

**Submission of Avalon Sexual Assault Centre, Wellness Within and
Women's Legal Education & Action Fund (LEAF)**

to the Mass Casualty Commission

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I. Introduction

(i) Prologue

On April 18, 2020, in the midst of the first Covid lockdown, a murderous rampage exploded in Portapique, Nova Scotia, a small rural community overlooking Cobequid Bay.¹ The perpetrator, a 52 year old white male denturist dressed as an RCMP officer, used illegal firearms to kill multiple people in numerous communities, including one youth² and an expectant mother.³ The perpetrator killed parents in the presence of their children and slayed entire family units.⁴ He burned several properties, including his own elaborately built cottage and warehouse. Prior to the commencement of the murders, the perpetrator violently assaulted his common law spouse of 19 years, Lisa Banfield. He forced her into the back of his decommissioned police vehicle while he gathered his arsenal. Ms. Banfield escaped the vehicle and hid in the woods overnight. By the time she emerged from the woods and appeared at a neighbour's door on the morning of April 19, 2020, the perpetrator had killed 13 of his neighbours in Portapique. He then continued his killings throughout the day in the communities of Wentworth, Debert and Shubenacadie. Ultimately, the perpetrator turned a firearm on himself after a confrontation with police at the Enfield Big Stop. This horrific chain of events became the largest mass casualty event in Canada's history.

Nova Scotians, already grappling with the stress and uncertainty of the pandemic, were stricken with shock and grief. Trauma engulfed the entire province and beyond, while individuals remained

¹ Our Coalition honors the memory of those killed on April 18-19, 2020: Jamie and Greg Blair; Lisa McCully; Corrie Ellison; Dawn Madsen and Frank Gulenchyn; Emily Tuck, Jolene Oliver and Aaron Tuck; John Zahl and Joanne Thomas; Joy and Peter Bond; Sean McLeod and Alanna Jenkins; Tom Bagley; Lillian Campbell Hyslop; Kristen Beaton and her unborn child; Heather O'Brien; Cst. Heidi Stevenson; Joey Webber; and Gina Goulet.

² Emily Tuck, age 17 years, was murdered by the perpetrator in her home on Cobequid Court, Portapique together with her parents, Jolene Oliver and Aaron Tuck.

³ Kristen Beaton was pregnant with her second child and working as a VON nurse at the time of her murder in Debert.

⁴ The young children of Jamie and Greg Blair and Lisa McCully of Portapique were present while their parents were killed by the Perpetrator.

in isolation. Misinformation and confusion surrounded the official details released by the authorities. Family members of the murdered rightly demanded an inquiry to answer how formal public safety systems failed to keep their loved ones safe in an event that stretched out over approximately 200 kilometres and 13 hours. This Commission was borne out of their efforts. A broad mandate gave the Commission the responsibility to review the life of the perpetrator to explore the roots of his rampage including the contextual circumstance of gender-based violence in the effort to prevent a similar event from ever happening again.

(ii) *Our Coalition: Avalon Sexual Assault Centre/Wellness Within/Women's Legal Education & Action Fund*

The Mass Casualty Commission Orders in Council were passed on October 21, 2020.⁵ Our three member groups were granted participant status due to our interest in “contributing and contextual factors, including the role of gender-based and intimate partner violence” and placed together in a coalition.⁶ Our three member groups are:

- **Avalon Sexual Assault Centre:** a Halifax community organization that aspires to a world in which individuals are empowered and mobilized to share responsibility in creating communities free from sexualized violence and abuse. Avalon provides a leadership role in raising awareness, supporting those who have experienced sexualized violence, holding sexual perpetrators accountable, and influencing social and systemic change;
- **Wellness Within:** a Halifax volunteer-comprised non-profit organization that works for reproductive justice, prison abolition, and health equity; and

⁵ Order in Council: Government of Canada, P.C. 2020-822, Oct. 21, 2020; Order in Council: Government of Nova Scotia, 2020-293, Oct. 21, 2020.

⁶ Mass Casualty Commission Participation Decision at paras. 90-91.

- Women’s Legal Education & Action Fund (LEAF): a national charitable organization that works towards ensuring that the law guarantees substantive equality for all women, girls, trans, and non-binary people

(iii) Overview of the relationship between mass casualty events and gender-based violence

The evidence before the Commission established that the perpetrator was born into a family in which violence, including gender-based violence, was generational and normalized. As a child, the perpetrator was both a victim of and witness to abuse carried out by his father.⁷ The evidence gathered by the Commission overwhelmingly supports that the perpetrator, once the recipient of abuse, developed into an adult who carried out his own continuum of violence throughout his entire life. His violence was perpetrated, though not exclusively, against women, including his first wife (F.F.).⁸ He coercively controlled and used violence against Lisa Banfield throughout their 19 year common law relationship.⁹ He smuggled illegal firearms and showed and shot them off on his property.¹⁰ He perpetrated widespread sexual violence and abused his professional status and position of trust as a dentist.¹¹ He sexually assaulted and exploited marginalized women, including African Nova Scotian women and sex workers.¹²

