume.

During our roundtable on personal and community responses to gender-based violence, Professor Mosher described the limitations of our current systems:

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I think for so long we have centred the criminal justice system, somehow imagining that the criminal justice system will make women safer, children safer, but I think what you've heard today, and perhaps on other days, is the criminal justice system does very little to make us all safer, and it very often, again as you've heard, increases the harms for women and for communities. So we need to decentre the criminal justice system.

We've got loads of evidence over the past few decades, for example, about reforms around sexual assault, lots of evidentiary reforms, many other kinds of reforms, but women's experiences haven't changed in a material way. The experience of being engaged in a criminal process is still profoundly traumatic.⁴

The Standing Together evaluation and learning report found that participants in its workshops had "an appetite for shifting responsibility away from criminal justice to a more holistic approach." The authors noted that views of their workshop participants "echo academic research that questions the role of the criminal justice system in addressing domestic violence." In particular, the report remarked on how:

This perspective came out loud and clear in our 2020 learning and evaluation workshop when discussing the racism embedded in criminal justice and child protection responses to domestic violence. It reflects public conversations questioning the relevance and potential harm of criminal justice interventions in many situations including substance use and mental health crises. A shift away from criminal justice-oriented solutions would facilitate a move toward more primary prevention and create the conditions to make that possible.⁵

One aspect of our path forward is to decentre the criminal justice system, and this flows directly from placing a primacy on safety. The criminal justice system has a limited ability to make us all safer, to make women safer, to make children safer. We are learning more about the ways that the system can increase harms for women and communities. Decentring does not mean abolishing the criminal justice system; it means recognizing its limits and placing additional emphasis on other components of our public safety net.

One example of this decentring is reimagining what happens after police receive a report of an incident of gender-based violence, which can be seen as a moment of crisis. In addition to the police response, another service provider could undertake

a wellness check within a short period of time after the call. A crisis would be seen as an opportunity for interventions aimed at preventing the escalation of violence and providing a pathway to other services. Connected to this is the proposal in our Recommendation V.8 that the risk assessment tools can be used by community-based service providers in dialogue with woman at risk rather than by police.

Another aspect of decentring is developing and resourcing non-carceral interventions to broaden the range of available responses. As we have seen, many women do not report violence to police because they believe, and in some cases have come to know, that the criminal justice system is not a safe route to safety.

The consensus toward decentring the criminal justice system does not mean abandoning it. Under a decentred system, it will be important to ensure that criminal justice responses situate women at the centre. The Elizabeth Fry Society of Mainland Nova Scotia proposed that “The realities of gender-based violence and its impacts need to be meaningfully considered at every stage of the criminal justice system, from police investigation to sentencing to reintegration.” The Society further proposed: “In addition to policy changes, individual police officers, Crown attorneys and other justice system participants need to be well-versed in the lived realities of gender-based violence.”⁷⁶

During our roundtable on police and institutional understanding and responses to sexual violence and other forms of gender-based violence, Deepa Mattoo, executive director of the Barbra Schlifer Commemorative Clinic, also emphasized the need for a transformation in the way that education, training and capacity-building of police officers, prosecutors, judges, and other professionals in the justice system:

[A]t the end of the day, they are part of the society. And what hurts me to - like to really understand and unpack for myself - is that they are themselves all living in trauma. These institutions are breeding, breathing, and perpetuating trauma every day, and it isn't until they actually get that opportunity to educate and train themselves in a new way this cannot stop.⁷⁷

These assessments of the breadth and depth of the changes required in a decentred criminal justice system suggest that the lesson learned here has two key parts: first, decentring the system, and second, reforming the newly located system.

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Along a similar vein, Nova Scotia Legal Aid has recommended that the Government of Nova Scotia remove the prohibition on restorative justice approaches to domestic violence. Legal aid workers have front-line experience with the ways in which addressing intimate partner and family violence must engage a broader set of people in securing public safety and addressing the underlying problems.

The Metro Interagency Restorative Conversations Committee on Family Violence is a long-standing committee of more than 50 community and government service providers, advocates, and researchers. Established in 1996 to coordinate and respond to domestic violence in the Halifax Regional Municipality, the committee has sought support for innovations that would take a restorative approach to violence against women. The committee asserts that fear of reporting due to further violence, deportation, child apprehension (especially for Indigenous and racialized women), and other barriers require system-level solutions – including, for instance, implementing principles of procedural and restorative justice in responses to intimate partner violence.

In its 2019 report, the Restorative Inquiry on the Nova Scotia Home for Colored Children recognized that matters related to the care of young people, family law matters, and criminal proceedings can be siloed in the justice system due to multiple proceedings in different courts. The inquiry's recommendation 4.4 suggested that the Nova Scotia Advisory Council on the Status of Women, in conjunction with the Standing Together to Prevent Domestic Violence initiative and the Domestic Violence Court program, provide leadership support to design and pilot a collaborative cross-court and cross-jurisdictional initiative to support a restorative approach and family-led decision-making in cases at the intersection of child protection, family law, and criminal law.

These examples in Nova Scotia of an openness to adopting restorative approaches are no surprise given the long-standing work on restorative justice and the engagement and leadership of women's organizations and feminist leaders on this front in the province. Indeed, the Standing Together action plan took a restorative approach across many of its projects. The province is currently piloting a Highest Risk Table that is designed and functions as a restorative approach to assessing and responding to cases that demonstrate a high risk for lethality. In conjunction with the Highest Risk Table, the new domestic violence training in the province has taken a restorative approach to the development and structure of the training.

Further afield, the Royal Commission into Family Violence in Australia acknowledged, in its 2016 report, the concerns that restorative justice processes can be

manipulated by perpetrators and undermine the necessity of treating family violence as a public concern rather than as a private matter. However, the Commission was persuaded that “with robust safeguards in place” restorative justice processes should be an option for victims who wish to pursue them.⁷⁸ The Commission noted that the potential benefits associated with a restorative justice approach include:

- its potential to deliver better outcomes for victims than the adversarial justice system (because it is able to provide a forum for victims to be heard on their own terms and offers a process that is tailored to individual women’s needs and informed by their own choices);
- its particular relevance in those cases where the victim does not wish to separate from the perpetrator but wants the abuse to stop, or where violence has been used by an adolescent against their parents; and
- the prospect of encouraging perpetrators to acknowledge the impacts of their behaviour and to recognize its effects on the victim.⁷⁹

The Commission’s Recommendation 122 directed that:

The Department of Justice and Regulation, in consultation with victims’ representatives and experts in restorative justice, develop a framework and pilot program for the delivery of restorative justice options for victims of family violence. The framework and pilot program should have victims at their centre, incorporate strong safeguards, be based on international best practice, and be delivered by appropriately skilled and qualified facilitators [within two years].⁸⁰

In the United States, a 2016 national roundtable on the intersection of restorative justice and intimate partner violence spawned a two-year study that led to a 2019 report titled *A National Portrait of Restorative Approaches to Intimate Partner Violence*. This report, in turn, led to various outcomes, including a New York City blueprint for using restorative approaches to address intimate partner violence. Scholars such as Professor Leigh Goodmark have contributed to ongoing dialogue about the possibilities of feminist-led restorative approaches to addressing intimate partner violence.

While incarceration is still a necessary tool in the toolbox, in general, we heard much support for an expanded range of non-carceral options, and that there are different ways to ensure that people who choose to use violence are held

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accountable. We agree with the Nova Scotia Legal Aid recommendation to remove the prohibition on restorative justice approaches to domestic violence as long as these processes are women-centred and that women have the support and resources to safely and fairly participate in them. As Dr. Alison Marganski, director of criminology at LeMoyne College, points out, we cannot take this for granted: "I think we really do need to listen and learn from all those who are affected, to create real change. Too often within the history of our criminal justice system, we've left out victims and survivors of violence, or minimized their experiences, so we do need to be sure to include them in the responses that we have as well."¹¹

We share the view of the Metro Interagency Restorative Conversations Committee on Family Violence that implementing principles of procedural and restorative justice in responses to intimate partner violence has value. We note that a restorative approach would have implications at the policy and system level and not only as a practice aimed at addressing the interpersonal dynamics and impacts of domestic violence.

Decentring involves a thoughtful reassessment of the role of the criminal justice system in preventing gender-based violence. We carry out this assessment in later discussions on community safety resources and community policing (in Volume 4, Community) and policing-based responses, training, and accountability (in Volume 5, Policing).

It is not only the criminal justice system that can create barriers to putting women's safety first. In Chapter 11 of this volume, we examined how other systems can also have this effect. During our consultative conference with Indigenous Nova Scotia communities, Karla Stevens of the Antigonish Women's Centre and Sexual Assault Services told us about how the child welfare system makes it more difficult for women to get to safety:

I got a call of domestic violence a few weeks ago where the woman who was beaten pretty badly decided to call me first instead of the RCMP so her kids would be exited from the house before they came because she didn't want to lose her children because that would be the number one priority. She would be beaten half to death before she would even call the cops, which is so alarming to me, to think about how women are put in these situations and how they get themselves out them, like how resilient and how strong they are by knowing that they have to do anything to protect their families and that's just not something that we should be

dealing with. ... Children's Services is a huge issue in every First Nations community where they're coming into our community and telling us how to raise our children... how to care for our children. And these are things that were taken from us that we are trying to relearn and try[ing] to regain ...as community members.⁶²

During our roundtable, Dr. Nancy Ross of Dalhousie University highlighted how often the experiences of women and families with the criminal and child welfare regimes result in "heightened surveillance and also, at the same time ... a lack of support."⁶³ Putting safety first requires reconsidering the direct and indirect obstacles that are put in the path of a woman seeking to get herself and her dependants out of harm's way.

Prioritizing Primary Prevention

A public health approach to ending gender-based violence has primary prevention rather than criminal justice as its focal point. This approach resists the tendency to individualize the responsibility for safety and refocuses on the role of community. During our roundtable on police and institutional understanding and responses to intimate partner violence and family violence, Emilie Coyle, executive director of the Canadian Association of Elizabeth Fry Societies, supported this shift:

It strikes me when we're having this conversation... that we're focussing a lot on the individual risk, when if we are really wanting to create a community of care that prevents victims from becoming victims or even having to become a survivor, then we need to also be thinking about what the needs are. So when we're already at this place where somebody is indicating that they're going to be perpetrating potentially some harm on someone, we're already pretty far down the road.

And so, you know, if we're creating communities of care, we need to be working way upstream and asking ourselves, "What is it that people need? What is it that women need? What is it that we have a deficit of in our community that could be filled in order to prevent them from becoming victims in the first place?"⁶⁴

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The essence of a public health approach is to shift away from notions of individual risk and focus instead on activating our knowledge of prevalence and patterns of perpetration to intervene earlier and more effectively. This shift is often talked about in terms of moving away from “downstream” interventions aimed at individual behaviour and moving toward “upstream” interventions focusing on the social factors that contribute to individual behaviour.

Primary prevention focuses on addressing root causes rather than specific incidents of violence. Root causes that contribute to women’s vulnerability to violence that have been identified and discussed here include gender inequality, marginalization, and precarious status. During our roundtable exploring the connections between mass casualties and gender-based violence, Dr. Angelique Jenney of the University of Calgary posited a broader socio-economic view of what is needed:

And bottom line, many families just need access to material resources like food, and education, and housing that keep those – that sensation of threat low. If you're not worrying about all your, you know, major needs being met, then you're able to look after some of those emotional needs. And again, that sense of cohesion within a community, being a member of something, a community, a school, a culture, that sense of belonging that gives us a sense of meaning of being part of something and having hope for the future, and we can do more, I think as a society, to ensure that individuals have access to all those kinds of opportunities if we want it to be truly preventative.⁸⁵

Another set of root causes related to cultural narratives is that we see violence, and particularly male violence, as an acceptable learning behaviour. Preventing people from becoming victims and survivors, as well as offenders and perpetrators, also means responding to childhood trauma and intergenerational trauma. While we have made some advances, as Ms. Coyle noted, we have a “general lack of understanding of the cumulative effect of all of the ongoing trauma that is continuing to happen in our communities.”⁸⁶

The National Action Plan and Standing Together initiatives both contain prevention as a main pillar. We learned about numerous examples of primary prevention, including social awareness programs (for example, on topics like healthy relationships and less rigid gender roles), access to mental wellness programs, and immediate access to child and adult mental health services.

Supporting Healthy Masculinities

In Part B of this volume, we examined the links between traditional masculinities and gender-based violence, including as it escalates to mass casualties. It is apparent that shifting the cultural narrative toward healthier forms of masculinity and assisting men and boys to be healthy is an imperative. Awareness of the links between some forms of masculinity and violence should be integrated into the spectrum of interventions: prevention, early intervention, response, and recovery and healing. Primary prevention approaches involve looking at issues of relationship violence in terms of a broader context that begins to acknowledge some of that complexity. With respect to responses, Dr. Ross observed that this approach can include “wraparound supports and ways that we can intervene that is not punitive or adversarial, but more relational and more supportive.”⁶⁷ Wraparound services include offering people opportunities to learn, to develop skills, and to change.

During our roundtable on police and institutional understanding and responses to sexual violence and other forms of gender-based violence, Lana MacLean, clinical social worker and co-creator of the Impact of Race and Cultural Impact Assessment, spoke in favour of actions to support healthy masculinities: “I think there needs to be a collaborative approach around gender-based violence that we also attend to ensuring that young men have good literacy and good knowledge around how they are – how male socialization can be toxic and how they can be colluded into that. So I think some of the resources need to be within male-serving organizations as well.”⁶⁸

A society-wide response to gender-based violence by definition includes actions by and for men and boys. These efforts must include perpetrators or those at risk of perpetration because of early adverse experiences, childhood trauma, and intergenerational trauma. Many perpetrators have themselves been victims, and some say: “All I’ve ever known is violence. I grew up in violence. I’ve seen violence and I’m met with further violence in the criminal justice system.”⁶⁹ Supporting healthy masculinities is not solely a focus on individuals; like other aspects of the plan to end gender-based violence, this pillar has community and societal dimensions.

Dr. Ross also spoke in favour of a humane approach to gender-based violence, with a less adversarial and punitive emphasis. She said:

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I think we have to hold up those as possibilities that people can change, that people can heal, that given supports, people can flourish. And so all the people we interviewed, I think, are thinking about Indigenous – learning from Indigenous ideas, from looking at Afro-centric perspectives that really look at gender-based violence as a collective issue, as a societal issue that we all have a duty to respond to. And I think it means reimagining community in a different way.⁹⁰

Again, the National Action Plan and Standing Together initiative include actions related to male behaviour. The Standing Together evaluation and learning report found a shift in understanding and support for a health-based approach to working with perpetrators: “The focus on men and boys was particularly significant. In the past, working with men who perpetrate domestic violence was seen as taboo. We have seen a significant shift, and community and government participants highlighted the need to work with men to prevent harm and to generate allies in the movement to end domestic violence.”⁹¹

During our consultative conference with Nova Scotian Indigenous communities, Philippa Pictou, director of policy and planning, Tajikeimik, a Mi'kmaw health and wellness organization, focused on the need for adequate funding for these actions:

We need healing centres. We're very excited about the resiliency centre that's coming up in Millbrook. We need that in every community. We need spaces for family treatment programs – so that we can get at the root cause of violence and difficult situations – that can support children being parented in their homes and staying in their communities, all of those wraparound services that need to happen that everybody has been saying for years and years and years that we need, but we get caught between jurisdictional issues, between federal funding and provincial funding, and the feds saying that they do upstream.⁹²

As we saw in Part B of this volume, Dr. Tristan Bridges has carried out extensive research on traditional masculinity and violence, including mass casualties. He emphasized that the shift toward healthier masculinities needs to involve social awareness programs:

Cultural change like this needs to happen, not just in programming but in cartoons and media and magazines and pop culture, and that's a really big ask. But I think identifying something as problematic was the first

step in sort of attempting to move the dial on smoking. So if we identify this as a problem in Canadian society or in the United States, the next step is, okay, who needs to be brought to the table to think about how they can make changes wherever they work and play?²⁵

In Volume 4, *Community*, we identify some key preventive public health strategies for fostering healthy masculinities.

Recommendation V.16

PUTTING WOMEN'S SAFETY FIRST

The Commission recommends that

- (a) All governments and agencies should prioritize women's safety in all strategies to prevent, intervene in, and respond to gender-based violence and in those designed to support recovery and healing.
- (b) Governments should shift priority and funding away from carceral responses and toward primary prevention, including through lifting women and girls out of poverty and supporting healthy masculinities.
- (c) Governments should take steps to ensure women are resourced so they can stay safe and find paths to safety when they are threatened, including by lifting women and girls out of poverty with a focus on marginalized and oppressed women and women living in precarious situations.
- (d) Governments should employ restorative approaches in cases where a woman-centred approach is maintained and survivors are adequately supported and resourced.

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Building Up Robust Accountability

We will succeed in keeping women safe only if we invest in ending gender-based violence, including through building up robust accountability structures and mechanisms. A whole of society response must include an overarching accountability mechanism that is independent of governments. **A timely whole of society response requires monitoring and evaluation of collective efforts so that we can apply what we learn to contribute to increased women's safety in the short, immediate, and long terms.** We cannot wait for the completion of the 10-year National Action Plan in 2032, or the generation proposed in Standing Together (2052) for these evaluations.

We have already discussed the evaluation and learning framework and approach that are integral to Standing Together. The Province of Nova Scotia and all Nova Scotians can integrate what was learned in the first four years of that initiative as they go forward to achieve the objective of disrupting harmful cycles of domestic violence.

The National Action Plan also includes a skeleton accountability framework. Details of this framework are set out in the text box below. In this plan, federal, provincial, and territorial governments recognize that “[C]oordination and engagement are key to develop a consistent, multi-sectoral approach that brings knowledge and expertise from many sectors and perspectives.”⁸⁴ This coordination is central to the mobilization of knowledge, including the sharing of promising practices and research evidence. The plan also states that “[O]ngoing, systematic data collection, analysis and research will provide the evidence to identify, address and prioritize gaps, develop policies and practices, monitor and report on the impact of the National Action Plan to End GBV.”⁸⁵ The Gender-Based Violence Secretariat, based at Women and Gender Equality Canada, will help support these foundational activities.

The plan sets out a long list of “opportunities for actions,” including online portals for learning, research centres, and support for emerging practices and community-based research initiatives.⁸⁶ It also acknowledges the importance of tracking results and contains, “as a first step, national indicators based on data that is already collected by Statistics Canada and consistently assessed at the national, provincial, and territorial levels.”⁸⁷ The plan includes four objectives and an overview of how the data to measure progress will be collected:

- Objective 1: Intimate partner violence – Fewer women killed by an intimate partner
- Objective 2: Intimate partner violence – Fewer women are victims of intimate partner violence and sexual assault
- Objective 3: Violence against Indigenous women and girls – Fewer Indigenous women and girls are victims of violence
- Objective 4: Violent crimes – Increased police reporting of violent crimes.

The federal government has acknowledged the limitations in some of the data collected by Statistics Canada, including, for example, with data disaggregation to ensure statistics are reflective of diverse experiences. Efforts are underway to improve data collection to support the National Action Plan.

Excerpt from National Action Plan to End Gender-Based Violence Coordination and Accountability Framework

Leadership, coordination and engagement

Leadership and coordination among federal, provincial, and territorial governments will build on existing federal, provincial, and territorial collaboration, and strengthen coordination with complementary strategies. Engagement with researchers, practitioners, policymakers, Indigenous partners, victims and survivors and their families will provide ongoing advice and help track progress. This coordination and engagement will facilitate information sharing and collaborative work, reduce duplication, and enhance engagement and participation of stakeholders.

Data, research, and knowledge mobilization

Evidence takes many forms including victim/survivor expertise, quantitative and qualitative research, promising practices and traditional Indigenous knowledge. Federal, provincial, and territorial governments and the GBV sector rely on data and research to develop evidence-based policies and programs to address GBV. Qualitative and quantitative data are needed to provide insights for policies, programs, and funding initiatives. However, current data systems do not always allow for an intersectional analysis, and there is a need for better capacity to develop timely, disaggregated, well governed, and populations-based data.

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A multi-phased and multi-pronged approach to knowledge mobilization is needed to support the sharing of research and evidence-based programming, policy, and service delivery.

Reporting and monitoring

Many sectors and jurisdictions have already established performance indicators. Building on this work, national indicators have been developed based on data that are already collected and analyzed consistently at the national, provincial, and territorial levels.

Data collected by Statistics Canada will be used to assess the progress of the National Action Plan to End GBV. Recognizing that each jurisdiction has distinct realities, indicators will be considered within their respective contexts. Indigenous principles, practices, and evaluation mechanisms consistent with feminist and international measures will inform this intersectional framework and inform its approach to monitoring, reporting and evaluation. Whenever possible, data will be further disaggregated by gender identity or expression, Indigeneity, sexual orientation, age, race, status, disability, geography (provinces or territories; urban or rural/remote/Northern) and by any other available identify factor(s).