Some still question how the perpetrator’s history of gender-based violence is relevant to the mass casualty event. The answer was succinctly explained by Dr. Allison Marganski who

⁷ Foundational Document: Violence in the Perpetrator’s Family of Origin, paras. 33-65 (Exhibit 003334, COMM 59739)

⁸ Foundational Document: Perpetrator’s Violent Behaviour Towards Others, para. 6 (COMM0059623, Exhibit P-003368)

⁹ Foundational Document: Perpetrator’s Violence Towards His Common Law Spouse (Exhibit 003447, COMM 50900); Lisa Banfield, Hearing transcript: July 15, 2022 (COMM 61288)

¹⁰ Brenda Forbes, Interview transcript: August 19, 2021 (COMM 3883, Exhibit P-001137) at p. 10

¹¹ Foundational Document: Perpetrator’s Violent Behaviour Towards Others, paras. 50-71 and 72-79 (COMM0059623, Exhibit P-003368)

¹² Avalon Sexual Assault Centre and LEAF, “*We Matter and Our Voices Must Be Heard*”, September 2022

contributed her research in American mass casualty events to the Commission. Dr. Marganski noted that over 80 percent of the perpetrators she studied had a history of violence against women and girls. She noted gender-based violence as “one of the most robust factors present among the offenders”.¹³ Dr. Marganski advised:

“We...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...”¹⁴

Dr. Jude McCulloch also informed the Commission that her team found that there is an “intimate link” between gender-based violence and mass casualty attacks:

“So we’ve found a connection... in a number of strong ways, in the targeting of specific women first, often in more public attacks, mass casualty attacks; in the history of gender-based violence, in the background of the attacker; and also, in misogyny, as a specific motivation for such attacks, and misogyny and it [has] mixed particularly right-wing extremism and attacks. And we argue that it’s fundamentally important to understand those connections because relying or moving forward this false dichotomy between private and public violence means we fundamentally misunderstand the nature of mass casualty attacks, and when we fundamentally misunderstand the nature of such attacks we are not in a position to prevent them in the future or to respond to them as they’re occurring.”¹⁵

Our Coalition submits that the April 18-19, 2020 mass casualty event is a case study of the metastasis of private gender-based violence. It too began with a “private” incident of intimate partner violence that evolved into a series of violent murders outside of the home. If we continue to ignore or minimize gender-based violence as a private issue that does not impact us personally, we do so at our own peril. To fulfill its mandate to attempt to make communities safer, the Commission must make practical recommendations to attempt to end gender-based violence.

¹³ Dr. Alison Marganski, Roundtable transcript: July 18, 2022, p. 26, lines 9-14 (COMM 59924)

¹⁴ Dr. Alison Marganski, Roundtable transcript: July 18, 2022, p. 61, lines 20-23 (COMM 59924)

¹⁵ Dr. Jude McCulloch, Roundtable transcript: July 18, 2022 p. 10, lines 1-28 (COMM 59924)

(iv) Summary of key themes underlying our Coalition's suggested recommendations

In the pages that follow, we will present our view of the key evidence before the Commission, findings we are urging the Commission to make, and our practical recommendations to make communities safer for all. Our recommendations are focussed on the inclusion of those most at risk of gender-based violence, based upon the evidence before the Commission.

Our Coalition generally supports the comprehensive recommendations in the Women Shelters Canada “Roadmap Towards a National Action Plan on Violence Against Women and Gender-based Violence”.¹⁶ The Roadmap is a multi-faceted preventative action plan which identifies specific steps spanning four public policy pillars. The first recommendation that we ask this Commission to make is for the federal and all provincial governments to adopt, commit to and fund the Roadmap. Further, we adopt the complete report “*We Matter and Our Voices Must Be Heard*” co-authored by our member groups Avalon Sexual Assault Centre and LEAF as part of our written submission.¹⁷ The 21 recommendations in “*We Matter and Our Voices Must Be Heard*” emerged from the interaction of facilitators and participants in safe and culturally responsive community spaces created for African Nova Scotian women directly impacted by the perpetrator. We are grateful to the Commission for supporting this project and for creating a pathway to amplify the voices of lived experience. “*We Matter and Our Voices Must Be Heard*” is our Coalition’s most significant contribution to the Commission.

Our suggested recommendations relating to gender-based violence are built upon the following key themes:

¹⁶ Roadmap for the National Action Plan on Violence Against Women and Gender-Based Violence (Exhibit P003509, COMM 59760). Please note that our Coalition does not support additions to the *Criminal Code of Canada*.

¹⁷ Avalon Sexual Assault Centre and LEAF, “*We Matter and Our Voices Must Be Heard*”, September 2022

- Alternative non-carceral responses to gender-based violence are required on a priority basis.
- Responses must create safe, trauma-informed and culturally responsive spaces in community for survivors.
- Community Responses must be core as opposed to project-funded.
- Community Responses must include increased resources for effective perpetrator intervention.
- Community Responses must include wrap-around services for both survivors and perpetrators.
- Community Responses must address sex worker safety.
- Institutional/professional codes of silence must no longer be tolerated. We request increased screening, transparency, accountability and oversight mechanisms.

II. Key Evidence Before the Commission

(i) The life of the perpetrator

The evidence of the perpetrator's fluctuating role in an escalating violent continuum from birth to death is presented in detail in the foundational documents before the Commission.¹⁸ The perpetrator's childhood was marred with cruelty and violence from his father, including the witnessing of his father's violent acts upon his mother. It is reported that the perpetrator believed that his mother failed to protect him and aggravated his misery.¹⁹ As an adult, the perpetrator violently beat his father while vacationing with him in Cuba and issued a serious threat to kill both of his parents, drawing police attention which resulted in the only red flag of a "firearms interest to police" (FIP) entry to his profile on the Canadian Police Information Centre (CPIC) database.

¹⁸ Foundational Document: Perpetrator's Violence Against His Common Law Spouse (COMM0050900, Exhibit P-003447); Foundational Document: Violence in the Perpetrator's Family of Origin (COMM0059739, Exhibit P-003334); Foundational Document: Perpetrator's Violent Behaviour Towards Others (COMM0059623, Exhibit P-003368); Foundational Document: Firearms (COMM00046252, Exhibit P-001099)

¹⁹ Lisa Banfield, Interview transcript: April 6, 2022 (COMM 58494, Exhibit P-003470) at pp. 65-66.

The following year a Criminal Intelligence Service of Nova Scotia (CISNS) bulletin was issued to law enforcement stating that the perpetrator was in possession of illegal firearms and wanted to kill a police officer.

As a teenager, the perpetrator asked his uncle to witness a sex act between him and a female. His uncle laughed as he recounted to an interviewer how the perpetrator refused the woman a ride home following the sex act.²⁰

As an adult, the perpetrator attended the University of New Brunswick in Fredericton. There he met his long-term closest friend, Tom Evans, who was convicted of sexual assault.²¹ Ms. Banfield stated that Tom Evans was one of the friends that later sat by and watched the perpetrator assault her among a group of other men.²²

The perpetrator married once and was violent with his wife (F.F.). He also had a firearm at that time. After working for a period of time as a mortician in a funeral home, the perpetrator became a denturist. He met Lisa Banfield. He convinced her to give up her job and work for him.²³ He controlled her finances. He assaulted her repeatedly over 19 years. He threatened her and her family. He was excessively jealous of her while he carried on multiple sexual affairs.²⁴ Simultaneously, over decades, the perpetrator sexually exploited vulnerable women using his professional status and he abused his position of trust. He sexually assaulted women. He infamously smuggled illegal firearms across the border while holding the privilege of a Nexus membership.

²⁰ Glynn Wortman, Police statement: May 6, 2020 at p. 8 (COMM 8447, Exhibit P-003342)

²¹ Lisa Banfield, Interview transcript: April 6, 2022 at p. 72 (COMM 58494, Exhibit P-003470)

²² Testimony of Lisa Banfield, Hearing transcript: July 15, 2022, p. 115, lines 19-28. (COMM 61288)

²³ Lisa Banfield, Statement April 6, 2022 Exhibit P-003470 at p. 13. (COMM 58494, Exhibit P-003470)

²⁴ Testimony of Lisa Banfield, Hearing transcript: July 15, 2022, p. 115, lines 19-28. (COMM 61288)

²⁴ Lisa Banfield, Interview transcript: April 6, 2022, at pp. 38-39, 45 (COMM 58494, Exhibit P-003470)

Ms. Banfield did not call the police to report the perpetrator for his criminal activity at anytime in her 19 years with him. She testified that her fear of the perpetrator prevented her from calling police.²⁵ The perpetrator's violence, alcohol use disorder and access to firearms were well known for decades by his family, friends and neighbours.²⁶ Ms. Banfield maintained that fear of the perpetrator also prevented others from intervening to help her.²⁷

Brenda Forbes, a concerned neighbour, did attempt to intervene and she testified that she reported the perpetrator's violence against Ms. Banfield to police.²⁸ However, the police investigation into Ms. Forbes's complaint was closed "at first instance" after Cst. Troy Maxwell of the RCMP Bible Hill detachment responded.²⁹ Both Ms. Forbes and Cst. Maxwell exhibited impaired recall during their Commission testimony.³⁰ We submit that any differences in their testimony may be reconciled by the fact that Ms. Forbes maintained that she told Cst. Maxwell that there were no eye-witnesses willing to give statements to the police about the assault on Ms. Banfield and that she herself was not an eye-witness.³¹ As reported by Cst. Wiley, Bible Hill RCMP detachment officers were under a sergeant's order to not waste scarce time and resources on investigations for which there was no evidence to result in a criminal charge.³² We submit that the responding officer recognized he was dealing with a hearsay complaint of assault and

²⁵ Testimony of Lisa Banfield, Hearing transcript: July 15, 2022 at p. 60, lines 3-11 and p. 62, lines 13-16. (COMM 61288)

²⁶ Foundational Document: Perpetrator's Violent Behaviour Towards Others (COMM0059623, Exhibit P-003368)

²⁷ Testimony of Lisa Banfield, Hearing transcript: July 15, 2022 at p. 60, lines 3-11 and p. 116, lines 1-4. (COMM 61288)