Moving further with an implementation plan, a mix of quantitative and qualitative indicators and data will be developed and collected to measure results associated with the National Action Plan to End GBV.

In comparison to Canada's National Action Plan, Australia's foundation for ending gender-based violence is more advanced. The Australian foundation consists of: a primary prevention mechanism (Our Watch); a national research organization for Women's Safety (ANROWS) with a principal responsibility to influence "how we prevent and respond to violence against women and children, by providing an evidence base for policy and practice design"; a toll-free national family, domestic, and sexual violence counselling service that is available 24 hours a day, seven days a week (1800RESPECT); and a newly created Domestic, Family and Sexual Violence Commission. The commission was established "to provide national leadership and promote national coordination across a range of domestic, family and sexual violence policies and system interactions."⁹⁶ These initiatives are innovative, and there are likely lessons to be learned from their experience that could be applied in the Canadian context.

Excerpt from Australian National Plan to End GBV – Foundational Infrastructure

Our Watch

Our Watch is an independent not-for-profit organisation established in 2013 by the Australian and Victorian governments. Since then, all state and territory governments have become members. Our Watch is a national leader in the primary prevention of violence against women in Australia, and has created policy frameworks such as Change the story, Changing the picture and Changing the landscape that underpin government commitments to prevent violence against women.

Our Watch compiles evidence, develops advice, tools and resources, and works in partnership with governments, corporate organisations, civil society and communities to drive shared efforts to address the drivers of violence against women.

Australia's National Research Organisation for Women's Safety

Established in 2014, Australia's National Research Organisation for Women's Safety (ANROWS) delivers research and associated reports, research synthesis papers, tools and resources across all priority areas of the National Plan. The principal work of ANROWS is to influence how we prevent and respond to violence against women and children, by providing an evidence base for policy and practice design.

To achieve these objectives, ANROWS:

- delivers high-quality, innovative and relevant research
- ensures the effective dissemination and application of research findings
- builds, maintains and promotes collaborative relationships with and between stakeholders
- is an efficient, effective and accountable organisation.

1800RESPECT

1800RESPECT is the national family, domestic and sexual violence counselling service, and is available 24 hours a day, 7 days a week. It provides counselling, online referral, resources, information services and supports for people

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experiencing, or at risk of experiencing, violence, as well as their friends, family and professionals.

1800RESPECT is supported by not-for-profit family, domestic and sexual violence partner organisations that provide trauma-informed specialist counselling.

The Domestic, Family and Sexual Violence Commission

The Australian Government has established the Domestic, Family and Sexual Violence Commission to provide national leadership and promote national coordination across a range of domestic, family and sexual violence policies and system interactions.

It will act as an independent, accountable and transparent agency that amplifies the voices of victims and survivors and promotes the coordination and consistency of data and evidence on best-practice. The Domestic, Family and Sexual Violence Commission will also provide a national approach to victim-survivor engagement, ensuring the diverse lived experiences of victim-survivors are informing policies and solutions.

We asked for and received considerable advice about what steps we could take to enhance the opportunities for implementation of our recommendations. We examine this advice and our approach to implementation in Volume 6, Implementation: A Shared Responsibility to Act. Here, we focus on what we learned more specifically regarding current limitations on monitoring progress and ensuring accountability around preventing gender-based violence. The following themes emerge from responses to our questions about how to ensure progress through effective accountability:

- independent advice and expertise
- evidence-based information that can be used by practitioners and their partners and by persons who are affected, among others
- disaggregated data and, in particular, race-based data collection
- community-based accountability mechanisms
- meaningful coordination between all levels of government, within government (i.e., between different departments or agencies within the same level of government), community-based service providers, academia,

and those with lived expertise who are routinely omitted from planning and decision-making tables

- a whole of government response that includes collaboration between levels of government but also between relevant ministries
- all levels of government working to incorporate accountability and oversight into the implementation of the National Action Plan on Ending Gender-Based Violence and the recommendations of the Commission; this would include an implementation plan, timeframes, milestones, and accountabilities.

In particular, we have learned from, and continue to learn from, the range of domestic homicide review projects and the Improving Institutional Accountability Project framework that is working to review outcomes in sexual assault cases. Two key lessons are about the important role played by independent, expert review at a granular level and the importance of collaboration between the gender-based violence advocacy and support sector. Speaking in the context of accountability for the policing of gender-based violence and in favour of an ombudsperson role, Dr. McCulloch emphasized the need for an accountability mechanism to be independent, supported by legislation that gives it strong powers, and impartial.

The need to build up a robust national accountability framework is a stark one given the devastating lack of progress on ending gender-based violence in Canada. The findings of our environmental scan were sobering: reading reports and recommendations from 1995 that apply with equal force today makes a compelling case for extraordinary measures. Attaining our collective goal of ending the epidemic of gender-based violence requires a monumental, coordinated, and comprehensive public health approach underpinned by a similarly ambitious accountability plan. We see an opportunity created by our recent effective collaboration to deal with another global public health crisis: the COVID-19 pandemic. Our joint work on that front yielded significant results. What if we applied the timelines and lessons learned and treated gender-based violence with the same seriousness?

The accountability framework should be reflective of the whole of society approach and develop and measure indicators beyond prevalence of gender-based violence. Standing Together's Ecological Model, set out earlier in this chapter, provides a useful starting point. Following this model would mean developing indicators and monitoring and evaluation mechanisms on four levels: individual, relational, community, society. As an example, individual accountability could include a measure of "people who have used violence taking personal responsibility for their violence and choosing to change their behaviour."⁹⁹ Community-based

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indicators could relate to social and societal accountability for people who use violence including through, for example, greater understanding and use of effective bystander intervention. Society-level indicators could include measures of women's poverty. The accountability framework should also gather information, and monitor and evaluate practices and their outcomes on a continuum of strategies and actions: prevention, early intervention, response, and recovery and healing. Importantly, knowledge gained through these strategies should be shared on an ongoing basis to facilitate continuous learning.

We conclude that this accountability mechanism must be national, independent, impartial, supported by legislation, and have strong powers. We recommend the creation of the office of independent commissioner with a staff for this purpose; we provisionally name this new function the "Gender-Based Violence Commissioner." It is too early to evaluate the work of the Australian commission, though based on the lessons we have identified in this volume, this body is likely to be effective in energizing and guiding an effective whole of society response. We recommend starting on a smaller scale to facilitate a rapid and nimble build-up period to take advantage of the current momentum. Our recommendation is for a single commissioner who can serve as a champion and assist in holding governments and other organizations to account. The commissioner should be statutorily mandated to report to Parliament on an annual basis. We further recommend the establishment of an independent advisory body, with diverse membership, to serve the autonomous function of reviewing this new commission's work.

Recommendation V.17**NATIONAL ACCOUNTABILITY FRAMEWORK**

The Commission recommends that

- (a) The federal government establish by statute an independent and impartial gender-based violence commissioner with adequate, stable funding, and effective powers, including the responsibility to make an annual report to Parliament.
- (b) The federal government develop the mandate for the gender-based violence commissioner in consultation with provincial and territorial governments, women survivors including women from marginalized and

precarious communities, and the gender-based violence advocacy and support sector.

IMPLEMENTATION POINTS

The commissioner's mandate could include:

- Working with governments and community organizations to promote coordinated, transparent, and consistent monitoring and evaluation frameworks.
- Providing a national approach to victim-survivor engagement, to ensure their diverse experiences inform policies and solutions (similar to the Australian Domestic, Family and Sexual Violence Commission).
- Developing indicators for all four levels of activity (individual, relational, community, societal) and reporting to the public at least once a year.
- Establishing and working with an advisory committee that consists of women survivors, particularly marginalized women survivors, and representatives of the gender-based violence advocacy and support sector.
- Contributing to a national discussion on gender-based violence, including by holding biannual virtual women's safety symposiums.
- Assisting to coordinate a national research agenda and promoting knowledge sharing.

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CHAPTER 1

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**CHAPTER 11
Keeping Women Unsafe**

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CHAPTER 12

It Is Time: A Collective Responsibility to Act

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**MINUTES
LAMBTON COUNTY COUNCIL**

July 5, 2023

Lambton County Council was in session in Council Chambers, Wyoming, Ontario, at 9:00 a.m. on the above date. Warden in the Chair; Roll called. All members present, except Councillor D. Ferguson. The following member attended virtually: Councillor J. Field, alternate member for Councillor B. Loosley.

Land Acknowledgement

We acknowledge that this land on which we are gathered today is part of the ancestral land of the Chippewa, Odawa, and Potawatomi peoples, referred to collectively as the Anishinaabeg. It is through the connection of the Anishinaabeg with the spirit of the land, water and air that we recognize their unique cultures, traditions, and values. Together as treaty people, we have a shared responsibility to act with respect for the environment that sustains all life, protecting the future for those generations to come.

Disclosures of Pecuniary Interest: None.

In-Camera

#1: Atkinson/Boushy: That the Warden declare that County Council go in-camera:

- a) to review the Lambton County Council (Closed Session) minutes dated June 7, 2023, and the Committee P.M. (In-Camera) minutes dated June 21, 2023, pursuant to s. 239 (2)(d) of the *Municipal Act, 2001*.
- b) to receive a report, and provide instructions, on the potential acquisition of property in the City of Sarnia, pursuant to s.239(2)(c) and (k) of *the Municipal Act, 2001*.

Carried.

Time: 9:07 a.m.

B. Hand joined the meeting in person at 9:15 a.m.

Open Session

The Warden declared that County Council go back into Open Session. Council then reconvened at 9:30 a.m.

Lambton County Council (Open Session) July 5, 2023 (page 2)

Rise and Report Motions of the In-Camera Session

The Clerk noted that County Council met in camera to adopt the Lambton County Council (Closed Session) Minutes dated June 7, 2023; the Committee A.M. Minutes dated June 21, 2023, and obtained instructions on the potential acquisition of property in the City of Sarnia.

Delegation

#2: Agar/Broad: That we invite the delegation within the Bar to speak to County Council.
Carried.

Rotary Club of Sarnia and Affordable Housing

John de Groot, Rotary Club of Sarnia, Heather Martin, Rotary Club of Sarnia, Michael John Kooy, Rotary Club of Sarnia, Brian Mundt, Wellington Ridge, Sarnia spoke to Council regarding supportive and affordable housing. As members of the Rotary Club of Sarnia, they have been in consultation with many specialists in this area, including local service providers as well as affordable housing charities like Indwell that operate in neighbouring communities. The Rotary Club knows that successful solutions are possible if the right steps are taken early on. Building on the County's existing plan, they shared with Council what has been learned, and specific measures Council could adopt to bring permanent new housing to our community.

#3: Bradley/White: That County Council publicly endorse making affordable housing and shelter the number one priority of County Council.

Carried.

Minutes of Council (Open Session)

The Lambton County Council (Open Session) minutes dated June 7, 2023, were presented.

#4: Cook/Hand: That the Lambton County Council (Open Session) minutes dated June 7, 2023, be accepted as presented.

Carried.

Correspondence to Receive and File

CC 07-05-23 A letter from Josh Machesney, Clerk, City of Quinte West to Premier Doug Ford dated June 19, 2023 to advise that their council passed the following resolution:

Lambton County Council (Open Session) July 5, 2023 (page 3)

Motion No 23-266 - Notice of Motion - Councillor Sharpe - Legislative Amendments to Improve Municipal Codes of Conduct and Enforcement

Moved by Councillor Stedall
Seconded by Councillor Card

Whereas, all Ontarians deserve and expect a safe and respectful workplace;

And whereas, municipal governments, as the democratic institutions most directly engaged with Ontarians need respectful discourse;

And whereas, several incidents in recent years of disrespectful behaviour and workplace harassment have occurred amongst members of municipal councils;

And whereas, these incidents seriously and negatively affect the people involved and lower public perceptions of local governments;

And whereas, municipal Codes of Conduct are helpful tools to set expectations of council member behaviour;

And whereas, municipal governments do not have the necessary tools to adequately enforce compliance with municipal Codes of Conduct;

And whereas, the Councillors Freeman, Ried, Sharpe and Stedall support “the Women of Ontario Say No”, and their effort to get this legislation passed;

Now, therefore be it resolved that the City of Quinte West supports the call of the Association of Municipalities of Ontario for the Government of Ontario to introduce legislation to strengthen municipal Codes of Conduct and compliance with them in consultation with municipal governments;

Also be it resolved that the legislation encompass the Association of Municipalities of Ontario's recommendations for:

- Updating municipal Codes of Conduct to account for workplace safety and harassment
- Creating a flexible administrative penalty regime, adapted to the local economic and financial circumstances of municipalities across Ontario
- Increasing training of municipal Integrity Commissioners to enhance consistency of investigations and recommendations across the province

Lambton County Council (Open Session) July 5, 2023 (page 4)

•Allowing municipalities to apply to a member of the judiciary to remove a sitting member if recommended through the report of a municipal Integrity Commissioner

•Prohibit a member so removed from sitting for election in the term of removal and the subsequent term of office. **Carried**

#5: Miller/Sage: That correspondence CC 07-05-23 be received and filed.

Carried.

BOARD OF HEALTH (LAMBTON PUBLIC HEALTH)

Correspondence to Receive and File

CC 07-06-23 A letter from Ann-Marie Kungl, Chair, Board of Health, Simcoe Muskoka District Health Unit dated June 21, 2023, regarding its financial concerns and noting challenges with the sustainability of public health funding in Ontario. The Board notes and supports Association of Local Public Health Agencies' position for a return to the provision of 75% of the funding by the Province for the base budgets of local public health units.

CC 07-07-23 A letter from Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Sudbury & Districts Public Health dated June 23, 2023 regarding the passing of a motion in support of the Board of Health for the City of Hamilton, which calls on the provincial government to improve funding to Public Health.

CC 07-08-23 A letter from Bernie MacLellan, Board Chair, Huron Perth Public Health dated June 1, 2023 regarding funding concerns for Student Nutrition Programs in Ontario. The Board is requesting that the provincial government allocate urgent funding to Student Nutrition Programs that need it, immediately, and allocate more core funding to programs for the 2023/2024 and future school years.

CC 07-09-23 A letter from Bernie MacLellan, Board Chair, Huron Perth Public Health dated June 1, 2023 regarding the upcoming Federal School Food Policy. The Board reiterates the call for the development of a universal, cost-shared school food program for Canada and shares its concerns about the current state of student nutrition programs in Ontario and its region.

CC 07-10-23 A letter from Matthew Newton-Reid, Board Chair, Middlesex-London Health Unit dated June 9, 2023 regarding the passing of a motion supporting Bill C-252, An Act to amend *the Food and Drugs Act* (prohibition of food and beverage marketing directed at children).

#6: Veen/Broad: That correspondence CC 07-06-23, CC 07-07-23, CC 07-08-23, CC 07-09-23 and CC 07-10-23 be received and filed.

Carried.

Lambton County Council (Open Session) July 5, 2023 (page 5)

Information Reports

#7: Atkinson/Agar: That the following Information Reports from the Board of Health be received and filed:

- a) Information Report dated July 5, 2023 Regarding Assessment of the Immunization Status of School Pupils and the Suspension Process.
- b) Information Report dated July 5, 2023 Regarding Minds Connected Mental Health Promotion Resource.
- c) Information Report dated July 5, 2023 Regarding No One Stands Alone Update.
- d) Information Report dated July 5, 2023 Regarding Supporting Healthy Growth and Development.
- e) Information Report dated July 5, 2023 Regarding Update on Lambton Public Health's Current and Future Budget Pressures.

Carried.

Items Not Requiring a Motion

#8: Sageman/Miller: That the following Items not Requiring a Motion be received and filed:

- a) Lambton Seniors' Advisory Committee minutes dated April 25, 2023.

Carried.

Report Requiring a Motion

SOCIAL SERVICES DIVISION

Report dated July 5, 2023 Regarding Housing Accelerator Fund

#9: Bradley/Case: That staff submit an application under the Housing Accelerator Fund to increase the supply of affordable housing.

Carried.

Committee Minutes

Mr. J. Agar presented the Committee A.M. minutes dated June 21, 2023

#10: Agar/Cook: That the Committee A.M. minutes dated June 21, 2023, be accepted as presented.

Carried.

Lambton County Council (Open Session) July 5, 2023 (page 6)

Mr. B. Dennis presented the Committee P.M. minutes dated June 21, 2023.

#11: Dennis/McRoberts: That the Committee P.M. minutes dated June 21, 2023, be accepted as presented.

Carried.

Warden Marriott presented the Audit Committee minutes dated June 26, 2023.

#12: Broad/Cook: That the Audit Committee minutes dated June 26, 2023 be accepted as presented.

Carried.

Other Business

Laurel Lea Centre – St. Matthew’s Presbyterian Church

#13: McRoberts/White: That a quarterly report be brought to Council regarding the usage and cost to operate the low barrier shelter.

Motion Withdrawn.

Housing Accelerator Fund

Councillor White congratulated staff on all of their effort and hard work with the accelerator fund and appreciated all that they have done to move forward so quickly.

150th Celebration

Councillor Case thanked all of those that attended the Watford 150th Celebration, especially the County Councillors and senior staff. Councillor Case also congratulated Inwood on their 150th celebration as well.

By-Laws

#14: Case/Broad: That By-Laws #24 and #25 of 2023, as circulated, be taken as read a first and second time.

Carried.

#15: Broad/Case: That By-Laws #24 and #25 of 2023, as circulated, be taken as read a third time and finally passed.

Carried.

Lambton County Council (Open Session) July 5, 2023 (page 7)

Adjournment

#16: Veen/Hand: That the Warden declare the meeting adjourned and that the next regular meeting be held on Wednesday, September 6, 2023.

Carried.

Time: 10:37 a.m.

Kevin Marriott
Warden

Ryan Beauchamp
Deputy Clerk



ADMINISTRATIVE
SERVICES

July 11, 2023

CC 09-04-23

Hon. Stephen Lecce
Minister of Education
via email: stephen.lecce@pc.ola.org

RE: Support for resolution from the Town of Petrolia recommending an amendment to the current regulations for licensed home-based childcare operators to increase allowable spaces

Dear Minister Lecce,

Please be advised that at their meeting on July 11, 2023, Elgin County Council considered correspondence received from the Council of the Town of Petrolia recommending that the Ministry of Education consider addressing concerns regarding the child care shortage in Petrolia, Lambton, and across the province, and passed the following resolution:

“Moved by: Councillor Couckuyt
Seconded by: Councillor Leatham

RESOLVED THAT Elgin County Council supports the resolution from the Council of the Town of Petrolia recommending amendments to the current regulations for licensed home-based childcare operators to increase allowable spaces; and

THAT a copy of this resolution be forwarded to Honourable Doug Ford, Premier of Ontario, Honourable Michael Parsa, Minister of Children, Community & Social Services, MPP Rob Flack, and the Municipalities of Ontario.

Motion Carried.”

A copy of the resolution received from the Town of Petrolia is attached for reference.

Yours truly,

A handwritten signature in black ink that reads "Jenna Fentie".

Jenna Fentie
Manager of Administrative Services/Deputy Clerk
jfentie@elgin.ca

cc Hon. Doug Ford, Premier of Ontario
Hon. Michael Parsa, Minister of Children, Community & Social Services
Rob Flack, MPP for Elgin-Middlesex-London
Municipalities of Ontario

June 29, 2023

Hon. Stephen Lecce
Minister of Education
Stephen.Lecceco@pc.ola.org

Via email

RE: recommendation for amendment to the current regulations for licensed home-based childcare operators to increase allowable spaces.

Dear Minister Lecce,

During the June 26, 2023 regular meeting of council, council in response to recent publicly raised concern heard a report from staff in relation to the above, with the following resolution passed:

Moved: Liz Welsh

Seconded: Chad Hyatt

WHEREAS in response the Petrolia Childcare Advocacy Group's recent delegation to Council where they identified a shortage of child care spaces in the Town of Petrolia; and

WHEREAS through additional research undertaken by the Town Staff, and in consultation with the County of Lambton Social Services, it has been further identified that there is an extreme shortage of child care spaces not only across the County but the Province as a whole; and

WHEREAS in response to the identified need the County hosted a community information night to educate members of the public who may be able to offer a licensed home-based child care service;

NOW THEREFORE ***the Council of the Town of Petrolia recommends to the Hon. Stephen Lecce, Minister of Education, that in time for the 2023 school year amendment to the current regulations be made to allow licensed home-based child care operators the ability to provide two (2) before and after school care spaces to school aged children, in addition the permitted six (6) full time child care spaces; and***

THAT in an effort to attract and retain qualified early childhood educators, the Minister of Education, review the current wage bracket for early childhood educators with implementation of an increase to wages to align with the services provided; and

THAT the province provides more capital based funding sources for the construction of new centre-based facilities; and

THAT the province considers increasing the current goal of thirty-three percent (33%) access ratio, to align better with the current provincial situation and anticipated population growth over the next ten (10) years; and

THAT these items be considered sooner rather than later, to assist in remedying the critical child care shortage experienced in Petrolia, Lambton, and across the province; and

Phone: (519)882-2350 • Fax: (519)882-3373 • Theatre: (800)717-7694

411 Greenfield Street, Petrolia, ON, N0N 1R0

www.town.petrolia.on.ca



THAT this recommendation be forwarded to Hon. Doug Ford, Premier of Ontario | Hon. Michael Parsa, Minister of Children, Community & Social Services | Mr. Bob Bailey, MPP of Sarnia-Lambton | Hon. Monte McNaughton, MPP of Lambton-Kent-Middlesex | Mr. Kevin Marriott, Warden of Lambton County | Municipalities of Ontario;

Carried

Kind regards,

Original Signed

Mandi Pearson
Clerk/Operations Clerk

cc:

Hon. Doug Ford, Premier of Ontario premier@ontario.ca | Hon. Michael Parsa, Minister of Children, Community & Social Services Michael.Parsaco@pc.ola.org | Mr. Bob Bailey, MPP of Sarnia-Lambton bob.bailey@pc.ola.org | Hon. Monte McNaughton, MPP of Lambton-Kent-Middlesex Monte.McNaughtonco@pc.ola.org | Mr. Kevin Marriott, Warden of Lambton County Monte.McNaughtonco@pc.ola.org | Municipalities of Ontario

Phone: (519)882-2350 • Fax: (519)882-3373 • Theatre: (800)717-7694

411 Greenfield Street, Petrolia, ON, N0N 1R0

www.town.petrolia.on.ca





CC 09-06-23

3.5.2



**THE CORPORATION OF THE TOWN OF PARRY SOUND
RESOLUTION IN COUNCIL**

NO. 2023 – 087

DIVISION LIST	YES	NO	DATE: June 20, 2023
Councillor G. ASHFORD	_____	_____	MOVED BY: 
Councillor J. BELESKEY	_____	_____	
Councillor P. BORNEMAN	_____	_____	SECONDED BY: 
Councillor B. KEITH	_____	_____	
Councillor D. McCANN	_____	_____	
Councillor C. McDONALD	_____	_____	
Mayor J. McGARVEY	_____	_____	
CARRIED: <input checked="" type="checkbox"/>	DEFEATED: <input type="checkbox"/>	Postponed to: _____	

That Council of the Corporation of the Town of Parry Sound hereby supports the Township of the Archipelago's Resolution attached as Schedule A, as submitted to and approved in June, 2023 by the Great Lakes and St. Lawrence Cities Initiative, with respect to the following calls for action:

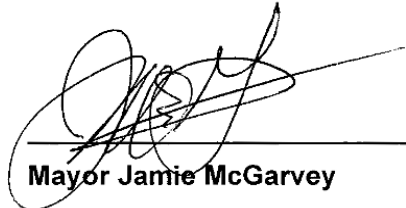
THAT the Province of Ontario continue working with municipalities and municipal organizations on the implementation of Bill 23 and other housing initiatives to identify a range of solutions that will address the lack of attainable and affordable housing in the province, while building new housing units in a sustainable manner that is consistent with the province's and municipalities' mandate of keeping people and property safe from natural hazards and protecting the health of our essential freshwater resources; and

THAT the Province of Ontario create a permanent, predictable and dedicated infrastructure program to ensure that municipalities can service lands for housing and address growth pressures on existing water and road systems without placing the burden on existing property taxpayers; and

THAT the Province of Ontario take a regional approach to the implementation of Bill 23 and other housing policy initiatives to respond to the varying needs of urban, suburban, rural and Northern communities in addressing attainable housing needs and environmental protection; and

...2

THAT this resolution be forwarded to: the Premier of Ontario and Quebec, the Ontario Minister of Municipal Affairs and Housing, the Ontario Minister of Natural Resources and Forestry and the Ontario Minister of Environment, Conservation and Parks, the Governors of Minnesota, Wisconsin, Illinois, Indiana, Ohio, Pennsylvania, and New York, federal Minister of Environment and Climate Change, MP Terry Duguid, Parliamentary Secretary to the Minister of Environment and Climate Change, MP Vance Badawey, Niagara Centre, MP Scott Aitchison, Parry-Sound Muskoka, the six International Joint Commission Commissioners, the Association of Municipalities of Ontario, and all municipalities in the province of Ontario.



Mayor Jamie McGarvey



GREAT LAKES AND ST. LAWRENCE
CITIES INITIATIVE
L'ALLIANCE DES VILLES
DES GRANDS LACS ET DU SAINT-LAURENT

**Responding to Ontario Bill 23 (More Homes Built Faster Act)–
Protecting Our Natural Capital While Addressing the Housing Crisis**

June 2023



A Resolution Submitted by the Township of The Archipelago

WHEREAS the Province of Ontario's Bill 23, *More Homes Built Faster Act* (Bill 23) – which makes significant changes to the land use planning system in the Province of Ontario – received Royal Assent on November 28, 2022; and

WHEREAS the Province of Ontario has the longest shoreline and largest watershed along the northern shores of the Great Lakes and St. Lawrence River, including Lake Superior, Lake Huron, Georgian Bay, Lake Erie and Lake Ontario. Seven states share the southern shores of the Great Lakes including Minnesota, Wisconsin, Illinois, Indiana, Ohio, Pennsylvania, and New York; and

WHEREAS the State of the Great Lakes 2022 Report written by the U.S. Environmental Protection Agency and Environment and Climate Change Canada classify the Watershed Impacts Status of the Great Lakes as "Fair" (Some ecosystem components are in acceptable condition) and Water Quality Index 65-79 on scale of 0-100; and

WHEREAS per the Independent review of the 2019 flood events in Ontario, "the development of the modern floodplain policy in Ontario, the watershed approach, the conservation authority model and the flood standards have been extremely effective at reducing flood risks, especially in new greenfield development areas"; and

WHEREAS climate change is leading to greater water variability and contributing to increased storm severity and increased flood and erosion risks along the Great Lakes and St. Lawrence River; and

WHEREAS all levels of government, including the Province of Ontario, have a role to play in addressing the housing supply crisis; and

WHEREAS Ontario municipalities recognize the importance of building additional housing units to ensure that current and future residents can continue to find accessible and affordable shelter that meets their needs and have taken steps to promote housing developments within their jurisdictions; and

WHEREAS all levels of government also have a role to play in protecting freshwater resources, particularly in an integrated multinational system like the Great Lakes and St. Lawrence River Basin; and

WHEREAS Bill 23 amends the *Development Charges Act* by freezing, reducing, and exempting fees typically levied by municipalities and other authorities; and

WHEREAS the Association of Municipalities of Ontario estimates that Bill 23 will reduce municipal resources available to service new developments by \$5.1 billion over the next nine years; and

WHEREAS the Ontario Minister of Municipal Affairs and Housing has indicated to municipalities that the government is committing to ensuring municipalities are kept whole following changes made in Bill 23; and

WHEREAS Bill 23 limits the role of Conservation Authorities and makes changes to the Ontario Wetland Evaluation System, notably by no longer recognizing or considering wetland complexes (hydrological connections) or species at risk in the evaluation process; and

WHEREAS members of the Great Lakes and St. Lawrence Cities Initiative (Cities Initiative) have identified coastal resilience as a priority issue of concern to ensure the integrity of public infrastructure and private property remains in the face of a changing climate in the Great Lakes and St. Lawrence River Basin; and

WHEREAS municipal governments, as frontline actors, are critical decision-makers and hold essential knowledge for balancing local needs and planning for growth, while preparing their communities for climate change and protecting the environment and freshwater resources of the basin; and

WHEREAS despite their critical role, local governments already struggle to shoulder their responsibilities with limited tools to finance those obligations, particularly for rural, remote, and Northern communities; and

WHEREAS the Cities Initiative has put in place an Ontario Regional Working Group to engage the Province of Ontario on priority areas of interest to the organization and its members, including ecosystem and source water protection, climate change and coastal resilience, the safe, clean and affordable provision of water services and developing a blue economy in the Great Lakes and St. Lawrence River Basin.

THEREFORE BE IT RESOLVED THAT the Province of Ontario continue working with municipalities and municipal organizations on the implementation of Bill 23 and other housing initiatives to identify a range of solutions that will address the lack of attainable and affordable housing in the province, while building new housing units in a sustainable manner that is consistent with the province's and municipalities' mandate of keeping people and property safe from natural hazards and protecting the health of our essential freshwater resources;

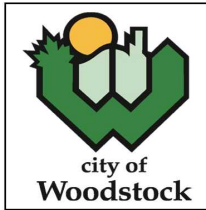
FURTHER IT BE RESOLVED THAT the Province of Ontario create a permanent, predictable and dedicated infrastructure program to ensure that municipalities can service lands for housing and address growth pressures on existing water and road systems without placing the burden on existing property taxpayers;

FURTHER IT BE RESOLVED THAT the Province of Ontario take a regional approach to the implementation of Bill 23 and other housing policy initiatives to respond to the varying needs of urban, suburban, rural and Northern communities in addressing attainable housing needs and environmental protection;

FURTHER BE IT RESOLVED THAT the Cities Initiative is prepared to work with the province and other municipal organizations through its Ontario Regional Working Group to support the twin goals of building more housing and protecting our freshwater resources, which are critical to sustain Ontario's rapidly growing population;

FURTHER BE IT RESOLVED that the Cities Initiative directs staff to forward a copy of this resolution to the Premier of Ontario and Quebec, the Ontario Minister of Municipal Affairs and Housing, the Ontario Minister of Natural Resources and Forestry and the Ontario Minister of Environment, Conservation and Parks, the Governors of Minnesota, Wisconsin, Illinois, Indiana, Ohio, Pennsylvania, and New York, federal Minister of Environment and Climate Change, MP Terry Duguid, Parliamentary Secretary to the Minister of Environment and Climate Change, MP Vance Badawey, Niagara Centre, MP Scott Aitchison, Parry-Sound Muskoka, the six International Joint Commission Commissioners, the Association of Municipalities of Ontario, and all municipalities in the province of Ontario.

CC 09-08-23



Office of the City Clerk
Woodstock City Hall
P.O. Box 1539
500 Dundas Street
Woodstock, ON
N4S 0A7
Telephone (519) 539-1291

July 25, 2023

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Via e-mail – premier@ontario.ca

Re: Safe and respectful workplace

At the Woodstock City Council meeting of July 13, 2023, the following resolution was passed:

“Whereas, all Ontarians deserve and expect a safe and respectful workplace;

Whereas, municipal governments, as the democratic institutions most directly engaged with Ontarians need respectful discourse;

Whereas, several incidents in recent years of disrespectful behaviour and workplace harassment have occurred amongst members of municipal councils;

Whereas, these incidents seriously and negatively affect the people involved and lower public perceptions of local governments;

Whereas, municipal Codes of Conduct are helpful tools to set expectations of council member behaviour;

Whereas, municipal governments do not have the necessary tools to adequately enforce compliance with municipal Codes of Conduct;

Now, therefore be it resolved that the City of Woodstock supports the call of the Association of Municipalities of Ontario for the Government of Ontario to introduce legislation to strengthen municipal Codes of Conduct and compliance with them in consultation with municipal governments;

And further be it resolved that the legislation encompass the Association of Municipalities of Ontario's recommendations for:

- Updating municipal Codes of Conduct to account for workplace safety and harassment
- Creating a flexible administrative penalty regime, adapted to the local economic and financial circumstances of municipalities across Ontario
- Increasing training of municipal Integrity Commissioners to enhance consistency of investigations and recommendations across the province
- Allowing municipalities to apply to a member of the judiciary to remove a sitting member if recommended through the report of a municipal Integrity Commissioner
- Prohibit a member so removed from sitting for election in the term of removal and the subsequent term of office.

And further that this resolution be circulated to the Honourable Doug Ford, Premier of Ontario; the Honourable Steve Clark, Ministry of Municipal Affairs and Housing; the Honourable Ernie Hardeman, Oxford MPP; Charmaine Williams, Associate Minister of Women's Social and Economic Opportunity; the Association of Municipalities of Ontario; and all Ontario Municipalities."

Yours Truly,



Amelia Humphries
Deputy Chief Administrative Officer/City Clerk

Cc: (via email)

The Honourable Steve Clark, Minister of Municipal Affairs and Housing of Ontario - minister.mah@ontario.ca

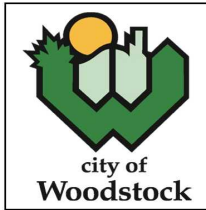
The Honourable Peter Bethlenfalvy, Minister of Finance of Ontario – peter.bethlenfalvy@pc.ola.org

The Honourable Ernie Hardeman, Oxford MPP - ernie.hardemanco@pc.ola.org

The Honourable Charmaine Williams, Minister of Women's social and Economic Opportunity - Charmaine.williams@PC.ola.org

Association of Municipalities Ontario – amo@amo.on.ca

CC 09-09-23



Office of the City Clerk
Woodstock City Hall
P.O. Box 1539
500 Dundas Street
Woodstock, ON
N4S 0A7
Telephone (519) 539-1291

July 25, 2023

Chloe Senior, Clerk
Oxford County
21 Reeve St
P.O. Box 1614
Woodstock, On
N4S 7Y3

Via e-mail – csenior@oxfordcounty.ca

Re: County of Oxford Resolutions - Homelessness Crisis and Opioid Crisis

At the Woodstock City Council meeting held on July 13, 2023, the following resolution was passed in response to your correspondence:

“Whereas the homelessness crisis is taking a devastating toll on families and communities, undermining a healthy and prosperous Ontario and that Council accepts that the responsibility to address these challenges rests with community stakeholders, partners and residents as well as federal and provincial governments and agencies;

Whereas the City of Woodstock recognizes the challenges of mental health, addictions, specifically opioids, and homelessness are complex issues that have a significant and detrimental impact on the residents of the City of Woodstock and surrounding areas within Ontario;

Whereas addressing and responding to these issues has placed extreme stress on all levels of municipal and non-municipal programs and services, including various not-for-profit organizations and provincially funded health services with the City of Woodstock and surrounding areas;

Now, therefore be it resolved that the City of Woodstock call on the federal and provincial governments to act on the following seven measures:

1. Acknowledge that homelessness in Ontario is a social, economic, and health crisis;
2. Commit to ending homelessness in Ontario;

3. Work with the Association of Municipalities of Ontario (AMO) and a broad range of community, health, Indigenous, and economic partners to develop, resource, and implement an action plan to achieve this goal;
4. Creation of a multi-sectoral task force to guide development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;
5. Expanding access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;
6. Providing a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders; and
7. Increasing investments in evidence informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighborhoods, beginning from early childhood;

And further, that a copy of this motion be sent to the Premier of Ontario; the Minister of Municipal Affairs and Housing; the Minister of Children, Community and Social Services; the Minister of Health; the Minister of the Solicitor General; the Minister of Finance; the Chief Medical Officer of Health; Oxford MPP Ernie Hardeman; Oxford MP Arpan Khanna; the Association of Municipalities of Ontario; and all Ontario municipalities.”

Yours Truly,



Amelia Humphries
Deputy Chief Administrative Officer/City Clerk

Cc: (via email)

The Honourable Doug Ford, Premier of Ontario - premier@ontario.ca

The Honourable Steve Clark, Minister of Municipal Affairs and Housing of Ontario - minister.mah@ontario.ca

The Honourable Michael Parsa, Minister of MCCSS - MinisterMCCSS@ontario.ca

The Honourable Christine Elliott, Minister of Health - christine.elliott@ontario.ca

The Honourable Michael Kerzner, Minister of the Solicitor General - michael.kerzner@ontario.ca

The Honourable Peter Bethlenfalvy, Minister of Finance - peter.bethlenfalvy@pc.ola.org

Dr. Kieran Moore, Chief Medical Officer - infoline.moh@ontario.ca

The Honourable Ernie Hardeman, Oxford MPP - ernie.hardemanco@pc.ola.org

The Honourable Arpan Khanna, Oxford MP - arpan.khanna@parl.gc.ca

Association of Municipalities Ontario – amo@amo.on.ca

CC 09-10-23



Legislative Services

July 26, 2023

Sent via email: premier@ontario.ca

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Honourable and Dear Sir:

Re: Controls on Airbnb, VRBO and Others Which Affect Municipal Rentals

Please be advised the Municipal Council of the Town of Fort Erie at its meeting of July 24, 2023 passed the following resolution:

Whereas global technology platforms such as Airbnb or VRBO were created to improve global access to rental opportunities, particularly those available for vacation or shorter-term business purposes, and

Whereas the impact of these “disruptive technologies” on rental markets has raised the following concerns in the past decade:

- Concentration of ownership and proliferation of landlord corporations with minimal interest in or accountability to local communities
- Removal of housing stock from long-term rental markets with resulting increases in rents
- Lack of control over occupancy (e.g. families vs large groups of partygoers)
- Incidence of nuisance infractions (noise, garbage, parking), and

Whereas any reduction in the availability of long-term housing stock runs counter to the Province of Ontario’s goal of 1.5 million additional homes in the next 10 years, and

Whereas growth in short-term rental markets may also have a negative impact on housing affordability for the seasonal workers who service tourist destinations or farming communities, and

.../2

Mailing Address:

The Corporation of the Town of Fort Erie
1 Municipal Centre Drive, Fort Erie ON L2A 2S6
Office Hours 8:30 a.m. to 5:00 p.m. Phone: (905) 871-1600 FAX: (905) 871-4022 Web-site: www.forterie.ca

The Honourable Doug Ford

Page two

Whereas implementing local/municipal restrictions through municipal law enforcement tools (licensing) and municipal planning tools (zoning by-law restrictions) may push demand to other communities, and

Whereas some platforms (e.g. Airbnb) are already working toward providing notice to owners about municipal regulations and licensing through a license number field, and

Whereas some jurisdictions (e.g. Quebec, Scotland) have acknowledged the limitations of local authorities/municipalities in controlling the impact of global technologies and have developed comprehensive regulatory frameworks, and

Whereas a comprehensive, consistent regulatory approach is likely to prove more effective in Ontario,

Now, therefore, be it resolved,

That: Council requests the Government of Ontario to establish a regulatory framework requiring digital platforms such as Airbnb and VRBO to:

1. Require owners using the digital platforms to comply with municipal planning and licensing regulations, and
2. Prevent advertising of properties that are not registered with the relevant municipality, and
3. Provide a contact with the platform to ensure ongoing and effective communications for provincial and municipal officials and further

That: The Province of Ontario work with municipalities to address situations in which long-term housing stock has been lost to corporate ownership of short-term rental properties and further

That: A copy of the resolution be forwarded to the Premier of Ontario (Hon. Doug Ford), the Minister of Municipal Affairs and Housing (Hon. Steve Clarke), local MPPs, the Association of Municipalities of Ontario (AMO) and all municipalities in Ontario.

Thank you for your attention to this matter.

Kind regards,

Ashlea Carter, AMP
Deputy Clerk
acarter@forterie.ca
AC:dlk

Attach.

c.c. The Honourable Steve Clark, Minister of Municipal Affairs and Housing minister.mah@ontario.ca
Jennifer Stevens, MPP - St. Catharines JStevens-CO@ndp.on.ca
Jeff Burch, MPP - Niagara Centre JBurch-QP@ndp.on.ca
Wayne Gates, MPP - Niagara Falls wgates-co@ndp.on.ca
Sam Oosterhoff, MPP - Niagara West-Glanbrook sam.oosterhoff@pc.ola.org
The Association of Municipalities of Ontario amo@amo.on.ca
All Ontario Municipalities



Office of the County Warden
789 Broadway Street, Box 3000
Wyoming, ON N0N 1T0

Telephone: 519-845-0801
Toll-free: 1-866-324-6912
Fax: 519-845-3160

CC 09-12-23

August 2, 2023

BY EMAIL

The Honourable Sean Fraser
Minister of Housing, Infrastructure and Communities
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Fraser,

Re: Municipal Financial Assistance – Affordable and Supportive Housing

I write to, first, congratulate you on your recent appointment to the position of Minister of Housing, Infrastructure and Communities.

I also wish to take this opportunity to communicate the dire need for additional affordable and supportive housing in Lambton County.

Lambton County is a community of approximately 134,000 residents located in southwest Ontario. Like many communities in Canada, Lambton County is grappling with increased homelessness and a need for holistic supportive housing services (e.g. addiction management/withdrawal, mental health supports, and social services).