²⁸ Testimony of Brenda Forbes, Hearing transcript: July 12, 2022 at p. 34, lines 14-17 (COMM 59834)

²⁹ Testimony of Cst. Troy Maxwell, Hearing transcript: July 19, 2022 at p. 21, line 18 (COMM 59927)

³⁰ Ms. Forbes could not remember giving media interviews after the mass casualty event. Cst. Maxwell testified that he observed a decommissioned police car in the Perpetrator's driveway (the evidence before the Commission is that the Perpetrator did not have such a vehicle in 2013). Both Ms. Forbes and Cst. Maxwell have diagnoses of PTSD. Our Coalition understands and accepts that memory may be impacted by this medical condition.

³¹ Brenda Forbes, Interview transcript: August 19, 2021 at p. 3 (COMM 3883, Exhibit P-001137). Both Glynn Wortman and Richard Ellison, the two purported eye-witnesses, confirmed in later statements that they were aware of the perpetrator's assault on Lisa Banfield. Glynn Wortman, Police statement transcript: May 6, 2020 (COMM 8447, Exhibit P-003342); and Richard Ellison police statement transcript: June 11, 2020 (COMM 13778)

³² Cst. Greg Wiley, Interview transcript: June 11, 2021 at p. 38 (COMM 15533, Exhibit P-001202)

prioritized expediency over the safety concern once it was clear that no criminal charge could be laid. This was in accordance with his instruction from his employer.

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. His long-term relationship with Cst. Wiley is a concrete example. Cst. Wiley was impressed with the perpetrator's manners, way of speaking and admired his impressive cottage and building skills.³³ The perpetrator was not viewed as dangerous, despite the specific intelligence on him to the contrary. Rather, he was viewed as "pro-police".³⁴ We submit that it was clear that Cst. Wiley felt he could relate to the perpetrator, being of similar age, immutable characteristics and interests. This kinship certainly advantaged the perpetrator in his dealings with police. This does not explain, however, how any supervisor at the Bible Hill detachment could think it appropriate to assign a purported "friend" to investigate the perpetrator for possession of illegal firearms and/or an intention to kill police. Attendance at the perpetrator's cottage to ask if he had firearms as witnessed by Ms. Banfield was clearly an insufficient and inappropriate investigative step.³⁵ What should have occurred was a meaningful police investigation to build the grounds for a section 117 *Criminal Code* public safety search warrant. No such effort occurred.

In the time leading up to the mass casualty event, it is clear that the perpetrator's mental health deteriorated. His denturist practice closed due to the Covid-19 pandemic. The Canadian-U.S.

³³ Testimony of Cst. Greg Wiley, Hearing transcript: September 6, 2022 at p. 70, lines 20-23 (COMM 64441)

³⁴ Testimony of Cst. Greg Wiley, Hearing transcript: September 6, 2022 at p.70, line 10 (COMM 64441)

³⁵ Cst. Wiley testified he did not recall the CISNS bulletin or being requested to investigate the perpetrator's possession of illegal firearms. Lisa Banfield testified that Cst. Wiley attended at the cottage and she observed the Perpetrator show Cst. Wiley a musket and a wax-filled firearm mounted above the fireplace, saying "that's what I have". Testimony of Lisa Banfield, Hearing transcript: July 15, 2022 at p. 67, lines 13 and p. 68, line 8. (COMM 61288)

border also closed to travellers. The perpetrator and Ms. Banfield moved permanently to the Portapique cottage together. This was a significant change from their long-term prior routine and lifestyle during which, at times, he would spend weeks in Portapique without her.³⁶ The perpetrator became obsessed with American news and conspiracy theories related to the pandemic. Ms. Banfield informed the Commission that he became even more obsessed with hoarding items and necessities out of fear of pandemic-related losses. Ms. Banfield stated that his prior extreme interests in pornography and alcohol bottomed out and he did nothing but lay in bed and watch the news.³⁷ He spoke in veiled terms of suicide. Ms. Banfield testified that she would attempt to change the topic from the “crazy talk” he engaged in and emphasized an optimistic outlook.³⁸

Before the mass casualty event began, Ms. Banfield and the perpetrator celebrated their 19th anniversary of being a couple. They spent the day on a lengthy drive to Sutherland Lake, Debert and Springhill.³⁹ Once they returned, they became embroiled in a heated argument over Ms. Banfield’s reaction to a comment made by their friend Angel Patterson during a video chat.⁴⁰ While this may seem illogical to a reasonable person, Ms. Banfield explained that it was the perpetrator’s nature to drastically overreact to what should be a minor issue.⁴¹ The argument escalated to the perpetrator violently assaulting and forcibly confining Ms. Banfield, destroying her phone, setting fire to his treasured luxurious properties, and then Ms. Banfield escaping from the decommissioned police vehicle. Ms. Banfield wonders to this day whether the perpetrator killed his neighbours in Portapique because he was searching house-to-house for her.⁴²

³⁶ Testimony of Lisa Banfield, Hearing transcript: July 15, 2022 at p. 30, lines 6-18. (COMM 61288)