Lambton County supports the National Housing Strategy and would greatly appreciate a long-term financial commitment from the Federal Government to address growing chronic homelessness in our community.

We acknowledge – and appreciate - CMHC's Housing Accelerator Fund program and are hopeful that our application will be successful.

We are hopeful, however, that with your recent appointment, the Federal Government, together with our Provincial governments, will commit additional financial resources to assist municipalities in addressing these issues.

As always, we look forward to working with you.

Yours sincerely,

Warden Kevin Marriott
County of Lambton

cc: Bob Bailey, MPP, Sarnia-Lambton
Hon. Steve Clark, Minister of Municipal Affairs and Housing

www.lambtononline.ca



Minister of Housing,
Infrastructure
and Communities



Ministre du Logement,
de l'Infrastructure
et des Collectivités

Ottawa, Canada K1P 0B6

August 8, 2023

Warden Kevin Marriott
County of Lambton
Office of the County Warden
789 Broadway Street
P.O. Box 3000
Wyoming, Ontario N0N 1T0

Dear Warden Marriott:

Thank you for your kind words of congratulations on my recent appointment as Minister of Housing, Infrastructure and Communities. I consider the responsibilities of this position to be an honour and am dedicated to serving all Canadians in this new role.

At this particular moment, we have an extraordinary opportunity to help grow Canada's economy in a way that creates good-paying jobs and supports the people and families who live in our communities.

People in Canada have jobs in record numbers, and we have the ability to leverage new investments that will build more prosperous, socially just and environmentally healthy communities.

A close collaboration with provinces and territories, First Nations, Inuit and Métis Peoples, municipalities and rural communities, as well as community groups, industry and other organizations will indeed be crucial as we invest in communities across Canada and work toward reducing homelessness and making housing more affordable and accessible across the country.

...2

Canada

- 2 -

I have noted your comments regarding the need for additional affordable and supportive housing in Lambton County. To ensure that every Canadian has a safe and affordable place to call home, Budget 2022 and the [2022 Fall Economic Statement](#) announced significant investments to make housing more affordable from coast to coast to coast. Budget 2023 proposes new measures to build on this important progress.

Please accept my best regards.

Sincerely,



The Honourable Sean Fraser, P.C., M.P.
Minister of Housing, Infrastructure and Communities

c.c. The Honourable Steve Clark, M.P.P.
Minister of Municipal Affairs and Housing of Ontario

Bob Bailey, M.P.P.
Sarnia-Lambton, Ontario



CC 09-13-23

Resolution no. 2023 - 248

Date: August 1, 2023

Moved by: R. Hall

Seconded by: M. Wand

That the correspondence from the Women of Ontario Say No regarding Legislative Amendments to Improve Municipal Codes of Conduct and Enforcement be received;

AND FURTHER THAT all Ontarians deserve and expect a safe and respectful workplace; and

THAT municipal governments, as the democratic institutions most directly engaged with Ontarians need respectful discourse; and

THAT several incidents in recent years of disrespectful behaviour and workplace harassment have occurred amongst members of municipal councils; and

THAT these incidents seriously and negatively affect the people involved and lower public perceptions of local governments;

THAT municipal Codes of Conduct are helpful tools to set expectations of council member behaviour; and

THAT municipal governments do not have the necessary tools to adequately enforce compliance with municipal Codes of Conduct; and

THAT the Municipality of Powassan Council supports the call of the Association of Municipalities of Ontario for the Government of Ontario to introduce legislation to strengthen municipal Codes of Conduct and compliance with them in consultation with municipal governments; and

THAT the legislation encompasses the Association of Municipalities of Ontario's recommendations for:

- Updating municipal Codes of Conduct to account for workplace safety and harassment
- Creating a flexible administrative penalty regime, adapted to the local economic and financial circumstances of municipalities across Ontario
- Increasing training of municipal Integrity Commissioners to enhance consistency of investigations and recommendations across the province
- Allowing municipalities to apply to a member of the judiciary to remove a sitting member if recommended through the report of a municipal Integrity Commissioner
- Prohibit a member so removed from sitting for election in the term of removal and the subsequent term of office, and;

THAT this legislation be prioritized for the fall of 2023 given the urgency of this issue; and

FURTHER THAT this resolution be sent to the Premier of Ontario, MPP Fedeli, Minister of Municipal Affairs, Associate Minister of Women's Social and Economic Opportunity, AMO and all municipalities.

Carried
 Defeated
 Deferred
 Lost

 Mayor

Recorded Vote: Requested by _____

Name	Yeas	Nays	Name	Yeas	Nays
Councillor Randy Hall			Mayor Peter McIsaac		
Councillor Markus Wand					
Councillor Dave Britton					
Councillor Leo Patey					

DATE OF COUNCIL MTG.	Aug 1
AGENDA ITEM #	13-2

RECEIVED

AUG 25 2023

C.A.O.

August 22, 2023

To: OPP - Lambton County

The Mayor and Town Council – Plympton -Wyoming

The Warden and Council - County of Lambton

CC 09-14-23

In the spring of 2021, I contacted the OPP and Town Council regarding the flagrant disregard for speed limits on the Egremont Road, between O'Brien Line and Mandaumin Road. Once again, I am contacting you to please do something about this problem. I understand that the OPP are short staffed and that there are many other elements in our society today that require their time. However, something needs to be done in this instance.

There appears to be an ongoing and growing disrespect/indifference as to the speed several drivers are displaying along this portion of the road. I cannot speak to a neighbour on the front lawn, a person walking by our house or sit on our rear deck without the disruption of noise from speeding, cars, trucks, contractor's vehicles, motorcycles, or such at virtually all times of the day. Vehicles travelling at normal speed do not cause any noise or disturbance concerns.

Yesterday, a person on a dirt bike raised their motorcycle up into a "wheely" and passed a car in front of our house at a ridiculous speed. This was blatant and careless in nature. The disruptions go on continually. This is a residential area with families, children and people believing that they have purchased a home in a quiet and good residential location. To be truthful I have concerns as to what this is doing to our property values, as well.

My last email outlined the number of houses, street accesses and driveways there are in the first half mile, or so, east of the O'Brien Line. Some 35+ driveways and 7 street accesses exist along this stretch.

We are subject to large construction vehicles that I believe are ignoring load limits, truck sizes, etc.

There must be something that can be done about this matter, such as signs helping to direct traffic to County Road 7 at the O'Brien Line; Stop Signs as used in the Errol Village area placed at the two Eton Court entrances, or such. This is a 50 KPH road. The "Your Speed" monitor does not appear to be doing much if anything.

I implore you to please not let this matter go on and on. Please take some positive and ongoing action.

Thank you.

Respectfully,

Paul Ashdown

3238 Egremont Rd., Camlachie, On. N0N1E0

519.869.4607 - etoncourt@cogeco.ca

CC 09-03-23

June 29, 2023

Town of Parry Sound
Rebecca Johnson, Clerk
rjohnson@parrysound.ca

Via email

RE: reinstatement of previous legislation that permitted municipalities to apply for and retain surplus proceeds from tax sales in their jurisdictions

Dear Ms. Johnson,

During the June 26, 2023 regular meeting of council, council pulled and discussed the circulated correspondence in relation to the above, with the following resolution passed:

Moved: Liz Welsh

Seconded: Debb Pitel

WHEREAS prior to being repealed by the Modernizing Ontario's Municipal Legislation Act, 2017, Section 380(6) of the Municipal Act, 2001 allowed for a municipality to retain surplus proceeds from tax sales within their jurisdiction;

WHEREAS the current Public Tax Sale process is a burdensome process to a municipality that invests a considerable amount of time and money recovering these proceeds for the potential sole benefit of the Crown in Right of Ontario;

THEREFORE BE IT RESOLVED THAT the Council of the Corporation of the Town of Petrolia supports the Town of Essex & Township of Parry Sound in the call for reinstatement of previous legislation that permitted municipalities to apply for and retain surplus proceeds from tax sales in their jurisdictions: and

FURTHER DIRECTS THAT: this resolution be circulated to the Ministry of Municipal Affairs and Housing (MMAH), the Ministry of Finance (MOF), the Ontario Municipal Tax & Revenue Association (OMTRA), the Association of Municipalities of Ontario (AMO), MPP Bob Bailey and all Ontario Municipalities.

Carried

Kind regards,

Original Signed

Mandi Pearson
Clerk/Operations Clerk

cc: Town of Essex | Hon. Steven Clark minister.mah@ontario.ca | Hon. Chrystia Freeland chrystia.freeland@parl.gc.ca | Mr. Bob Bailey, MPP Sarnia-Lambton bob.bailey@pc.ola.org | OMTRA webmaster@omtra.ca | AMO resolutions@amo.on.ca | Municipalities of Ontario | file

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411 Greenfield Street, Petrolia, ON, N0N 1R0

www.town.petrolia.on.ca





**Association of Local
PUBLIC HEALTH
Agencies**

alPHa's members are
the public health
units in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

www.alphaweb.org

CC 09-15-23

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006

August 23, 2023

Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: Public Health Funding and Capacity Announcement

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health Section, Boards of Health Section, and Affiliate Associations, I am writing to thank you for the commitments you made to local public health as part of your address to the Association of Municipalities of Ontario (AMO) on August 22, 2023.

A healthier population contributes to a stronger economy and reduces demand for costly and scarce health care resources. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. One of our foundational positions is that, regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure the total funding envelope is stable, predictable, protected, and sufficient for the full delivery of all public health programs and services.

alPHa is pleased about the restoration of the \$47 million in provincial annual base funding and to hear your message to our public health unit members that they can expect a guaranteed increase of 1% of the base funding in each of the next three years and it is a positive step forward. While this may not be sufficient to completely meet our mandate, we do appreciate knowing what our thresholds will be when planning our budgets during this time. alPHa notes your observation this will afford the opportunity and time to work together to address long-standing challenges in the system.

Thank you for recognition of the value of local public health expertise and for the opportunity to help shape the future of local public health. alPHa is committed to our work that supports the Ontario government's goals to be efficient, effective, and provide value for money.

We appreciated our recent meeting with you and look forward to collaborating with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Charles Gardner,
President

Providing Leadership in Public Health Management

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the CMOH
Brent Feeney, Director, Accountability and Liaison, Office of the CMOH

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

CC 09-16-23

AOPHBA

ASSOCIATION OF ONTARIO PUBLIC HEALTH BUSINESS ADMINISTRATORS

July 7, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health

Delivered via email: Sylvia.Jones@ontario.ca

Dr. Kieran Moore
Chief Medical Officer of Health
Ministry of Health

Delivered via email: Kieran.Moore1@ontario.ca

Dear Minister Jones and Dr. Moore,

On behalf of the Association of Ontario Public Health Business Administrators (AOPHBA), I write to you to express our interest in sharing our collective wisdom and experience to strengthen our public health system, enabling it to be responsive to growing demand and complexity, and accountable to Ontarians for the public dollars it spends. Our Association membership is comprised of business leaders in the 34 public health units across Ontario.

The AOPHBA wishes to acknowledge the Province of Ontario's support both past and on-going, in relation to the COVID-19 Pandemic. Whether through one-time funding for COVID-19 activities including case and contact management, enforcement, vaccination, the school-focused nurses initiative or through guidance documents, messaging, provision of cold storage units, information technology applications such as CCM and COVAX, your support allowed public health to increase capacity and our ability to respond to the ever-changing pressures of the COVID-19 pandemic. We also wish to acknowledge the exhaustive efforts of our public health units' public health professionals that went above and beyond to care for their communities. But our collective work is far from over. We now need to regroup and reflect upon the learnings of the COVID-19 Pandemic. Dr. Moore's 2022 Annual Report, *Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics*, rightly points to a call for action to be prepared to protect ourselves from future health threats, but also to invest in building a strong and resilient system and communities that create the best possible health for all. Preparedness is an on-going process, not an end state.

Above all, to be effective in reducing the demand on the health care system while simultaneously building an adaptive and resilient public health system that is responsive to threats to population health, sustainable and stable funding is required. Sustainable and stable funding will not only allow public health units to meet the requirements of the Ontario Public Health Standards (OPHS), but also the increased demand caused by the COVID-19 pandemic as well as build on current capacity to respond to emergent public health issues. The 2024 budget year presents a substantial risk to the capacity of public health units with the discontinuance of mitigation funding, rising operating costs, and increased and on-going work involving COVID-19. Head count reductions of highly valued health professionals will be required to address these pressures, negatively impacting our ability to meet the requirements of the OPHS.

AOPHBA

ASSOCIATION OF ONTARIO PUBLIC HEALTH BUSINESS ADMINISTRATORS

We know that a balanced approach is necessary, managing the health care needs of today and preparing for the disease threats of tomorrow. Recognizing that there are always fiscal limitations, AOPHBA appreciates the need to ensure the system is designed to optimize the use of every dollar invested in public health. Our members have a keen interest and unique knowledge-base to contribute to system-wide or regional planning for an improved public health system, in particular with respect to administrative effectiveness and efficiency.

Dr. Moore's 2022 Annual Report states "To be ready for the next outbreak, Ontario's public health sector must take a collective, forward-thinking approach to pandemic planning. It must make sustained investments in strengthening sector and system, community, and societal readiness." We encourage you to create sustained public health funding levels that are supportive of public health's response to the requirements of the Ontario Public Health Standards, including sector and system readiness to emerging public health issues. We are eager for the opportunity to collaborate on the strengthening of public health and offer our collective wisdom and experience to create a strong, effective, and efficient public health system for the future.

Our Association Executive would be pleased to meet with you, in person, to discuss this matter of mutual importance and we are available at your convenience.

Sincerely,



Cynthia St. John
President

Association of Ontario Public Health Business Administrators (AOPHBA)

C: The Hon. Doug Ford, Premier
AOPHBA Membership
Association of Local Public Health Agencies (alPha) Board of Directors
Ontario Boards of Health
Association of Municipalities of Ontario (AMO)
Dr. Catherine Zahn, Deputy Minister of Health

CC 09-17-23



August 2, 2023

Attention:

The Honourable, Doug Ford, Premier of Ontario
 The Honourable Sylvia Jones, Deputy Premier and Minister of Health of Ontario
 City of London Council
 County of Middlesex Council
 Teresa Armstrong, Member of Provincial Parliament for London Fanshawe
 Terence Kernaghan, Member of Provincial Parliament for London North Centre
 Peggy Sattler, Member of Provincial Parliament for London West
 Rob Flack, Member of Provincial Parliament for Elgin-Middlesex-London
 Monte McNaughton, Member of Provincial Parliament for Lambton-Kent-Middlesex

RE: Middlesex-London Health Unit 2024 Budget

Dear Premier, Honourable Ministers, Members of Provincial Parliament, City of London Council, and County of Middlesex Council,

The Middlesex-London Health Unit (MLHU) is grateful to the provincial government for its continued commitment to keeping the health and safety of Ontarians a top priority, with steadfast financial support for the Health Unit throughout the pandemic. Public health provides a critical foundation for the broader public healthcare system, during pandemics and beyond, through the provision of efficient and effective interventions that keep Ontarians out of emergency departments and hospital beds. Within its mission to protect and promote the health of people in Middlesex-London, the team at the MLHU helps to prevent the spread of infectious diseases, prevent illnesses associated with environmental exposures, promote healthy growth and development for babies, children, and youth (including mental health), prevent injuries and chronic diseases, and ensure system readiness for public health emergencies. Investing in public health is therefore a critical long-term, sustainable approach to building a strong healthcare system.

The MLHU Board of Health wants to ensure the province was aware of the significant funding shortfall facing the MLHU in 2024. The MLHU anticipates funding reductions in 2024 with the end of the School Focused Nurses Initiative and COVID-19 Extraordinary Expense Funding. The proposed shift of Mitigation Funding to municipal partners introduces pressures beyond the funding increases required to keep pace with inflation, currently forecasted at 3.9% for 2024. Further, the rapidly increasing population creates greater need; between 2016 and 2021 the population of Middlesex-London grew by 10%.

Without adequate funding, it is anticipated that it will not be possible for the MLHU to execute substantial components of the Ontario Public Health Standards in 2024. One recent example is the MLHU Strathroy Dental clinic, recently opened in [June 2023](#), with capital funds from the Ontario Seniors' Dental Care Program to support low-income seniors and low-income children 17 and under. This is a vital program in Middlesex County and has a large waitlist of clients interested in seeking dental care. To date, operational funding has not been provided for this clinic, adding to the list of significant financial pressures facing the MLHU in 2024.

The MLHU shares the concerns of its public health colleagues from across Ontario regarding our collective ability to meet the [Ontario Public Health Standards](#), the legislative guideposts to ensure the health of Ontarians, set out by the Ministry of Health. We ask that the Ministry return the funding to the previous 75:25 Provincial/Municipal allocation, provide an increase to base funding sufficient to reflect ongoing accountability for managing COVID-19 as a Disease of Public Health Significance, and increase funding to address inflationary pressures. Sufficient and stable funding for public health is required to maintain the public health services that are essential to the health of our communities, now and into the future.

Sincerely,

Matt Newton-Reid
 Board Chair
 Middlesex-London Health Unit

Emily Williams, BScN, RN, MBA, CHE
 Secretary and Treasurer
 Middlesex-London Health Unit

Dr. Alex Summers MD, MPH, CCFP, FRCPC
 Medical Officer of Health
 Middlesex-London Health Unit

CC: All Ontario Boards of Health
 Middlesex-London Board of Health Members
 David Jansseune, Assistant Director, Finance, Middlesex-London Health Unit

health@mlhu.on.ca

www.healthunit.com

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 tel: (519) 663-5317 fax: (519) 663-9581

Strathroy Office
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 tel: (519) 245-3230



CC 09-18-23

www.hkpr.on.ca • info@hkpr.on.ca

1-866-888-4577

July 3, 2023

Honourable Sylvia Jones, Deputy Premier and Minister of Health
 Province of Ontario
 Hepburn Block 10th Floor 80 Grosvenor Street Toronto,
 ON M7A 1E9
 Sent via email: Sylvia.Jones@pc.ola.org

Dear Minister Jones,

I want to begin by thanking you and your government for your continued commitment to keeping the health and safety of Ontarians a top priority. Your steadfast financial support for public health units throughout the COVID-19 pandemic was critical to ensuring our ongoing ability to meet the needs of our communities.

On behalf of the Board of Health for Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), I am writing to you to share our concerns about significant funding shortfalls anticipated for 2024.

The Province of Ontario invested significant funds across the health sector to support the response to the COVID-19 pandemic. The success of preventing the spread of COVID-19 through vaccination and other public health measures is something to celebrate. Given that COVID-19 is no longer a public health emergency of international concern, it is understandable that the scope and scale of interventions and financial support provided by the Province is pared back.

We are aware that several one-time buckets of funding are planned to end throughout 2023. This includes the School Focused Nurses Initiative, COVID-19 Extraordinary Funding, and Mitigation Funding. This leaves public health units to respond to increased community needs that arose during the pandemic (such as drug poisonings), address public health service back-logs (such as immunizations), and continue to manage COVID-19 as an endemic infectious disease using a base budget that is essentially the same as it was in 2018.

The end of the above-mentioned one-time funding, coupled with increased operational costs due to inflation, means that HKPRDHU will be challenged to meet the growing needs of our communities and the continued expanding requirements of the Ontario Public Health Standards (OPHS). Our anticipated financial shortfall to maintain our existing programs, assuming that Mitigation funding is continued, is estimated at \$1.9 million. To illustrate the gap in funding solely related to inflationary pressures, had the consumer price index been applied annually since 2018 to the HKPRDHU base budget, the provincial portion of our base budget for mandatory programs would be \$14,728,994 (an increase of \$2.7 million dollars).

Although one-time funding enabled health units to address urgent needs arising in a timely fashion, the lack of sufficient, predictable funding is a barrier to establishing a permanent strong and resilient public health system. Strong infrastructure for local public health is paramount to ensuring that Ontario is ready for the next surge in COVID-19, the next pandemic, the next extreme weather event, or the next emerging health hazard.

PROTECTION · PROMOTION · PREVENTION

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LINDSAY OFFICE
 108 Angeline Street South
 Lindsay, Ontario K9V 3L5
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 Fax · 705-324-0455

Minister Jones
July 3, 2023
Page 2

Now, more than ever, our communities need a robust public health system. While the threat of COVID-19 has dimmed, the need for an agile public health response to infectious disease threats was clearly articulated in the Chief Medical Officer of Health report for 2022 (insert link to Being Ready).

Public health units are a fundamental part of the solution to address the current challenges faced in primary and acute care. By preventing the spread of infectious diseases, preventing illnesses associated with environmental exposures, and preventing chronic diseases through policy development and health promotion, public health units keep people out of emergency departments and out of hospitals. Investing in public health is a long-term, sustainable approach to building a strong health care system.