³⁷ Lisa Banfield, Interview transcript: April 11, 2022 at pp. 74-75, 78. (COMM 58495, Exhibit P-003471)

³⁸ Testimony of Lisa Banfield, Hearing transcript: July 15, 2022 at p. 85, lines 7-11. (COMM 61288)

³⁹ Lisa Banfield, Interview transcript: April 11, 2022 at pp. 98-101. (COMM 58495, Exhibit P-003471)

⁴⁰ Lisa Banfield, Interview transcript: April 11, 2022 at pp. 106-108. (COMM 58495, Exhibit P-003471)

⁴¹ Lisa Banfield, Interview transcript: April 13, 2022 at p. 18. (COMM 58496, Exhibit P-003472)

⁴² Testimony of Lisa Banfield, Hearing transcript: July 15, 2022 at p. 93, lines 8-12 (COMM 61288)

(ii) Missed opportunities for intervention

In July 2022, we presented oral submissions to the Commission regarding the missed opportunities for police intervention, particularly in the critical time frame of 2010-2013.⁴³ We anticipate based on recent oral submissions that other participants will be making detailed written submissions on this very issue so we do not intend to revisit it. However, we believe it is important to touch upon the other times that government agencies, a professional licensing body and a professional in the community encountered the perpetrator and the outcomes of those interactions.

(a) Canada Border Services Agency/Nexus Application

In 2015, the perpetrator was granted a tangible privilege by the Government of Canada in the form of a Nexus membership. Nexus is a voluntary program designed to speed up border crossings for low-risk, pre-approved travellers into Canada and the United States.⁴⁴ Members of Nexus “enjoy a quick and simplified entry process that allows Canadian and U.S. border officers to focus their efforts on unknown and potentially higher-risk travellers and their goods.”⁴⁵

It is highly concerning that the perpetrator secured the privilege of a Nexus pass from the Canada Border Services Agency particularly as he strategically did not apply for a firearms licence so to avoid being stopped at the border.⁴⁶ On June 2, 2010, Halifax Regional Police added the perpetrator as “firearms interest to police” (FIP) with an expiration date of 2015-06-02 at 03:51 evidenced in a document entitled “CPIC attachment”.⁴⁷ This entry related to the threat he made to

⁴³ Avalon/Wellness Within/LEAF oral submission, Hearing transcript: July 22, 2022 at pp. 88-94 (COMM 61292)

⁴⁴ Affidavit of Eric Levac, Canada Border Services Agency at para. 23 (COMM 64444, Exhibit 005167)

⁴⁵ Canada Border Services Agency, “Frequently Asked Questions about the Nexus Program”: <https://www.cbsa-asfc.gc.ca/prog/nexus/faq-eng.html>

⁴⁶ Testimony of Lisa Banfield, Hearing transcript: July 15, 2022 at p. 59, lines 11-13 (COMM 61288)

⁴⁷ Foundational Document: “Violence in the Perpetrator’s Family of Origin” at para. 91 (COMM 59739, Exhibit 003447)

kill his parents. The CPIC System, which is operated by the RCMP's National Police Services (NPS) program, is the only national information sharing system that links law enforcement and other public safety partners across Canada. Through the CPIC system, criminal justice information is shared 24 hours a day, 7 days a week. We have been informed by the Attorney General of Canada that "FIP" (firearms interest to police) is a separate query under CPIC.⁴⁸ The perpetrator filed his application for Nexus on March 19, 2015.⁴⁹ Canada Border Services Agency (CBSA) assessed his application, checked CPIC and granted his pass on March 24, 2015.⁵⁰ Both actions occurred prior to the expiration of the FIP on June 2, 2015. The perpetrator entered Canada via the Woodstock, New Brunswick point of entry 20 times between 2016 and 2020.⁵¹ We were recently informed that the CBSA did not and currently does not have access to the FIP for the purpose of processing Nexus applications. Apparently, this inadequacy is now under review. Additionally, when the perpetrator was crossing the border between June 2, 2010 and June 2, 2015, border agents did not have access to the FIP. This issue has now been rectified according to Ms. Ward's letter.⁵² The fact that the CBSA did not have access to the FIP – the part of the CPIC system that contained the lone tangible red flag that the perpetrator was not "low risk" - is extremely concerning from a public safety perspective. It is noteworthy that according to the *MacNeil* review a FIP entry was also made on the Moncton shooter years prior to his mass shooting.⁵³ In addition to the recommendations regarding gender-based violence, we are asking the Commission to recommend that the CBSA have access to all relevant CPIC systems, including

⁴⁸ Letter from Lori Ward to Commission Counsel dated Sept. 7, 2022 (COMM0064757)

⁴⁹ COMM 53648, Exhibit P-001229

⁵⁰ COMM 53650, Exhibit P-002304

⁵¹ Affidavit of Eric Levac, Canada Border Services Agency, at para. 23 (COMM 64444, Exhibit 005167)

⁵² Ms. Ward's Letter to Commission Counsel dated Sept. 7, 2022 (COMM 64757)

⁵³Independent review of the Moncton shooting as summarized in *Environmental scan of prior recommendations* at p. 248: A FIP was entered on Justin Borque 5 years prior to his mass shooting. In that case, a firearms officer followed up appropriately and confirmed that the safety concern was unsubstantiated (COMM 63226, Exhibit P-004461)

the FIP, when assessing who should be granted the privilege of being treated as a “known and low risk” traveller.