For the above reasons, the Board of Health for HKPRDHU urges the provincial government to demonstrate their ongoing support for public health by increasing the provincial contribution to mandatory programs and continuing Mitigation funding. Should Mitigation funding end, we urge the provincial government to reverse the 70/30 policy decision made in 2019.

As we look to a future that holds a strong, resilient health system for all Ontarians, we urge the Province to provide the necessary supports for the recovery and strengthening of public health in a comprehensive and sustainable way.

Respectfully,

BOARD OF HEALTH FOR THE HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT HEALTH UNIT



David Marshall, Chair, Board of Health

DE/nb

Cc (via email): The Hon. Doug Ford, Premier
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies



Services de santé du
TIMISKAMING
Health Unit
Enhancing your health in so many ways.

CC 09-19-23

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Branch Offices:
Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476
www.timiskaminghu.com

August 1, 2023

Honourable Minister David Piccini
Minister of Environment, Conservation and Parks
5th Floor, 777 Bay Street
Ministry of Environment, Conservation and Parks
Toronto, Ontario M7A 2J3

Sent Via E-mail

Subject: Request for Air Quality Monitoring Station in the Timiskaming Health Unit region

We are writing to request the installation of a traditional National Air Pollution Surveillance (NAPS) air quality monitoring station within the Timiskaming Health Unit catchment area. The recent smoke from Quebec, Ontario and western Canada wildfires has identified that there is a significant gap in monitoring stations in northern Ontario. This gap in air monitoring and subsequent lack of access to the provincial Air Quality Health Index (AQHI) measurement tool makes it very challenging for agencies and community members to make informed decisions to mitigate negative health outcomes during poor air quality events.

The implementation of a NAPS air monitoring station is crucial to ensure that accurate air quality monitoring data is available to best protect our communities during poor air quality events due to forest fire smoke. The implementation of a NAPS air monitor will provide local community partners with accurate data to increase public awareness and knowledge regarding air quality and its impact on health. Additionally, a NAPS air monitor will enable residents, especially those who are higher risk or caring for those who are higher risk such as children, elderly, and individuals with pre-existing cardiac and respiratory conditions, to make informed decisions during poor air quality events.

As the impacts from climate change continue to rise, the frequency, extent, timing, and duration of the forest fire season is expected to substantially increase¹, further heightening the urgency for effective air quality monitoring in northern Ontario. Monitoring air quality will improve our understanding of the complex interactions between climate change, forest fire smoke and air pollution across the Timiskaming Health Unit region and support the development of targeted strategies to address these interconnected issues.

Please consider this request for the timely installation of a NAPS air quality monitoring station in the Timiskaming Health Unit area. Access to air quality monitoring data will also enable Timiskaming Health Unit to fulfill obligations under the Ontario Public Health Standards (OPHS) to protect the health and well-being of our local communities. Furthermore, local air monitoring technology will enhance local public health capacity to mitigate environmental health risks² such as adverse population health outcomes resulting from poor air quality.


Air monitoring technology will also ensure that our residents will have access to accurate and real time air quality data that will empower our communities to make informed decisions, reduce exposure to pollutants and improve overall health outcomes.

Thank you for your attention to this matter. We look forward to your positive response and discussing the next steps in implementing air quality monitoring stations in the Timiskaming Health Unit region.


References:

1. Douglas, A.G. and Pearson, D. (2022). Ontario; Chapter 4 in Canada in a Changing Climate: Regional Perspectives Report, (ed.) F.J. Warren, N. Lulham, D.L. Dupuis and D.S. Lemmen; Government of Canada, Ottawa, Ontario.
2. Ontario Ministry of Health and Long-Term Care. Healthy Environments and Climate Change Guideline, 2018. Retrieved from:
https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Healthy_Environments_and_Climate_Change_Guideline_2018_en.pdf

Yours sincerely,



Stacy Wight
Board of Health Chair



Dr. Glenn Corneil
Acting Medical Officer of Health/CEO

Copy: Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier of Ontario, Minister of Health
Honourable Steven Guibeault, Minister of Environment and Climate Change
Bernard Derible, Parliamentary Deputy Minister, Emergency Management, Treasury Board Secretariat
Commissioner of Emergency Management
Honourable John Vanthof, Member of Provincial Parliament Timiskaming - Cochrane
Honourable Charlie Angus, Member of Parliament Timmins
Honourable Jean-Yves Duclos, Member of Parliament, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Health Agencies (ALPHA)
All Ontario Boards of Health
All Member Municipalities of the Temiskaming Health Unit

CC 09-20-23



June 28, 2023

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Teen vaping has increased steadily across the nation and within Sudbury and districts since 2017. There are significant health risks associated with vaping and nicotine use including lung damage, changes to the brain, dependence or addiction, difficulty learning, and increased anxiety and stress. Furthermore, there is an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018).

Bill 103 aims to prevent youth from starting to vape and seeks to decrease vaping rates through a number of important actions, including prohibiting the promotion of vapour products, and raising the minimum age for purchasing vapour products.

At its meeting on June 15, 2023, the Board of Health carried the following resolution #35-23:

WHEREAS vaping poses substantial health risks linked to the development of chronic illness, addiction, polysubstance use, as well as risks for injury and death; and

WHEREAS vaping rates among youth have grown with 30.6% of Grade 7 to 12 students in Northern Ontario reporting having used electronic cigarettes(vaping) in 2019, compared with 22.7% for the province; and

WHEREAS Board of Health motion [48-19](#) noted the Board's longstanding history of proactive and effective action to prevent tobacco and emerging product use and urged the adoption of a comprehensive tobacco and e-cigarette strategy; and

Healthier communities for all.
Des communautés plus saines pour tous.

Sudbury

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phsd.ca



The Honourable Doug Ford
June 28, 2023
Page 2

WHEREAS [Bill 103 – Smoke-Free Ontario Amendment Act \(Vaping is not for Kids\)](#), 2023 aims to prevent youth from initiating vaping and decrease the current usage of vaping products by targeting legislation changes, including banning the retail of flavoured vaping products, increasing minimum purchasing age to 21, and prohibiting the promotion of vapor products;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023; and

FURTHER THAT this endorsement be shared with relevant stakeholders.

Vaping among youth is a complex public health issue that requires immediate action. This suggests that a single intervention or approach will be insufficient to address the high rates of vaping among youth. At Public Health Sudbury & Districts, our efforts in addressing youth vaping involve a multi-faceted, comprehensive, upstream, and strengths-based approach that supports positive youth development. Strategies are community and school-driven and influence risk and protective factors associated with vaping. The strategies include education, policy development, prevention programs, research, collaboration, and enforcement activities, fostering the development of supportive social and physical environments in which youth can thrive and flourish. Yet, this is just one piece in a comprehensive approach addressing youth vaping.

The legislative solutions of Bill 103 are designed to make vaping less available and desirable for youth to address the increase in rates of vaping and to prevent the associated harms of vaping.

We thank you for your attention to this important health promotion initiative, and we continue to look forward to opportunities to work together to promote and protect the health for everyone.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: France G elinas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
All Ontario boards of Health
Association of Local Public Health Agencies

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** Richardson, Elizabeth
Sent: Monday, August 28, 2023 11:26 AM
To: AllHealthUnits@lists.alphaweb.org
Subject: [allhealthunits] INFORM: City of Hamilton - Correspondence Endorsed at August 16, 2023 Public Health Committee Meeting

ATTN:

Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)

This email is to provide notification that at its meeting on August 16, 2023 the City of Hamilton's Public Health Committee endorsed the attached correspondence (originals attached for reference):

- **(2023-06-28) Sudbury & Districts:**
Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023

Thank you,

Krislyn Fernandes (She/Her)

Administrative Coordinator to Dr. Elizabeth Richardson, Medical Officer of Health

Office of the Medical Officer of Health | Public Health Services
Healthy and Safe Communities Dept. | City of Hamilton
100 Main Street West, 6th Floor | Hamilton, ON | L8P 1H6
t: 905.546.2424 x3502 | e: Krislyn.Fernandes@hamilton.ca

Mailing Address:

110 King Street West, 2nd Floor | Hamilton, ON | L8P 4S6



My work day may look different than yours. There is no expectation to read or respond to this email outside of your normal working hours.

CC 09-21-23

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
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August 22, 2023

e-Approve-72-2023-537

Warden Kevin Marriott
Chair, Board of Health
Lambton Health Unit
789 Broadway Street
Wyoming ON N0N 1T0

Dear Warden Kevin Marriott:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Lambton Health Unit up to \$70,000 in additional base funding and up to \$169,000 in one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the Lambton Health Unit shortly with further details concerning this funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sylvia Jones'.

Sylvia Jones
Deputy Premier and Minister of Health

- c: Dr. Karalyn Dueck, Medical Officer of Health, Lambton Health Unit
- Andrew Taylor, General Manager, Lambton Health Unit
- Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
- Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health



PUBLIC HEALTH SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Anita Trusler, Supervisor, Health Promotion Michael Gorgey, Manager, Health Promotion
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	September 6, 2023
INFORMATION ITEM:	Community Outreach Nursing Initiative

BACKGROUND

To build on the success of the Harm Reduction Homelessness Outreach Team during the COVID-19 pandemic, Lambton Public Health (LPH) committed to pilot a new Community Outreach Nursing position in November 2022 to better support the needs of people who use drugs in the community. The Community Outreach Nursing Initiative aims to address barriers to accessing harm reduction supplies, services, referrals, and resources in Lambton County as part of our efforts to build a stronger, healthier community.

The purpose of this report is to update County Council on the Community Outreach Nursing Initiative and highlight the community impact demonstrated during the first nine months of implementation.

DISCUSSION

Services delivered via outreach have been an integral and well-established approach to reach, engage, and support people who use drugs for several decades. Outreach programs are designed to reach and engage with people who cannot, do not, or are less likely to be accessing or using services at a fixed site and address barriers by taking information, supplies, services, referrals, and resources to people. Community outreach efforts increase engagement and access for marginalized groups and help build trusting relationships.¹

The need for outreach programs heightened during the COVID-19 pandemic and ongoing drug poisoning crisis when communities experienced reduced access to fixed sites and increased contamination of the drug supply.

¹Ontario Agency for Health Protection and Promotion (Public Health Ontario). At a glance: outreach programs for people who use drugs. Toronto, ON: King's Printer for Ontario; 2023.

The Ontario Public Health Standards require public health units to ensure access to a variety of harm reduction delivery models and to embed a health equity approach throughout all aspects of public health planning and practice. Under these requirements, LPH is working to decrease provider and organization bias and stigma towards people who use substances and people who access substance use prevention and harm reduction services. The Community Outreach Nurse works in close partnership with other community service providers including the County of Lambton Homelessness Prevention Team, West Lambton Community Health Centre, Lambton Emergency Medical Services, Inn of the Good Shepherd, Salvation Army, Bluewater Health, Sarnia Police Services and CMHA Lambton-Kent.

Key Outcomes

To date, the Community Outreach Nursing position has achieved the following:

- 2119 unique client engagements between November 2022 – July 2023;
- Assisted clients in accessing primary care (urgent and non-urgent), food banks, shelter, bus passes, winter boots/coats, reminders to attend scheduled appointments, accessing community supports, navigating the legal system;
- Collaborated to increase community capacity with harm reduction sites in Lambton County (Community Health Centres, Kettle and Stoney Point Health Services, Aamjiwnaang Health Centre, Walpole Island First Nation, John Howard Society, and the Community Paramedicine Program) and
- Created a new [video](#) to raise awareness about the benefits of Harm Reduction programs and help reduce stigma in the community.

The impact of the Community Outreach Nursing position is further demonstrated by testimonials from Community Partners, including the following:

“Jen has been an invaluable resource to the clients in my program as she provides them wellbeing check ins, referrals to community resources, a trusted non-judgmental person who can assist them with navigating being housed again and acts as an additional point of contact for my program staff so that we can assist clients before they hit a crisis point.”

“Without question, the ongoing effort Jen brings to true and effective outreach is very valuable. Jen has helped us reach folks in the County by attending the Salvation Army Food van service twice per month in Petrolia. This need for support is increasing outside of the City of Sarnia and her commitment to harm reduction outreach throughout the entire County is laudable and much appreciated.”

The Community Outreach Nursing Initiative is well aligned with the recently endorsed Lambton Drug and Alcohol strategy and the Lambton County Community Safety and Well-Being Plan. Additional data will be available upon its review in October at the completion of the one-year pilot.

FINANCIAL IMPLICATIONS

All costs associated with the Community Outreach Nursing Initiative are included in LPH's approved 2023 budget, which is cost-share funded 70% provincial and 30% municipal.

CONSULTATIONS


The Community Outreach Nurse works in close consultation and collaboration with Social Services Division, Lambton Emergency Medical Services, West Lambton Community Health Centre, Inn of the Good Shepherd, Bluewater Health and CMHA Lambton-Kent.

STRATEGIC PLAN

The Community Outreach Nursing Initiative aligns with the mission, principles and values identified in the County's Strategic Plan and supports recommendations under the Harm Reduction Pillar of the Lambton Drug and Alcohol Strategy.

CONCLUSION

A comprehensive harm reduction outreach program, with dedicated outreach supports is helping to build stronger, healthier communities across Lambton County. Lambton Public Health is committed to supporting individuals 'where they are at' in the community through trauma-informed approaches, partnership, and collaboration.

 <p style="text-align: center;">PUBLIC HEALTH SERVICES DIVISION</p>	
REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Kevin Churchill, Manager Amy Rawlings, Health Promoter Amy McIntyre, Epidemiologist
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffault, Chief Administrative Officer
MEETING DATE:	September 6, 2023
INFORMATION ITEM:	Harm Reduction – Community Sharps Disposal Update

BACKGROUND

The Ontario Public Health Standards mandate that public health units ensure access to diverse harm reduction program delivery models. This includes providing sterile needles and syringes to prevent or reduce the transmission of blood-borne infections among injection drug users. To meet these standards, LPH offers a Needle Exchange Program (NEP) which includes Harm Reduction Program Enhancements such as Safer Sharps Disposal.

With a continuing opioid crisis and increasing prevalence of drug related harms across the nation, province, and local community, improper disposal of needles or “sharps” poses potential threats to community safety in public places. This potential threat may put members of the public and workers at risk, as “needle stick injuries” introduce potential transmission of dangerous blood-borne infections, including Hepatitis and Human Immunodeficiency Virus (HIV).

To address this pressing issue and improve community safety, LPH established six safe sharps disposal sites across Lambton County in mid-2019, followed by two additional sites added in 2021 and 2023. Lambton County now has a total of eight Community Sharps Disposal Bins (CSDB): four sites in Sarnia, one site in Point Edward, one site in Forest, one site in Thedford, and one site at Kettle Point. These designated sites offer a solution and provide a secure and responsible way for individuals to dispose of used needles properly. By promoting accessible and convenient sharps disposal locations, we can mitigate the risks associated with improper needle disposal and create a safer community.

Lambton Public Health (LPH) staff last reported to County Council on this initiative “*Harm Reduction – Community Sharps Disposal*” on May 15, 2019.

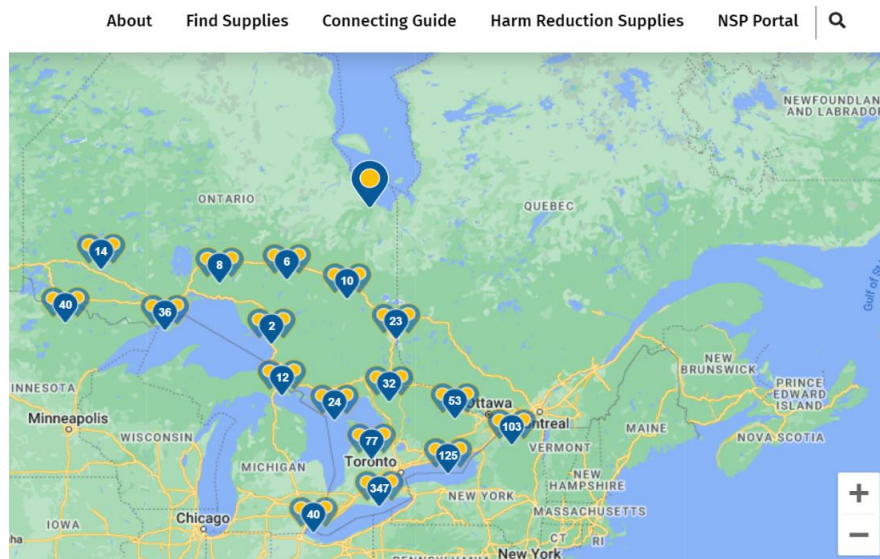
DISCUSSION

Harm reduction initiatives are an important element of a more comprehensive approach to substance and alcohol misuse. LPH has worked across multiple sectors, with many community partners, and with members of the public, to develop a [Lambton Drug and Alcohol Strategy \(LDAS\)](#), endorsed by Lambton County Council on April 5, 2023. LDAS outlines a coordinated response to reduce the harms related to drug and alcohol use. One of the three pillars outlined in LDAS is Harm Reduction, with an overall goal of reducing the negative consequences of problematic substance use. Safe sharps disposal sites are playing a significant role in effectively achieving this goal. The *Harm Reduction – Community Sharps Disposal Report* in 2019, indicated an increase in injection drug use over the previous five years and an increase locally in reports of needles being found in parks, vacant properties, and public facilities, including libraries and hospitals. LPH can now say that this is no longer the case in 2023. Since the introduction of the safe disposal sites, there have been fewer incidents and reports of improperly discarded sharps around the community. When sharps are found in the community and reported, the location is tracked to inform movement and implementation of CSDBs.

Information about safe sharps disposal bins across Ontario

Many Ontario communities have installed CSDBs in alignment with the Ontario Public Health Standards, which mandate that public health units ensure access to diverse harm reduction program delivery models. These bins have proven to provide a safe and anonymous location for community members to dispose of sharps. Increasing access to safe disposal options has proven to successfully reduce the prevalence of improperly discarded sharps both locally and across the province.

Figure 1: [Map of Harm Reduction Supplies and CSDB's across Ontario.](#)



Ongoing Program Considerations

1. **Who uses the Community Sharps Disposal Bins?** With the proper knowledge, tools (gloves, tongs, and a small hard plastic container), any adult who finds a needle could collect and dispose of them safely in the bins. This could include the general public, people who use drugs or their family members, and outdoor workers.
2. **How are the CSDB locations determined and assessed?** Locations are determined based on data collected from surveillance, media reports, discussions with county and municipal staff and police, etc. Locations are chosen using a targeted approach in consultation with first responders, municipalities, and neighbours.
3. **What happens if they get overfilled?** In collaboration with our partners, LPH works to assist in implementing a proper maintenance and monitoring schedule, which prevents this from happening. Bins which are frequently full or 50% full upon a check, are checked most regularly. Bins which are less than 50% full upon a check, are checked less frequently. Schedules are revised accordingly to ensure each specific bin is being checked at an appropriate rate to prevent overfilling.
4. **Do they make neighbourhoods unsafe?** These bins do not make the neighbourhoods unsafe, but have rather had the opposite effect. These bins make the neighbourhood safer, as needles are disposed of properly. CSDBs have not been shown to increase drug use in these areas as the locations were based on where sharps have already been found.

Data Collection, Maintenance, and Location of Community Sharps Disposal BinsData Collection and Maintenance

LPH has established a strategic partnership with Emergency Medical Services (EMS). This collaboration involves community sharps disposal logs developed by LPH, so that EMS can actively collect data on the percentage fullness of CSDBs upon inspection, and report back to LPH. Through this data collection, LPH is able to streamline the schedules to improve the efficiency and determine optimal frequency for checking each bin. Presently, EMS follows a schedule to inspect the bins regularly and any bins found to be full are promptly brought to LPH for safe disposal through a certified vendor.

To further improve this process, our team is actively working alongside EMS to streamline the inspection schedules. Bins that are only 25% full during the checks will be monitored less frequently, while those filled more often will receive more regular inspections. By adjusting the monitoring frequency based on the bin's fill level, we can ensure a more effective and resource-efficient approach to the disposal of sharps.

Location of Community Sharps Disposal Bins:

1. **Sarnia:** New Beginnings Clinic – Mitton Village
2. **Sarnia:** Bluewater Methadone Clinic – Victoria Street
3. **Point Edward:** Lambton Public Health
4. **Forest:** North Lambton Community Health Centre
5. **Kettle & Stony Point:** Health Services Centre
6. **Theford Village -** Firehall
7. **Sarnia:** Lochiel Kiwanis Community Centre – (added November 2021)
8. **Sarnia:** Homeless Day Hub, Exmouth street – (added June 2023)

Key indicators have been identified and measured for this program. Indicators include, total number of inspections, total number of bins changed, and the most/least active bins.