Ms. Ward’s letter also answers why Cst. Maxwell was not aware that a “FIP” had been entered on the perpetrator before he attended at his cottage in 2013 to investigate the Brenda Forbes complaint. According to the new information, the “FIP” was not checked off by the Operational Communications Centre (OCC) in its CPIC query. Again, this raises serious concerns, particularly in light of what Cst. Maxwell told the Commission:

“...but I do know that for us going there we would have ran him and all the other things, and if any red flags or anything had have come up, then we would have dealt with [the perpetrator] again in a different manner.”⁵⁴

(b) Denturist Licensing Board of Nova Scotia

The Denturist Licensing Board of Nova Scotia oversaw the perpetrator’s professional practice as a denturist. It was responsible for adjudicating a series of professional complaints against him by denturist patients, including one initial complaint of sexual harassment, resulting in a 6 month suspension of his licence in 2007.⁵⁵ We have since learned that he was perpetrating further sexual violence in his Halifax denturist office against racialized and other vulnerable women, some of whom received income and disability support. The government of Nova Scotia paid the perpetrator for these denturist expenses. There is no indication that the Department of Community Services vetted the perpetrator in any way before funding his services.

⁵⁴Cst. Troy Maxwell, Interview transcript: April 29, 2022 at p. 21 (COMM0057751, Exhibit P-002583)

⁵⁵Foundational Document: “Perpetrator’s Violent Behaviour Towards Others” at paras. 45-68 (COMM0059623, Exhibit P-003368)

(c) Family physician

Yet another documented encounter with a professional occurred in 2010. The day after the incident where the perpetrator shot off a firearm in his house and threatened to kill his parents, he went to see his family doctor for assistance. According to the doctor's notes, the perpetrator discussed his extreme rage directed towards his parents. The doctor's notes indicated that he prescribed the perpetrator blood pressure pills.⁵⁶ The perpetrator had previously discussed emotional disturbance with his physician, a break-up with Ms. Banfield and stopping the use of alcohol. There is no evidence in the records of this physician that the perpetrator was referred for psychological, psychiatric or any other program of support or treatment at that time. Nor does it appear that any questions were posed to the perpetrator about possible access to firearms or violence in his relationship. Ms. Banfield also had a patient relationship with a female family physician however she told the Commission in an interview that the physician never asked her about the dynamics of her relationship with the perpetrator.⁵⁷ She testified that she sought out the services of a psychologist and the psychologist urged her to end the relationship.⁵⁸

In addition to these documented encounters – there is ample evidence before the Commission that many people – family, friends and neighbours - were well aware of the perpetrator's violence, his alcohol use disorder and his criminal activity in relation to firearms for many years.

III. Alternative non-carceral responses to gender-based violence are required

(i) The failure of the police/carceral default response

⁵⁶ Foundational Document: "Violence in the Perpetrator's Family of Origin" at para. 156 (COMM0059739, Exhibit P-003447)

⁵⁷ Lisa Banfield, interview transcript: April 11, 2022 at p. 9 (COMM0058495, Exhibit P-003471)

⁵⁸ Foundational Document: Perpetrator's Violence Towards His Common Law Spouse, p. 59 at para 221 (COMM0050900)

For over 25 years, Nova Scotia has relied upon a default police response to intimate partner violence with a pro-arrest, pro-charge, pro-prosecution policy.⁵⁹ Since 1995, the province has implemented hundreds of recommendations to combat gender-based violence relying on a heavily carceral approach.⁶⁰ Despite these efforts, gender-based violence increased to its current epidemic level and women in Nova Scotia continue to die at the hands of men. Racism and other intersecting oppressive barriers still isolate the most at risk. Gender-based violence community organizations remain inconsistently resourced and chronically under-funded.

Like many of the Nova Scotia homicides reviewed by various experts since 1995, the mass casualty event under examination by this Commission demonstrates that police were aware of the perpetrator's violence and access to firearms. Despite this specific information, no effective police intervention occurred.⁶¹ As is documented in "*We Matter and Our Voices Must Be Heard*", the African Nova Scotian women who received denturist services from the perpetrator in exchange for sex did not report the perpetrator to police. The women explained to facilitators that they thought they would not be believed despite the fact that the perpetrator had become a "household name" in the African Nova Scotian communities.⁶² Susie Butlin, of Bayhead, was not believed by the Bible Hill detachment police although she reported that she was sexually assaulted by her neighbour. Despite her persistent phone calls to police reporting that she was under threat by her neighbour, her interaction with the carceral system subsequently ended with her being murdered by that neighbour.⁶³

⁵⁹ Framework for Action Against Family Violence 1995 as summarized in *Environmental scan of prior recommendations* COMM0063226 at p. 288 (COMM 63226, Exhibit P-004461)