Table 1: Summary of Findings 2021-2022

Year	Inspections	Full Bins Exchanged
2021	144	46
2022	155	28
TOTALS	299	74

As Table 1 indicates, a total of 299 inspections were completed in 2021 and 2022, with full bins exchanged for new ones a total of 74 times.

Program Success

LPH is dedicated to enhancing the safe sharps disposal program in our community and is continuously striving to improve quality and efficiency through data-driven decisions. Since 2019, the program has seen significant success, with improvements in operation and impact from 2022-2023. Throughout the COVID-19 pandemic, the program has been successfully running, ensuring safe disposal options for sharps while maintaining the health and safety of our community. Over the years, the program’s success and improvement has been evident, as we have seen a reduction in the number of reported sharps in public spaces.

To further improve the program’s reach, we have expanded it since 2019 to include two new CSDB locations, making safe disposal more accessible for those living in Lambton County. Data and evidence guided us in strategically placing the new disposal bins throughout the community at the Lochiel Kiwanis Community Centre and the Homeless Day Hub, ensuring effectiveness and responsiveness to changing community needs.

Most recently, LPH staff have been working with Cultural Services staff, who in consultation with the City of Sarnia, have identified the need for a sharps disposal unit on the grounds of the Sarnia Library (Christina street location). This location meets all of the

criteria for a CSDB and staff have been given direction to proceed with the installation of this unit.

Next Steps

LPH has worked to actively engage the public in education and health and safety training for municipal workers, to ensure proper handling and disposal of sharps found in the community.

Moving forward, LPH will continue to monitor data, make informed changes to the program, and maintain our commitment to a safe and healthy community for all, while meeting the Ontario Public Health Standards mandate of ensuring access to diverse harm reduction program delivery models. Our team will continue our monitoring and surveillance efforts, as data-driven decision making remains a key indicator of our program's success. To improve efficiency, we will be updating our data collection tools and monitoring schedule in partnership with EMS. By taking these proactive steps and building on the knowledge gained since the implementation of the program in 2019, we can create a safer and healthier Lambton County.

FINANCIAL IMPLICATIONS

All costs associated with the Community Sharps Disposal program are included in LPH's approved 2023 budget, which is cost-share funded 70% provincial and 30% municipal.

CONSULTATIONS

Lambton Drug and Alcohol Strategy Steering Committee, Lambton Emergency Medical Services and Cultural Services Division were consulted where necessary.

STRATEGIC PLAN


The Safe Sharps Disposal program aligns with the LPH Strategic Priority of "Mental Health and Addictions." LPH staff continue to work with members of the community and key partners through the launch of the LDAS to ensure we are achieving our goal of reducing the negative consequences of problematic substance use.

CONCLUSION

The implementation of Community Sharps Disposal bins has been a successful component of LPH's overall harm reduction approach. In the 2018 IPSOS Report, 68% of Lambton County residents surveyed support harm reduction strategies. It is evident that our community recognizes the significance of addressing the opioid crisis responsibly and compassionately, and supports harm reduction as a necessary component of an overall approach to problematic substance use.

With data reflecting the success of the program over the past few years and throughout the COVID-19 pandemic, it has become clear that a CSDB program can be an effective component of an overall harm reduction approach. The program has improved community safety and helped to divert a significant number of sharps to safe disposal, avoiding injury, medical treatment and improving community safety.

Finally, through the monitoring, collection and analysis of program data, efficiencies can be introduced to the program, which will improve reporting functionality and reduce costs.

 <p style="text-align: center;">PUBLIC HEALTH SERVICES DIVISION</p>	
REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Chad Ikert, Manager, Health Protection Jessica Zehnal, Supervisor, Health Protection
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffault, Chief Administrative Officer
MEETING DATE:	September 6, 2023
INFORMATION ITEM:	Infectious Diseases Prevention and Control Program Update

BACKGROUND

The Ontario Public Health Standards requires public health departments to implement the Infectious and Communicable Diseases Prevention and Control (ICDPC) Standard to monitor, trace, and control infectious diseases (ID) of public health significance. The goal of the program is to reduce the burden of communicable diseases and other infectious diseases of public health significance. Lambton Public Health’s (LPH) Infectious Diseases Prevention and Control (IDPC) program plays a critical role in monitoring and reducing the spread of infectious diseases in Lambton County.

The purpose of this report is to provide Council for The Corporation of the County of Lambton (County) with an update on LPH's IDPC program. The most recent update on this program was provided to County Council through the Committee A.M. report *Infectious Diseases Prevention and Control Program Update* dated August 22, 2019.

DISCUSSION

LPH's IDPC program is administered in accordance with the requirements specified in the Ministry of Health’s (MOH) ICDPC Standard and its associated protocols. The program is administered under the direction of the Medical Officer of Health by a team of Public Health Nurses and Public Health Inspectors. This team is responsible for the management and investigation of all sporadic cases of Diseases of Public Health Significance (DOPHS), management of facility outbreaks and community outbreaks of reportable diseases in Lambton County, as well as investigations into infection control related complaints, in order to minimize public health risk.

Management of ID's - Sporadic Cases

All suspect and confirmed cases of DOPHS are required to be reported to the local Medical Officer of Health. Public health's management of sporadic cases is comprised of such activities as case management including where applicable: contact tracing, specimen collection, chemoprophylaxis administration, counseling on disease prevention and control measures, and surveillance for further cases. Investigation of DOPHS also requires determination of the likely source of the infection and may require facility inspections.

Infectious disease investigations can be time intensive and complex. Mandatory reporting of all cases of diseases of public health significance to the MOH is accomplished by using provincial database systems including the integrated Public Health Information System (iPHIS) and the Provincial Case and Contact Management Solution (CCM).

There are more than 70 diseases of public health significance specified in the *Health Protection and Promotion Act*. In 2022, LPH conducted 8,058 DOPHS investigations with 7,830 of these cases being COVID-19. See Appendix A for the total number of DOPHS investigations conducted by LPH between 2010 and July 2023.

Management of ID Outbreaks

Management of confirmed or suspected outbreaks of ID both in the community and in institutional facilities is conducted by the IDPC team in consultation with the MOH. When an outbreak is verified and declared, IDPC staff work to manage and control the outbreak by instituting prevention and control measures and conducting case and contact management including disease prevention counselling, facilitation of chemoprophylaxis, immunization or immuno-globulin (where indicated) and/or advice to seek medical care and submission of clinical specimens where applicable.

Epidemiological analyses to determine population at risk, and likely source of infection is conducted and may include collecting exposure histories, inspecting facilities that have been epidemiologically linked to the outbreak, collecting environmental and clinical samples, and conducting product trace-back.

In 2022, LPH investigated a total of 110 outbreaks (88 due to COVID-19 and 22 due to other respiratory and enteric viruses). See Appendix B for the total number of outbreaks investigated by LPH during the period 2010 - July 2023.

Additionally, when an outbreak is declared, notification and communication of outbreak information is distributed to relevant community partners and to the population at risk, including persons in settings associated with the outbreak. If prevention and control efforts require public compliance with implemented and/or recommended control measures, a media advisory/public health alert would be issued. In some instances, it may be necessary to issue a media advisory/public health alert to advise unidentified contacts of potential exposures of the appropriate follow-up actions that are required.

In accordance with the requirements of the ICDPC Standard, the department has a 24/7 public health on-call system for receiving and responding to reports of IDs and/or outbreaks within the community.

Surveillance

LPH conducts surveillance of infectious diseases of public health significance within Lambton County. This is done by reporting data elements in accordance with the *Health Protection and Promotion Act* and applicable protocols under the Ontario Public Health Standards as well as conducting epidemiological analysis, including the monitoring of trends and risk factors over time, emerging trends, and priority populations.

Surveillance data is reported to LPH from sources such as hospitals, health care providers, long-term care homes, licensed childcare settings, other public health units, and government bodies. LPH also receives Federal/Provincial/Territorial and international surveillance and disease epidemiology data. This information is analyzed and used as necessary to inform local practice. Surveillance can also serve as an early warning system for impending public health emergencies; documenting the impact of an intervention; tracking progress towards specified goals; and monitoring and clarifying the epidemiology of health problems to allow priorities to be set and to inform public health policy and strategies.

Health care provider memos are regularly sent to Lambton County health care providers and health care facilities to inform them about circulating disease trends, surveillance, and applicable disease testing information.

Inspection

The IDPC team is also responsible for regularly inspecting settings associated with risk of infectious diseases of public health significance to ensure compliance with associated infection prevention and control standards. These settings include licensed childcare settings, congregate living settings, and personal service settings, such as barber shops/hair salons, nail salons, and tattoo and body piercing establishments. In addition, the IDPC team is responsible for investigating infection control complaints received and disclosing any IPAC lapses identified.

Education and Health Promotion

LPH works with community partners to improve public knowledge of infectious diseases of public importance and infection prevention and control practices. Formal and informal education sessions are provided to our community partners. For example, in the last year, IDPC staff provided educational sessions locally to Sarnia Police, Lambton Emergency Medical Services, the City of Sarnia's Public Works department, and congregate living settings. LPH also provides hand hygiene presentations to schools, childcare settings, and community functions such as the Age-Friendly Expo.

LPH participates on committees, advisory bodies, and networks with hospitals, long-term care homes, and community groups to provide consultation on the development and maintenance of infection prevention and control policies and procedures, and to review surveillance systems, local epidemiology of IDs and reporting requirements.

FINANCIAL IMPLICATIONS

All costs associated with the infectious disease prevention and control program are included in the approved 2023 LPH budget, which is cost-share funded 70% provincial and 30% municipal. The program is also eligible to receive 100% provincial grants for infection prevention and control hub coordination.

CONSULTATIONS

In the preparation of this report, the epidemiologist was consulted where necessary.

STRATEGIC PLAN

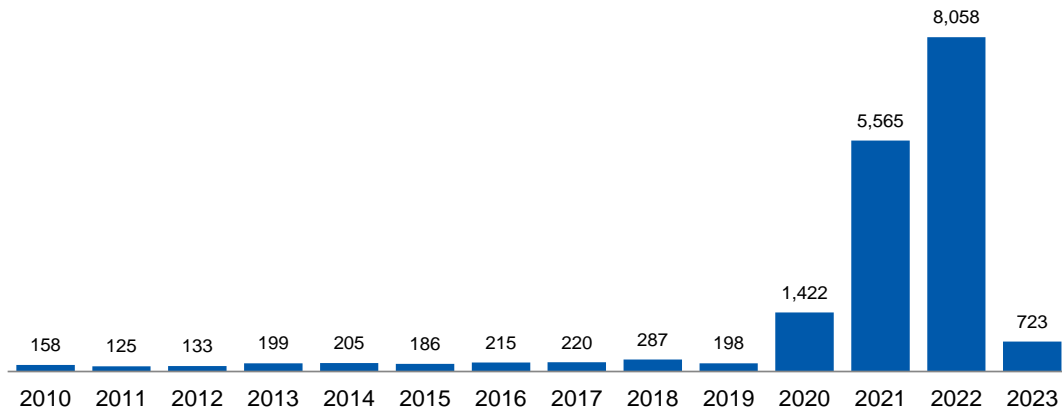
The IDPC program is consistent with the missions, principles and values identified in the County's strategic plan and support the value of the County as a healthy community.

CONCLUSION

Lambton Public Health's Infectious Diseases Prevention and Control program plays a critical role in preventing, monitoring, and reducing the incidence of infectious diseases in Lambton County by providing the community with education, facility inspections, surveillance and outbreak management.

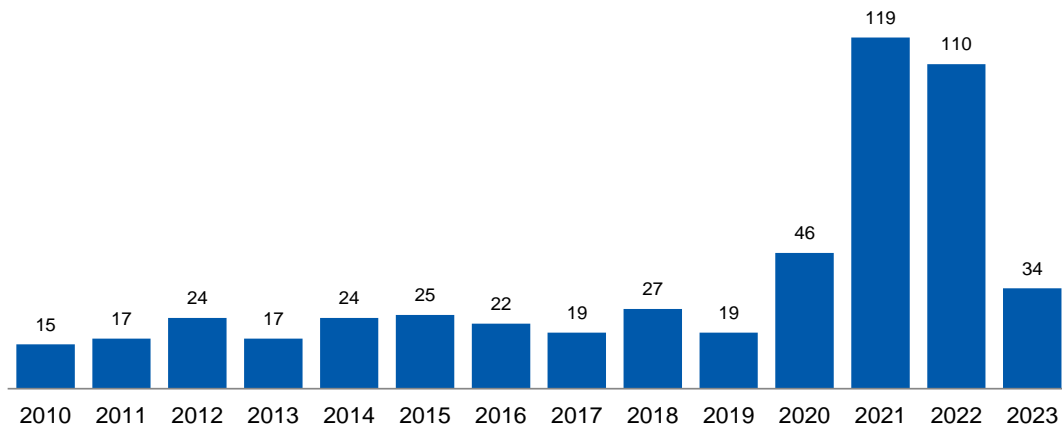
Appendix A

Number of DOPHS investigations completed, 2010 to July 2023*



Appendix B

Number of outbreak investigations completed, 2010 to July 2023*



*Excludes sexually transmitted and bloodborne infections. Data from 2022 and 2023 are subject to change.

Note: Appendix A: Includes all confirmed, probable and suspect cases where Lambton was the diagnosing health unit; Appendix B: Includes all outbreaks investigated by LPH, including those that were not confirmed.

Sources: Appendix A: Public Health Ontario Infectious Disease Query, extracted August 2, 2023; Appendix B: Ministry of Health and Long-Term Care, iPHIS Ontario and CCM, extracted August 9, 2023. Data from before 2016 was extracted on January 6, 2020.



PUBLIC HEALTH SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	LAMBTON PUBLIC HEALTH
PREPARED BY:	Chad Ikert, Manager, Health Protection
REVIEWED BY:	Andrew Taylor, General Manager Stéphane Thiffault, Chief Administrative Officer
MEETING DATE:	September 6, 2023
INFORMATION ITEM:	2023/24 Respiratory Season Planning and Preparedness

BACKGROUND

“In Ontario, seasonal respiratory pathogens, such as influenza, respiratory syncytial virus (RSV), and COVID-19, historically circulate in highest numbers between November and April. As a result, the provincial health system experiences increased demand for patient care during this time.

For the 2023-2024 fall and winter seasons, the risk from influenza, RSV, and other respiratory pathogens is again expected to be atypical compared to pre-pandemic years, resulting in the circulation of these pathogens early in the fall and increased impact on paediatric populations. While the risk of COVID-19 has been diminished through factors such as increased immunity and high vaccination rates, combined with other seasonal respiratory pathogens, COVID-19 continues to be a threat to the health and wellbeing of Ontarians and will contribute to seasonal surge pressures on the health system”¹.

The purpose of this report is to provide County Council with an update on Lambton Public Health’s (LPH’s) planning and preparedness initiatives for the 2023/24 respiratory season as well as provide an update on the provincial fall respiratory season vaccine campaign.

DISCUSSION

To support preparedness activities for the seasonal respiratory pathogen surge anticipated this fall and winter, the Ministry of Health (MOH) developed a seasonal respiratory pathogens readiness and response planning guide and a respiratory exercise package. These resources were developed to set expectations and

¹ Memo from Ontario’s Chief Medical Officer of Health dated July 17, 2023

accountabilities for health system partners who support the coordinated response to seasonal respiratory pathogens. Public Health Units and health system partners are required to use these resources to exercise and evaluate roles and responsibilities, and pertinent plans, policies, and procedures to identify gaps in planning efforts and mitigate risks identified.

Ontario's Chief Medical Officer of Health requested that each Ontario Health (OH) region complete the tabletop exercises provided in the Ministry's respiratory exercise package and share their surge plans with OH. The purpose of these exercises is to strengthen health and non-health sector collaborative networks and bolster system and community-level readiness and resiliency for future pandemics and infectious disease threats.

To support this process, OH West region hosted one respiratory exercise virtually via Microsoft Teams in each of the sub-region areas: Erie St. Clair (ESC), Hamilton Niagara Haldimand Brant (HNHB), Southwest (SW), and Waterloo Wellington (WW). Health sector representatives were invited to attend the session offered in their sub-region. The Public Health Units in the OH West region assisted with facilitation of these exercises. LPH's Medical Officer of Health facilitated Sarnia-Lambton's health system partners' exercise, as part of the Erie St. Clair sub-region session held on August 24, 2023. Twenty-eight health sector representatives from Sarnia-Lambton attended the Erie St. Clair session. Valuable feedback from the exercise including strengths, potential best practices, resource requirements, and areas for improvement will be summarized and provided to the Ministry of Health.

Prior to the OH West exercise, LPH completed its own internal tabletop exercise to evaluate readiness and response activities and to validate plans, policies, procedures, and capabilities including plans to support surge capacity if required. LPH has internal surge capacity plans in place to support surveillance, vaccinations, case and contact management, outbreak management, communications, and other key public health roles. A report on this exercise was sent to the MOH's Office of the Chief Medical Officer of Health, and the Health System Emergency Management Branch.

Further, LPH continues to host Community of Practice (COP) meetings with our long-term care homes (LTCH), retirement homes (RH), and other congregate living settings. These COP meetings are meant to support Infection Prevention and Control practices (IPAC), support and prepare for outbreak management, and support collaboration to ensure facilities are interpreting guidelines consistently and have access to needed resources. These meetings will occur regularly throughout the respiratory season. Beginning the last week of August, the LPH Infectious Disease Prevention and Control (IDPC) team will be meeting with each LTCH, RH, and congregate living settings to review and assess each facility's respiratory season plans by means of completing the newly integrated Respiratory Season Checklist.

The MOH's respiratory season immunization campaign details for COVID-19 are anticipated soon. At this time, the National Advisory Committee on Immunization (NACI) has recommended a dose of an updated COVID-19 vaccine in the fall of 2023, if it has

been at least 6 months since the last COVID-19 vaccine dose or known COVID-19 infection (whichever is later).

NACI has advised that immunization is particularly important for those at increased risk of COVID-19 infection or severe disease, for example:

- Individuals ages 65 years and older;
- Residents of LTCH and other congregate living settings;
- Individuals with underlying medical conditions that place them at higher risk of severe COVID-19;
- Individuals who are pregnant;
- Individuals in or from First Nations, Métis, and Inuit communities;
- Members of racialized and other equity-deserving communities;
- People who provide essential community services.

NACI also provides recommendations for seasonal influenza immunizations for priority populations and various age groups. Updated guidance for the respiratory season immunization campaign for influenza immunizations, based on NACI's recommendations, is also expected from the MOH soon. This updated guidance will provide details regarding the timing of roll-out, new vaccine products, and priority populations. LPH will publicly share this information broadly once known.

Delivery channels for respiratory season pathogens vaccines in Lambton County will be through the following:

- LPH community and mobile clinics;
- Pharmacies;
- Participating primary care providers.

LPH anticipates that COVID-19 vaccine clinics for high-risk populations will begin in October and combined COVID-19 and seasonal influenza vaccine clinics will begin in November for the general population. Once details are confirmed, more information will be made available at [GetTheVaccine.ca](https://www.getthevaccine.ca). Clinic capacity will be ramped up to meet demand.

The MOH continues to closely monitor key respiratory pathogen activity indicators to inform ongoing risk assessment for seasonal and surge respiratory pathogen activity. Information from these risk assessments will be regularly communicated to Public Health Units to inform readiness and response efforts across the system. OH has advised that final details regarding approach and distribution of respiratory season pathogens testing will be confirmed by early fall. LPH has internal surge capacity plans in place for case and contact management, outbreak management, and vaccinations.

FINANCIAL IMPLICATIONS

All costs associated with the IDPC program are included in the approved 2023 LPH budget, which is cost-share funded 70% provincial and 30% municipal. The IDPC program is also eligible to receive 100% provincial grants for IPAC Hub coordination and COVID-19 response activities.

CONSULTATIONS

In the preparation of this report, the Medical Officer of Health and the Health Protection Supervisors were consulted where necessary.

STRATEGIC PLAN

The IDPC program is consistent with the missions, principles, and values identified in the County's strategic plan and support the value of the County as a healthy community.

CONCLUSION

The risk from influenza, RSV, and other respiratory pathogens are again expected to be atypical compared to pre-pandemic years and are likely to cause pressures on health system resources. To support preparedness activities for the upcoming respiratory season, the MOH developed a respiratory exercise package for Public Health Units and health system partners to use to exercise and evaluate roles and responsibilities, and pertinent plans, policies, and procedures. LPH completed these tabletop exercise internally to evaluate readiness and response activities and also assisted with facilitating an OH West exercise with Sarnia-Lambton's health system partners in the Erie St. Clair sub-region.