⁶⁰ *Environmental scan of prior recommendation* at pp. 323 (COMM 63226, Exhibit P-004461)

⁶¹ Avalon/Wellness Within/LEAF oral submission, Hearing transcript: July 22, 2022 at pp. 88-94 (COMM 61292)

⁶² Avalon Sexual Assault Centre and LEAF, "*We Matter and Our Voices Must Be Heard*" September 2022 at p. 17

⁶³ RCMP Independent Officer Review, Susan Olive Butlin – Ernie "Junior" Duggan complaints; December 19, 2018 (COMM 1231, Exhibit P-004065)

As demonstrated in the evidence before this Commission and in “*We Matter and Our Voices Must Be Heard*”, the reasons vary for why women, particularly those who are racialized, disabled, 2SLGBTQ+ or members of other marginalized groups, do not report to police. Dr. Patrina Duhany informed the Commission of the experience of racism and oppression and its impact on the unwillingness of women to contact police:

“...there are a number of different reasons why they might express this reluctance, and so there might be a concern around fear or retaliation from their partners. They might fear the police may mistreat their partners or even mistreat them. Some women might not even believe that the situation is severe enough to warrant police intervention. There might be a general distrust of the criminal justice system. Within racialized communities, Black racialized communities and even Indigenous communities, there might be certain messages, whether it’s overt or covert messaging, around disclosing the abuse. I want to be really clear that it’s because of that long history of racism and oppression. 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

Dr. Nancy Ross informed the Commission that approximately 70 percent of women facing intimate partner violence wish to remain in the relationship. Dr. Ross stated that “evidence points to a need to revise” the pro-arrest, pro-charge, pro-prosecution policy as it sets in motion a response of increased scrutiny and surveillance that adds an extra layer of trauma for women, particularly racialized women.⁶⁵ Dr. Debra Doherty explained that many women believe they are safer staying in the relationship and managing their own risk. Dr. Doherty testified that we need resources to promote “safer staying”, particularly in the context of rural communities, explaining:

“...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

⁶⁴ Dr. Patrina Duhany, Roundtable transcript: July 20, 2022 at p. 13, line 23- p. 14, line 15 (COMM 61282)

⁶⁵ Dr. Nancy Ross, Roundtable transcript: July 20, 2022, at p. 22, lines 10-23 (COMM 61282); See also Ryan, Silvio, Borden and Ross “A review of the pro-arrest, pro-charge, pro-prosecution policies as a response to domestic violence” [2022] (COMM 59813, Exhibit P003672; P003661; P003672).

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.”⁶⁶

One must look beyond the policing institution and appreciate the full carceral system to fully understand its impact on survivors. The pro-prosecution model typically requires witness testimony in Court for charges to proceed. If a survivor does not attend court to testify, the case will most often fall apart. Current policy leads directly to an adversarial process that can be highly traumatizing and disempowering to survivors.

Dr. Verona Singer stressed to the Commission in her interview that the one-size-fits-all approach of the pro-arrest/pro-charge/pro-prosecution policy fails to recognize the reality of domestic abuse relationships:

“... we know that women, many women, call the police because they want the violence to stop... They'll come to your home and will stop the violence. And they will remove him and you can have some reprieve... but many don't want them arrested because they need them for all kinds of reasons.”⁶⁷

The chilling effect of the current policy is obvious. Without autonomy in the process or the ability to end proceedings once started, many women feel revictimized by their experience and will not contact police again.⁶⁸

Numerous experts who contributed to the Commission's roundtables agreed that the carceral system is a failure as a default response to gender-based violence. Dr. Rachel Zellars

⁶⁶Dr. Deborah Doherty, Roundtable transcript: July 11, 2022 at p. 86, lines 16-23 (COMM 59788)

⁶⁷Dr. Verona Singer, Interview transcript at p. 10 (COMM 56384, Exhibit P-004125)

⁶⁸Ryan, Silvio, Borden and Ross “A review of the pro-arrest, pro-charge, pro-prosecution policies as a response to domestic violence” [2022] at pp. 226-230 (COMM 59813, Exhibit P-003672); LEAF “Due Justice for All: A Survivor-focused Analysis of Canada's Legal Responses to Sexual Violence” [2021] at p. 98 (COMM 55678, Exhibit P-004538)

commented upon the policing institution’s inability to train away “intractable biases and stereotypes”.⁶⁹ Dr. Lori Chambers told the Commission that a new response to gender-based violence requires stepping outside the criminal justice system and supporting a survivor-focussed, community-based and owned strategy.⁷⁰ Mr. Robert Wright commented on the “significant structural and systemic racism barriers” inherent in the carceral system that result in barriers for survivors, perpetrators and would-be perpetrators in seeking help and services.⁷¹ Our Coalition strongly cautions against the automatic colonial reflex to recommend the pouring of even more resources into policing as the default method to combat gender-based violence. As explained by Mr. Wright:

*“... we have to be careful to not solely be motivated by our moral panic and outrage, and we have to be deliberative and we have to be thoughtful and we have to recognise that if we move to implement powerful carceral kinds of responses to this so never again, that it is likely the people who are most vulnerable who will bear the burden of that... We need to make sure that our response is really targeting where the problem is, and we need to remember that an exaggerated response that affects the most vulnerable of us is exactly what we must work to avoid.”*⁷²

(ii) Restorative justice

Currently, Nova Scotia prohibits restorative justice referral in relation to intimate partner violence offences. While we understand that there is much disagreement and controversy regarding the use of restorative justice in this context, our Coalition believes that it is time for this policy to end.