Public Health Units are currently waiting for further direction from the NMOH for details regarding the provincial respiratory season immunization campaign. Updated guidance is expected soon based on NACI's recommendations. This updated guidance will provide details regarding the timing of roll-out, new vaccine products, and priority populations.

MINUTES

LAMBTON SENIORS' ADVISORY COMMITTEE

Committee Room 1, Wyoming Administration Building

June 27, 2023

Committee Representatives	
COL County Council	Councillor Dan Sageman
Municipality of Brooke-Alvinston	Jeannette Douglas
Township of Dawn-Euphemia	Heather Childs
Township of Enniskillen	Mary Lynne McCallum
Municipality of Lambton Shores	Bill Weber
Village of Oil Springs	Cathy Martin
Town of Petrolia	Sherry Hamilton
Town of Plympton-Wyoming	Maggie Eastman
Village of Point Edward	Lois Lafond
City of Sarnia	Jamie Dillon
Township of St. Clair	Avril Helps
Township of Warwick	Jodi Campbell
Navigating Senior Care Lambton	Arlene Patterson

Present: Councillor Dan Sageman, Bill Weber (Chair), Mary Lynn McCallum (Vice-Chair), Sherry Hamilton, Lois Lafond, Heather Childs, Jeanette Douglas, Maggie Eastman, Jodi Campbell, Jamie Dillon, Cathy Martin, Anita Trusler (COL staff/recorder)

Regrets: Avril Helps, Arlene Patterson

1. Welcome & Introductions/Call to Order

B. Weber called the meeting to order at 8:59 a.m.

Guest: MP Marilyn Gladu provided an update/discussion on:

- a) Cost of Living
- b) Affordable Housing
- c) Transportation
- d) Healthcare

2. Approval of the Agenda

#1 J. Campbell/C. Martin: That the agenda for June 27, 2023, be approved as presented.

Carried.

3. Approval of the Minutes from April 25, 2023

#2 D. Sageman/S. Hamilton: That the minutes from April 25, 2023, be approved as presented.

Carried.

4. Business Arising from the Last Meeting

4.1 Committee member listing on Seniors Advisory Committee webpage

Discussed the best process for updating municipalities on the work of the Committee. Confirmed that County Council receives the approved LSAC meeting minutes in their agenda package under *Items Not Requiring a Motion*. Recommendation was made to add a table to the meeting minutes that identifies each committee representative by municipality or organization. The Committee also discussed option of listing representative names on the dedicated Seniors Advisory Committee [page](#) on the County website but decided against this to be consistent with the practice of other County committees. It was further recommended that a brief write-up could be included in the Warden's monthly newsletter to inform Lambton County residents of the new LSAC. Committee members discussed the need to have a form of identification that verifies their role on LSAC to wear during community outreach (in light of recent scams).

#3 C. Martin/J. Dillon:

- a) That the County provide LSAC Committee members with photo identification to verify representation; and
- b) That LSAC meeting minutes be distributed to municipalities once they have been received by County Council.

Carried.

4.2 Follow-up regarding Four Counties Transportation Committee

J. Douglas attended a meeting on June 26 where it was discussed that there may be a new pilot bus initiative to align with potential day program expansion funding. Four Counties Transportation suggested the possibility of a three-month trial grocery run from Brooke-Alvinston to Glencoe.

A. Trusler updated Committee members that County Council has directed staff to investigate transportation options including the possibility of inter-community transit. The General Manager of Infrastructure and Development Services has indicated that as part of any process moving forward, an extensive community consultation process will be required and the newly formed LSAC will be a

fundamental part of that, as will other organizations that have expressed interest, including our partner municipalities, the Chamber of Commerce, Lambton College, etc.

4.3 Indigenous engagement/representation action item follow-up

A. Trusler updated Committee members that the COL is working to identify best practices for Indigenous engagement to define a process and policy for the County. Specific examples of engagement with Cultural Services were shared, including a list of Elders, Knowledge Keepers, and community contacts. Further information was shared on behalf of the Deputy CAO/ General Manager Cultural Services Division suggesting “the best guidance that can be offered from our experiences within the Cultural Services Division is to determine how the Committee is looking to engage in order to determine the most appropriate resource or approach.”

Additional examples of Indigenous engagement were shared based on the recent work of the Bluewater Health Indigenous Navigation Team, Sarnia-Lambton Ontario Health Team and the Lambton Drug and Alcohol Strategy.

Committee members compared the options of having a single Indigenous representative on the LSAC versus having processes in place to engage with the most appropriate Indigenous contacts/knowledge keepers moving forward. Committee members agreed that it would be preferable to follow best practices and commit to a process for Indigenous engagement moving forward.

#4 L. Lafond/D. Sageman:

- a) That the LSAC terms of reference be revised under membership to commit to a process for Indigenous engagement rather than requiring that membership include an Indigenous representative; and
- b) That the County of Lambton Land Acknowledgement be included in meetings moving forward.

Carried.

5. New Business

5.1 Age-Friendly EXPO event update

M. McCallum and C. Martin shared their experience attending the June 14th Age-Friendly EXPO event at the Pat Stapleton Arena in Sarnia. M. McCallum created a list of resources to share with Committee members in the Basecamp platform.

A. Trusler updated the Committee that an estimated 1600 people attended the event that featured over 100 community service provider exhibits. C. Martin asked if there are any plans to consider hosting the event in a more central County location in the future. A. Trusler informed the Committee that the EXPO planning committee is reviewing the June 14th event and will be reaching out to community members in the fall to express interest in joining the planning

committee for a 2024 EXPO event. This would be a good opportunity to inform future Expo planning, including the consideration of a more central location.

6. Standing Items

6.1 Committee roundtable

No additional items discussed.

7. Next steps/Action Items


None.

8. Adjournment

Next meeting scheduled for August 22, 2023, at 9:00 a.m.

#5. J. Campbell/H. Childs: That this meeting be adjourned at 10:45 a.m.

Carried.

 <p style="text-align: center;">CULTURAL SERVICES DIVISION</p>	
REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	CULTURAL SERVICES DIVISION
PREPARED BY:	Andrew Meyer, General Manager / Deputy CAO General Manager Team
REVIEWED BY:	Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	September 6, 2023
SUBJECT:	Climate Change Adaptation Strategy

BACKGROUND

On June 17, 2019, The City of Sarnia adopted a resolution declaring a climate change emergency and directed staff to identify changes to reduce the City’s carbon footprint and local impact on climate change. With financial support from the Municipalities for Climate Innovation Program previously offered through the Federation of Canadian Municipalities (FCM), the City undertook community and industry consultation under the leadership of the Sarnia Environmental Advisory Committee.

As an outcome of this consultation, The City of Sarnia endorsed a Climate Change Action Plan and Implementation Strategy on November 22, 2021. The primary purpose of the City of Sarnia’s strategy is to identify achievable and timely objectives, action items that increase community resiliency and capacity to address, and adapt to the impacts of climate change.

The plan includes a review of the current state, objectives and outcomes related to four community pillars, which the City of Sarnia will strive towards as it implements the strategy, including the following:

- *Natural Environment – Parks, Open Spaces, Natural & Protected Areas*
- *Flooding – Stormwater Management, Overland & Erosion*
- *Emergency Preparedness & Response*
- *Greenhouse Gas (GHG) Emissions – Buildings, Energy, Transportation & Waste Diversion*

The plan is monitored and implemented through a staff Interdepartmental Climate Change Working Group that is tasked with collecting information on climate change impacts and proposing potential solutions for adapting to climate change. The staff group works with the Environmental Advisory Committee who supports implementation as a steering body and provides annual reports and status updates on plan implementation to City Council.

On May 6, 2022, Councillor White brought forward a motion to Lambton County Council on behalf of the Sarnia Environmental Advisory Committee to request that a process for a complimentary County-wide strategy be defined for the County of Lambton. This resulted in the adoption of the following motion:

#13: White/Bird:

That Lambton County Council request staff to identify a process to create a Climate Change Adaptation and Implementation Strategy and that any applicable expenses for such a process be referred to the 2023 Budget.

Carried.

DISCUSSION

Over the past year, senior administration has taken steps to assess available funding and resource supports to advance a similar process with the County. FCM's Municipalities for Climate Innovation Program, which supported the initiative led by the City of Sarnia, was a limited five-year \$75-million funding program that concluded in early 2022. Without any funding support programs available to offset the cost, no funds were committed to this project in the County's 2023 budget.

While the grant funding for this program is no longer available, FCM's Municipalities for Climate Innovation continues to offer free resources for municipalities related to climate adaptation and GHG emissions reduction. As an initial step, the General Manager team directed its internal Going Green Committee to use these available resources to facilitate the self-assessment of Lambton County's institutional readiness and progress in these areas. The completion of these assessment tools also positions the County for success with future grant opportunities, as they are a requirement of the Municipalities for Climate Innovation Program.

Climate Change Adaptation Self-Assessment

Staff reviewed the FCM Adaptation Maturity Scale and the Maturity Scale for Municipal Greenhouse Gas (GHG) Emissions Reduction ("Maturity Scale") with a focus on corporate operations. These self-assessment tools are intended to help municipalities assess where they are on the climate adaptation spectrum and identify areas of potential improvement across three competencies: policy, human resources and governance, and technical capacity and risk.

- *Policy*

From a policy perspective, the County has made progress related to climate adaptation in relation to council's above-noted resolution, and towards the development of policies and plans that consider climate change mitigation and

adaption. The County has defined expectations for improving its capacity to reduce GHS emissions and is currently meeting provincial requirements related to a GHG emissions inventory. More work is needed to establish a GHG emissions action plan and continually monitor progress on GHG reduction.

- *Human Resources & Governance*

Dedicated staff have been assigned to develop and maintain a GHG emissions inventory, and staff are committed to continuously reducing GHG emissions throughout the County's operations where reasonably possible, considering operational needs, costs and benefits of emission reductions. Council support would be welcomed to establish a cross-functional climate adaptation team to prepare either a County climate action/emissions reduction commitment statement and/or draft climate action plan.

- *Technical Capacity:*

The County is preparing the tools needed to deliver adaptation initiatives and manage operations in a way that minimizes climate risk. This includes information systems to manage and track asset and climate data and identify priority assets for risk management. Implementation of these tools is required to allow for monitoring and performance measurement.

Based on the preliminary assessment of institutional readiness and progress, the County is currently in the range of the concept level (1) and/or preliminary level (2) with respect to the Maturity Scale and would benefit from a comprehensive Climate Change Adaptation Strategy. This would allow the County to advance through the implementation (3), operational (4) and continuous improvement (5) levels of the Maturity Scale, should Council decide to invest time and resources towards such a formal program.

Current Climate Change Adaptation Initiatives

The County's self-assessment process summarized above identified several previous planning efforts such as the County of Lambton Corporate Clean Air Plan (2008, 2018) and the County of Lambton Integrated Community Sustainability Plan (2013) as foundational to future planning. These plans serve and set out steps to reduce emission of harmful greenhouse gases (GHGs) into the air, and to alleviate health and environmental impacts associated with air pollution and climate change in the community.

In addition to the above-noted plans, the County has engaged in a number of other important climate change adaptation initiatives across its services areas, including the following:

- *CAO / Corporate Services*

Corporate digitization planning efforts and remote meeting capabilities demonstrate the County's commitment to addressing GHG emissions, in addition to other corporate-wide environmental initiatives related to waste reduction, reuse and recycling programs.

- *Cultural Services*

Environmental education and advocacy programs are pursued in collaboration with community partners (for example, Environmental Educational Programs, Battery Recycling in Libraries, Native Plant Sales, One Seed Lambton, etc.). Libraries offer shared community resources and collections, as well as sustainable eLibrary offerings. Recent capital investments in cultural facilities have resulted in improved energy conservation and demand management practices.

- *Finance, Facilities & Court Services*

Current asset management planning efforts demonstrate the County's commitment to addressing climate change issues and potential impacts to infrastructure and public assets. Procurement practices within County-owned facilities have prioritized energy efficiency and sustainable practices. The Division also operates 13 electric vehicle charging stations at facilities across the County to support alternative fuel infrastructure and sustainable transportation.

- *Infrastructure & Development Services*

Climate change adaptation policies are either in place or being incorporated into Official Plans by the Planning Department, and policies adopted into various Official Plans promote the efficient use of land and design of communities to help reduce environmental impacts. Climate adaptation and resiliency are incorporated into various programs including active transportation, household hazardous waste, low impact development, road salt management planning and sustainable pavement innovations. The Division also works with St. Clair Region Conservation Authority to oversee land management plans for seven county-owned parcels of land, and over three acres of native tallgrass prairie pollinator habitat at five county-owned sites.

- *Lambton Public Health*

The Division advances Ontario Public Health Standards related to climate change, which include the development of a strategy to mitigate current and emerging risks as part of its core work. Lambton Public Health prioritizes Climate change planning as an environmental factor that impacts the health of residents and assists municipal partners with emergency planning as it related to health issues that can

result from weather emergencies and other emergencies.

- *Social Services*

Significant investments in Housing assets to ensure energy efficiency (appliances, windows, insulation, fixtures, solar, heat recovery, variable speed motors, etc.) and sustainable practices in capital improvements.

Though the County is already committed and engaged in reducing its environmental impact within all of its operations, if Council wishes additional resources could be invested in developing an updated strategy that identifies relevant data sources, engages stakeholders, prioritizes climate action and opportunities for GHG emissions reduction, and sets in place an internal working group to monitor performance and continually seek improvements.

The following sets out the additional steps and resources that could be invested for the adoption of a broader, comprehensive climate change adaptation policy, if Council wishes to progress through the Maturity Scale described above and invest the requisite time and resources thereto. It is unknown, at this time, what additional benefits such time and resources would bring to the County's current and ongoing commitment to reducing its environmental impact, including GHG emissions.

Climate Change Strategy Process & Timeline

With respect to establishing a process to create a Climate Change Adaptation Strategy (as requested in the Council motion referenced above), the Partners for Climate Protection (PCP) program, from ICLEI—Local Governments for Sustainability (ICLEI Canada) and the Federation of Canadian Municipalities, provides a framework that aligns with the five levels of the Maturity Scale. This framework provides a step-by-step approach that has been used by various municipalities as a guide for creating a climate change strategy. The process involves working through the milestones to identify local climate trends, determine impacts, vulnerabilities, and risks, identify adaptive actions, and develop a plan to ensure adaptation is prioritized and implemented.

If Council were to instruct staff to move forward on this initiative, the partners in the above-noted PCP program recommend that each Council adopt a resolution to join the Partners for Climate Protection (PCP) program and its commitment to achieving the milestones set out in the PCP five-milestone framework. A copy of this draft resolution is attached, with clarification on the responsibilities and requirements, including the requirement to appoint one staff member and one elected official.

Should Council decide to advance the Climate Change Adaptation Strategy process the following milestones and anticipated implementation timelines are forecasted:

Milestone 1: Initiate (September 2023)

- Adopt Council resolution to join Partners for Climate Protection (PCP)
- Establish an internal staff working group to support the strategy process
- Engage a Climate Change Adaptation consultant (subject to grant funding support) to oversee the development of the Climate Change Adaptation Strategy
- Identify project stakeholders and plan areas for research

Milestone 2: Research (October to December 2023)

- Research projected climate trends for Lambton County
- Identify impacts, vulnerabilities, and risk assessment through consultation
- Public consultation and stakeholder engagement to receive community input

Milestone 3: Plan (January to May 2024)

- Identify priority areas, goals, and actions for the Climate Change Adaptation Strategy
- Explore financing and budget
- Identify process for monitoring and review
- Develop the Climate Change Adaptation Strategy

Milestone 4: Implement (June 2024)

- Climate Change Adaptation Strategy is presented to Council for approval
- Prioritize Climate Change as a corporate objective
- Begin to implement priority actions

Milestone 5: Monitor/Review (Ongoing)

- Evaluate new climate data as it arises
- Track and report implementation progress on an annual basis
- Investigate upcoming options for adaptation
- Revise adaptation plan in the future

As part of Milestone 1 of this project, it is recommended that the County establish a cross-functional staff Climate Change Adaptation Working Group. It is recommended that this involve appropriate members of the senior management team, planning, public health and asset management staff resources, representatives from the St. Clair Region Conservation Authority (SCRCA) and Ausable Bayfield Conservation Authority (ABCA), together with the retainer of a Climate Change Adaptation consultant (subject to grant funding support). The SCRCA has identified “developing a climate change strategy in collaboration with community stakeholders” as a strategic action in its recently adopted strategic plan (2023-2028) to respond to evident impacts of climate change within its watersheds. County staff have reached out to the SCRCA and confirmed intentions to align the strategies of both organizations. ABCA staff have also identified the opportunity

for a County Climate Change Adaptation Strategy to intersect with many ABCA programs including education, monitoring and adaptation, stewardship and land use solutions. The participation of the SCRCA and ABCA on the internal staff Climate Adaptation Working Group will ensure the strategy is complimentary and supported by the SCRCA and ABCA.

The role of this working group will be to oversee the development of the Climate Change Adaptation Strategy, specifically about providing strategic and financial direction. This group will work to incorporate the input and expertise from other staff and a broad range of community stakeholders, including local municipalities and the Sarnia Environmental Advisory Committee.

The resulting county-wide Climate Change Adaptation Strategy will respond to actions that can be taken in collaboration with municipal partners, including both the urban and rural environments, and ensure that those actions align with the programs, services and responsibilities that are within the County of Lambton's portfolio.

Such a strategy could also take into consideration recent community initiatives such as the Energy and Environment Summit (May 2022) and the specific actions identified related to GHG emissions reductions and offsets ("net-zero") through this exercise, as well as relevant consultation and strategic planning initiatives undertaken by municipal, conservation authority, Indigenous and community partners across Lambton County.

FINANCIAL IMPLICATIONS

Professional consultation would be helpful to lead the development of a Climate Change Adaptation Strategy and support research, public consultation and stakeholder engagement, inventory of current mitigation and adaptation practices, and potential opportunities. Based on previous community consultation efforts of a similar scope completed for The City of Sarnia, it is estimated that this consultation work can be accomplished for approximately \$150,000.

As this consultation expense was not incorporated into the 2023 County budget, it is recommended that staff be directed to pursue grant funding to support the costs associated with this consultant-led exercise. If 100% funding cannot be secured to support the cost of a consultant, the general manager team is satisfied that the internal working group of County staff can still, on its own initiatives, produce a binding commitment statement and plan to continue and enhance the County's current environmental protection initiatives including that of reducing, where reasonable, its GHG emissions. Any changes to the timeline would be communicated to Council through regular update reports.

CONSULTATIONS

This report was prepared in consultation with the General Manager team, with input from the County's Going Green Committee. Representatives of The City of Sarnia

Environmental Advisory Committee, St. Clair Region Conservation Authority, and Ausable Bayfield Conservation Authority were consulted in the preparation of this report, including a review and discussion regarding the climate change planning priorities for each. The planning, asset management and conservation related commitments of municipalities within Lambton County were also reviewed to ensure strategies are aligned between the County and lower-tier municipal partners.

STRATEGIC PLAN

The development of a Climate Change Adaptation Strategy aligns with the County of Lambton mission statement and the strategic plan outcome related to Environmental Stewardship: practicing sound environmental principles that are transferable from one generation to the next and that promote and protect local waterways, shorelines, marshes, agricultural lands, and other components of the natural environment.

CONCLUSION

Climate change is impacting communities all over the world. It is a particularly complex problem and will require significant changes over time to the way in which the organization currently operates and the programs and services offered. A county-wide strategy would prioritize the most significant climate impacts facing our community and ensure the County is actively implementing actions to manage priority impacts in collaboration with its municipal partners.

Based on a preliminary assessment of institutional readiness and progress, the County of Lambton (the "County") would benefit from a comprehensive strategy to identify opportunities for improvement and guide decision-making related to climate change adaptation and mitigation.

RECOMMENDATIONS

- (a) That The Corporation of the County of Lambton join the Federation of Canadian Municipalities (FCM) and ICLEI–Local Governments for Sustainability (ICLEI Canada) Partners for Climate Protection (PCP) program, commit to achieving the milestones set out in the PCP five-milestone framework, and appoint the Warden and CAO to serve as the main PCP contacts;**
- (b) That Staff be directed to develop a corporate Climate Change Adaptation Strategy for the purposes of formalizing the County's commitment in taking action to reduce GHG emissions contributing to climate change, and improving the resiliency of its services, operations, and assets to the impacts of climate change;**

- (c) That an internal staff Climate Change Working Group be struck for the purposes of paragraph (a) and (b) above;**
- (d) That the County be authorized to engage a third-party Climate Change Adaptation consultant to support the development of action items (a) to (c) above, provided that the County first secure no less than 100% funding through external grant funding sources;**
- (e) That if the funding contemplated in paragraph (d) above is not secured by [enter date], that Staff prepare for Council's consideration a County written statement ("Commitment Statement") speaking to the County's commitment to climate change adaptation strategies including that of reasonably reducing its environmental impact, including GHG emissions, in its operations;**
- (f) That Staff be directed to provide update reports on the above action items, and return to Council with, as applicable, a draft Climate Change Adaptation Strategy or Commitment Statement, for its consideration in June, 2024.**

Council Resolution to Join the FCM–ICLEI Partners for Climate Protection Program

WHEREAS The Federation of Canadian Municipalities (FCM) and ICLEI–Local Governments for Sustainability (ICLEI Canada) have established the Partners for Climate Protection (PCP) program to provide a forum for municipal governments to share their knowledge and experience with other municipal governments on how to reduce GHG emissions;

WHEREAS over 350 municipal governments across Canada representing more than 65 per cent of the population have already committed to reducing corporate and community GHG emissions through the PCP program since its inception in 1994;

WHEREAS the PCP program is based on a five-milestone framework that involves completing a GHG inventory and forecast, setting a GHG reduction target, developing a local action plan, implementing the plan, and monitoring progress and reporting results;

BE IT RESOLVED that **The Corporation of the County of Lambton** review the guidelines on PCP Member Benefits and Responsibilities and then communicate to FCM and ICLEI Canada its participation in the PCP program and its commitment to achieving the milestones set out in the PCP five-milestone framework;

BE IT FURTHER RESOLVED that **The Corporation of the County of Lambton** appoint the following:

a) Corporate staff person (Name): Stéphane Thiffeault
(Job Title): Chief Administrative Officer
(Contact number): 519-845-0809 x5410
(Email address): stephane.thiffeault@county-lambton.on.ca

b) Elected official (Name): Kevin Marriott
(Job Title): Warden
(Contact number): 519-845-0809 x5415
(Email address): kevin.marriott@county-lambton.on.ca

to oversee implementation of the PCP milestones and be the points of contact for the PCP program within the municipality.

Signature
Date

PCP Member Benefits and Responsibilities

The PCP program offers you a proven approach to reducing greenhouse gas (GHG) emissions, and the support you need to achieve success. Being actively engaged in the PCP program gives your municipality the chance to become a leader by taking systematic and organized action on climate change. By participating in the PCP program, Canadian municipalities gain access to the following tools and resources:

- Support and guidance, through the PCP Milestone Framework, to help members reduce GHG emissions.
- Access via the PCP Hub to a network of over 350 local governments across Canada that are taking action on climate change and can help your community succeed by offering their experience and examples.
- Technical support tools, including the PCP Milestone Tool and PCP Protocol.
- Information and access to funding opportunities, such as those offered by FCM's Green Municipal Fund.
- Capacity-building resources, including workshops, case studies and training opportunities.
- Awards and recognition for milestone achievements and for reported measures.

Members of the PCP program have the following responsibilities:

- Move through the Milestone Framework within 10 years of joining
- Report on progress at least once every two years, with our support
- Email us if your contact information changes
- Actively participate in program activities and share your experience with other network members

If your municipality is not able to meet the PCP program requirements, you can always leave the program and rejoin it at a later date. You can also contact the PCP Secretariat anytime for help with submitting documentation to meet the requirements.

Supporting Rationale for Consideration

It is well established that climate change is increasing the frequency of extreme weather events and posing other risks, such as drought, forest fires and rising sea levels, which present serious threats to our natural environment, our health, our jobs and our economy.

The 2016 Paris Agreement, signed by more than 190 countries, including Canada, committed to limit the global temperature increase to below two degrees Celsius and to pursue efforts to limit this increase to 1.5 degrees Celsius, in order to avoid the most severe climate change impacts.

Local governments are essential to the successful implementation of the Paris Agreement.

Canada's cities and communities influence approximately 50 per cent of national greenhouse gas (GHG) emissions and can drive systemic low-carbon practices, including: building high-efficiency buildings, undertaking building retrofits and developing district heating; building active transit, electric vehicle infrastructure and electrified public transit; implementing near-zero GHG waste plans; and delivering high-efficiency water and wastewater services.

Investments in these types of measures also reduce operating costs, help municipalities maintain and plan for future community services, protect public health, support sustainable community development, increase community resilience and reduce a community's vulnerability to environmental, economic and social stresses.

A number of government and international and national organizations have called for greater cooperation among all stakeholders to meet reduction targets, including Canada's Big City Mayors' Caucus, which supports binding GHG emission reduction targets at the international, national and city levels, action plans that cut emissions, identification of risks and mitigation solutions, and regular municipal GHG emissions reporting.



FINANCE, FACILITIES AND COURT SERVICES DIVISION

REPORT TO:	WARDEN AND LAMBTON COUNTY COUNCIL
DEPARTMENT:	FINANCE, FACILITIES AND COURT SERVICES DIVISION
PREPARED BY:	Larry Palarchio, CPA, CMA, General Manager
REVIEWED BY:	Stéphane Thiffeault, Chief Administrative Officer
MEETING DATE:	September 6, 2023
SUBJECT:	2024 New Capital Grant Requests

BACKGROUND

The County of Lambton continues to look for opportunities to ensure that our limited resources are used as effectively, efficiently, and as economically as possible. As we are all very aware, over the past 3 years, the COVID-19 pandemic has pulled the global economy into unprecedented times and exposed the County of Lambton to revenue losses, cost inflation pressures, supply-chain disruptions, and borrowing interest rate cost hikes. The County of Lambton recovers and adjusts to these added pressures while maintaining the County's strategic direction and Corporate Vision. Cost containment is extremely important as the County anticipates significant 2024 budgetary challenges.

Administration believes that continued cost containment strategies on discretionary spending such as extending the moratorium on "new" capital grant requests is important prior to heading into the 2024 budget deliberations.

DISCUSSION

Under the *Municipal Act, 2001*, Council has the authority and ability to make grants to organizations. However, due to the current economic conditions, County of Lambton staff continues to look at significant cost containment strategies for the 2024 budget session and is recommending continuing the suspension relating to accepting any new capital grant requests that was adopted in 2021.

Administration is forecasting in 2024 and beyond, significant operating and capital challenges in key core service areas such as:

- Affordable Housing.
- Long-Term Care.
- Public Health.

- Asset Management.
- Economic Development initiatives.

You may recall that in the summer of 2023, staff heard from County Council that Affordable Housing and Shelter be the number one priority for the County.

The County of Lambton would continue to provide base grant funding of approximately \$3.5 million to all the organizations it has previously committed grants to. It is important to recognize that organizations the County has committed to are experiencing budgetary pressures that may need to be addressed.

CONSULTATIONS

General Managers were consulted in the preparation of this report.

STRATEGIC PLAN

In keeping with the Principles and Values of the County of Lambton through leadership and accountability, the County's current efforts employs reasonable and sound decision-making and is accountable to ratepayers for the appropriate stewardship of their tax dollars.

CONCLUSION

County Divisions will continue to monitor the financial impact of the environment and explore methods and opportunities to sustain the operations of key services. It is critical to prioritize activities that drive the highest value for the residents of Lambton County and align with the County's Strategic Plan.

Staff recognizes the importance of addressing the Affordable Housing crisis and its priority with County Council.

RECOMMENDATION

That County Council authorize staff to continue the moratorium on any new capital grants for the 2024 County Budget as a response to controlling and containing costs in the upcoming 2024 budget.

**MINUTES
COMMITTEE A.M.**

(Infrastructure & Development Services/Public Health Services/Cultural Services)

August 16, 2023

A meeting was held at the County Building at 9:00 a.m. on the above date.

Present

Chair I. Veen and Members J. Agar, D. Boushy, T. Case, D. Sageman, B White and Warden Kevin Marriott attended in person, and Member A. Broad attended virtually. Various staff were present including the following General Managers: Mr. J. Cole, General Manager, Infrastructure and Development Services, Mr. A. Meyer, General Manager, Cultural Services, Mr. R. Beauchamp, Deputy Clerk and Mr. S. Thiffeault, Chief Administrative Officer.

Absent

M. Bradley.

Disclosures of Pecuniary Interest: None.

INFRASTRUCTURE & DEVELOPMENT SERVICES DIVISION

Correspondence to Receive and File

PW 09-01-23 A letter dated June 21, 2023 addressed to the Honourable Caroline Mulroney of the Ministry of Transportation from Norfolk County, regarding Highway Traffic Act Amendments(HTA). At its Council meeting held on June 20th, the County of Norfolk endorsed a resolution asking that the HTA be amended to permit municipalities to locate an Automated Speed Enforcement (ASE) system permanently or temporarily, on any roadway under the jurisdiction of municipalities and not be restricted to only community safety zones and school safety zones.

PW 09-02-23 A letter dated June 27, 2023 addressed to the Honourable Caroline Mulroney of the Ministry of Transportation from the City of Woodstock's Office of the Clerk, regarding Highway Traffic Act Amendments(HTA). At its regular Council meeting held on June 15th, the City of Woodstock passed a resolution asking that the HTA be amended to permit municipalities to locate an Automated Speed Enforcement (ASE) system permanently or temporarily, on any roadway under the jurisdiction of municipalities and not be restricted to only community safety zones and school safety zones.

Committee A.M. – August 16, 2023 (page 2)

PD 09-11-23 A letter dated July 12, 2023 to the attention of the Honourable Michael D. For, Minister of Citizenship and Multiculturalism regarding the Municipal Register. At its meeting July 10, 2023 the Township of Leads and the Thousand Islands expressed support for the resolution noted in a letter received from Community Heritage Ontario. Community Heritage Ontario's resolution requested that the provincial government amend the *Ontario Heritage Act*, deleting Section 27 subsections (15), (16), and (17) which deal with limiting of listing a property in a municipal heritage register to two years; and deleting Section 27 subsection (18) of the Act which deals with the prohibition on re-listing a property for five years.

#1: Agar/Case: That correspondence PW 09-01-23, PW 09-02-23 and PD 09-11-23 be received and filed.

Carried.

Information Reports

#2: Boushy/Sageman: That the following Information Reports from the Infrastructure & Development Services Division be received and filed:

- a) Information Report dated August 16, 2023 regarding Building Services Electronic Permit Application Process.
- b) Information Report dated August 16, 2023 regarding County Road 33 (Front Street) Road Rehabilitation.
- c) Information Report dated August 16, 2023 regarding Planning and Development Second Quarter Statistics and Approval Authority Activity.
- d) Information Report dated August 16, 2023 regarding Second Quarter Building Permit Statistics.
- e) Information Report dated August 16, 2023 regarding Second Quarter Work in Progress.

Carried.

Reports Requiring a Motion

Report dated August 16, 2023 Regarding County Road 79 (Nauvoo Road) Bridge Rehabilitations

#3: Case/White:

- a) That additional funds be presented as part of the 2024 TCA Budget for Project RDS-30002 to fund any 2023 financial shortfall to the rehabilitation of the Brown's Creek Bridge No. 1 (County Structure No 79-3-274).

Committee A.M. – August 16, 2023 (page 3)

- b) That additional funds be presented as part of the 2024 TCA Budget for Project RDS-30005 to fund any 2023 financial shortfall to the rehabilitation of the Brown's Creek Bridge No. 2 (County Structure No 79-3-305).

Carried.

Report dated August 16, 2023 Regarding Rural/Inter-Community Transit

#4: Sageman/Case:

- a) That provided the funding stipulated in paragraph b) below is secured, that the County of Lambton engage a third-party consultant to carry out a Demand and Feasibility Study on the need for, and options for, a rural/inter-community transit system.
- b) That the County be authorized to expend up to \$150,000 (including H.S.T.) to engage the third-party consultant for the purposes stated in paragraph (a) above, provided that the County first secure no less than \$50,000 in funding through external, third-party funding sources.
- c) That Staff return to Council in February 2024 with an update on items (a) and (b) above.

Carried.

OTHER BUSINESS

Lakeshore Road Rehabilitation

Deputy Warden White asked staff for an update on the Lakeshore Road rehabilitation and the reason for the delay in completing the construction.

CULTURAL SERVICES DIVISION

Information Reports

#5: Agar/Case: That the following Information Reports from the Cultural Services Division be received and filed:

- a) Information Report dated August 16, 2023 Regarding Libraries Second Quarter 2023 Statistics.
- b) Information Report dated August 16, 2023 Regarding Museums, Gallery & Archives Second Quarter 2023 Statistics.

Carried.

Committee A.M. – August 16, 2023 (page 4)

Reports Requiring a Motion

Report dated August 16, 2023 Regarding Libraries Donations, April 1 to June 30, 2023

#6: Boushy/White: That the Libraries Donations, April 1 to June 30, 2023 Report be accepted.

Carried.

Report dated August 16, 2023 Regarding Library Policy Manual

#7: Agar/White: That Lambton County Council approve the following Library policies as presented: Community Information, Displays and Solicitation, Reference and Information Services, and Local History.

Carried.

Report dated August 16, 2023 Museums, Gallery & Archives Collections Management June 2023

#8: Marriott/Boushy: That the Museums, Gallery and Archives Collections Management June 2023 Report be accepted, and items recommended for acceptance be approved for inclusion in the respective permanent collections.

Carried.

OTHER BUSINESS

Elevator Repair at Moore Sports Complex – St. Clair Township

Councillor Agar advised staff that the elevator at the Mooretown Sports Complex has been undergoing repairs and has been out of service for some time and requested staff's support to try to expedite those repairs.

MPP Request Update

Councillor Case asked for an update regarding the request sent to Monte McNaughton, Lambton-Kent-Middlesex M.P.P. and Bob Bailey, Sarnia Lambton M.P.P., following Council's regularly scheduled meeting on May 3, 2023, to attend Council to address Provincial planning priorities and other related County-Provincial matters.

IN-CAMERA

No In-Camera items.

Committee A.M. – August 16, 2023 (page 5)

ADJOURNMENT

#9: Case/Agar: That the Chair declare the meeting adjourned with the next meeting to be held on Wednesday, September 20, 2023 at 9:00 a.m. at the County Building, Wyoming, Ontario.

Carried.

Time: 9:11 a.m.

Ian Veen
Chair

Ryan Beauchamp
Deputy Clerk

**MINUTES
COMMITTEE P.M.**

(Long-Term Care/Corporate Services/Finance, Facilities and Court Services/Social Services)

August 16, 2023

A meeting was held at the County Building at 11:00 a.m. on the above date.

Present

Chair D. Ferguson and Members G. Atkinson, D. Cook, B. Dennis, B. Hand and C. McRoberts attended in person. Warden K. Marriott, and Members S. Miller and Alternate Member J. Field attended virtually. Various staff were also present including the following: Ms. J. Joris, General Manager, Long-Term Care; Mr. L. Palarchio, General Manager, Finance, Facilities and Court Services; Ms. V. Colasanti, General Manager, Social Services; Mr. A. Meyer, General Manager, Cultural Services, Mr. R. Beauchamp, Deputy Clerk; and Mr. S. Thiffeault, Chief Administrative Officer.

Absent

None.

Disclosures of Pecuniary Interest: None.

LONG-TERM CARE DIVISION

Correspondence to Receive and File

LTC 09-05-23 Memorandum dated May 30, 2023, addressed to Long-Term Care Home Licensees, regarding the Long-Term Care Home Accommodation Rate Changes effective July 1, 2023. The memo advises of an inflationary increase of 2.5 percent that will be applied to co-payment rates for basic and preferred accommodations in Long-Term Care Homes.

#1: Hand/Atkinson: That correspondence LTC 09-05-23 be received and filed.

Carried.

Information Reports

#2: McRoberts/Cook: That the following Information Reports from the Long-Term Care Division be received and filed:

a) Information Report dated August 16, 2023 regarding COVID-19 Measures Update.

b) Information Report dated August 16, 2023 regarding Second Quarter Occupancy.

Carried.

Committee P.M. – August 16, 2023 (page 2)

CORPORATE SERVICES DIVISION

Correspondence to Receive and File

CS 09-07-23 An email from Melissa Lawr, Deputy Clerk, Town of Halton Hills advising that the Town of Halton Hills at its meeting Monday, June 19, 2023, adopted the following resolution:

WHEREAS escalating insurance costs are one of the Town of Halton Hills' priorities;

AND WHEREAS the Town of Halton Hills' annual insurance premiums have increased from \$594,404 (1.32% of taxes) to \$2,073,319 (3.28% of taxes) from 2017 to 2023, representing an accumulated increase of 248.8% over this period;

AND WHEREAS the annual increase to the Town of Halton Hills' insurance premiums have been one of the most significant constraints in limiting yearly tax levy increases over the past seven years;

AND WHEREAS Ontario Municipalities are experiencing higher insurance rates at each renewal with limited access to insurance companies willing to quote on municipal insurance needs;

NOW THEREFORE BE IT RESOLVED that the Town of Halton Hills Council calls on the Province to take action to reduce municipal insurance costs;

AND FURTHER that this Resolution be forwarded to the Association of Municipalities of Ontario (AMO), the Minister of Finance, the Minister of Municipal Affairs and Housing, MPP Ted Arnott and all Ontario Municipalities for support.

#3: McRoberts/Hand: That correspondence CS 09-07-23 be received and filed.
Carried.

Other Business

Councillor B. Hand inquired if the County and all lower-tier municipalities could form a cooperative to attempt to control increasing insurance premium costs.

FINANCE, FACILITIES AND COURT SERVICES DIVISION

Information Report dated August 16, 2023 Regarding 2023 – Q2 Budget Monitoring Report

#4: Dennis/Cook: That Information Report dated August 16, 2023 regarding Q2 Budget Monitoring Report be received and filed.

Committee P.M. – August 16, 2023 (page 3)

Carried.

Report Requiring a Motion

Report dated August 16 2023 Regarding Judicial Resources Impacts on Provincial Offences Court

#5: McRoberts/Hand: That the Province of Ontario be petitioned to immediately address the chronic lack of Justices of the Peace, particularly in southwest Ontario closures.

Carried.

SOCIAL SERVICES DIVISION

Information Reports

#6: McRoberts/Miller: That the following Information Reports from the Social Services Division dated August 16 2023 be received and filed:

- a) Information Report dated August 16, 2023, regarding Affordable Housing Update.
- b) Information Report dated August 16, 2023, regarding Housing Services Statistical Report.

Carried.

Reports Requiring a Motion

Report dated August 16, 2023 Regarding Affordable Housing Initiatives

#7: Cook/Atkinson:

- a) That Council hereby approves the following:
 - a. the hiring of one full-time temporary affordable housing development project coordinator.
 - b. the creation of an Affordable Housing Seed Funding Program.
- b) That the costs for those items set out in paragraph (a) be funded from existing provincial funding, where available, and that any deficit in such funding, if any, be funded through the Affordable Housing Reserve.
- c) That should the County secure funding for these initiatives pursuant to its application under the Housing Accelerator Fund, that such funding be first applied to reduce any withdrawal from the Affordable Housing Reserve to address any deficit contemplated in paragraph b) above.

Carried.

Committee P.M. – August 16, 2023 (page 4)

Report dated August 16, 2023 Regarding Homelessness Community Outreach Services

#8: McRoberts/Cook: That given the positive outcomes achieved by the temporary Community Outreach Workers, Council approves making these two positions full-time permanent within the Homelessness Prevention and Children’s Services Department.

Carried.

Report dated August 16, 2023 Regarding Service and Innovation Planning Proposal and Future Delivery of Employment Services

#9: Cook/McRoberts: That Council approve the initiatives as follows if the County of Lambton’s Service and Innovation Planning Proposal is accepted.

- a) That the County be authorized to enter into a contract for the delivery of employment services within Lambton County, with the City of Windsor as the Service System Manager, for the period of January 1, 2024 to March 31, 2025, provided that the County’s Service and Innovation Planning Proposal is accepted.
- b) That provided that the condition in paragraph a) is met, that the County be authorized to hire one (1) full-time temporary employment supervisor and up to eight (8) full-time temporary employment services workers, for an initial period expiring no later than March 31, 2025.

Carried.

ADJOURNMENT

#10: Hand/McRoberts: That the Chair declare the meeting adjourned with the next meeting to be held on Wednesday, September 20, 2023, at 11:00 a.m. at the County Building, Wyoming, Ontario.

Carried.

Time: 11:32 a.m.

D. Ferguson
Chair

Ryan Beauchamp
Deputy Clerk

You're Invited to the 2023

COUNTY COUNCIL

BBQ

Hosted by Mayor Ferguson,
Municipality of Brooke-Alvinston

Wednesday **6** September

4288 Old Walnut Road, Watford ON

11:30 a.m. Social

12:30 p.m. Lunch

Cost **\$25** per person

RSVP to and advise of any dietary restrictions to:

cbeaugrand@brookealvinston.com

by 12 noon, August 28, 2023.

Spouses and Partners are welcome!