⁶⁹ Dr. Rachel Zellars, Roundtable transcript: July 21, 2022 at p. 60, line 26 – p. 61, line 8) (COMM 61283)

⁷⁰ Dr. Lori Chambers, Roundtable transcript: July 20, 2022 at p. 39, lines 10-20 (COMM 61282)

⁷¹ Mr. Robert Wright, Roundtable transcript: July 14, 2022 at p. 39, line 25-p. 40, line 13) (COMM 59922)

⁷² Mr. Robert Wright, Roundtable transcript: July 14, 2022 at p. 63, lines 1-14) (COMM 59922)

There are multiple restorative justice models that could be utilized to suit gender-based violence offences.⁷³ In her interview with the Commission, Dr. Verona Singer described the ideal model of restorative justice to be one that does not require the victim to be face-to-face with the offender. Further, Dr. Singer stressed that any restorative justice model must involve properly trained experts who are highly skilled in intimate partner violence, who understand keenly the dynamics and nuances of these relationships, and who are knowledgeable about restorative approaches. Those involved should work together to facilitate an experience that is meaningful, helpful and useful to both the person who has been harmed and the person who harmed them.⁷⁴

While our coalition recognizes the concerns surrounding the use of these processes in the context of gender-based violence, we endorse the considerations noted by the Restorative Conversations Project⁷⁵:

- A set of principles must be developed that can guide the work of the restorative approach
- There is no one-size-fits-all approach for gendered violence
- These approaches are labour intensive and will take time
- Restorative approaches are not cheap justice
- There must a skilled facilitator and a follow-up period
- Restorative practices need to be documented and evaluated
- Staff must be well-trained so as to not cause further harm
- Restorative processes for gendered violence must be affiliated with women's advocate systems, and services for Indigenous, LGBTQ2+, racialized and immigrant women

⁷³ "Restorative Conversations: Talking about Restorative Approaches and Gender Based Violence in Nova Scotia", [December 2019] at page 17 (COMM0063519)

⁷⁴ Dr. Verona Singer, Interview transcript: March 11, 2022 at p. 12 (COMM 56384, Exhibit P-004125)

⁷⁵ "Restorative Conversations: Talking about Restorative Justice and Gender-Based Violence in Nova Scotia" [December 2019] (COMM0063519)

Our Coalition is urging the Commission to recommend, on a priority basis, the addition of an alternative non-carceral way forward as part of a preventative approach. Core-funded, culturally responsive community organizations must be placed at the centre of this new approach.

Emerging from this theme, our Coalition recommends:

- An end to the pro-arrest, pro-charge, pro-prosecution policy currently in place in Nova Scotia with respect to intimate partner violence.
- An end to the moratorium on restorative justice for gender-based violence offences.
- Adequate core funding for restorative justice processes for gender-based violence offences.
- That service mandates in organizations be changed to ensure that people have access to services for IPV and GBV without needing to report to the police or be connected and mandated to services by the courts or Child Protection.

(iii) Mandatory curriculum on gender-based violence and bystander intervention

As previously noted, many people in the community were aware of the perpetrator's continuum of violence, including gender-based violence, access to firearms and alcohol use disorder. Family members, friends and neighbours were present for episodes where the perpetrator used violence against Lisa Banfield, and other women, and displayed his criminal activity in a public fashion. People did not seem to be aware of the connection between the risk factors including the lethal risk he posed to Ms. Banfield or to the public. Those who did recognize the risk simply did not know what to do.

Dr. Lori Chambers addressed the issue of the need for public education on gender-based violence as the primary building block of a preventative approach:

"I believe it has to start...stepping outside of the criminal justice system, ... teaching these skills, making them central to our educational programs to thinking, actually, really, about relationships and healthy relationships and healthy interaction as a big part of how we educate people from the ground up and talking openly about coercive control and other kinds of

problems as part of the day-to-day way in which we raise children because otherwise, how do people know to hope for better and to work towards something better. And I just -- everything that we're doing with the criminal justice system is a band-aid after the event, and we need to instead be getting at what is making this society sick underneath from the inside."⁷⁶

The Commissioners have questioned how to address the issue of bystander intervention. Julie Lalonde is an advocate and bystander intervention trainer who works with children as young as 3 years old to teach specific and practical strategies for intervention. Ms. Lalonde's testimony at the Renfrew Inquiry into the deaths of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam was filed as an exhibit at this Commission. Ms. Lalonde stressed that community has an important role to play in supporting victims and survivors and creating safety, particularly in rural environments where there is inadequate funding and infrastructure, noting:

*"If we put more attention towards prevention, we can truly prevent most of the stuff that's going on in our communities. It's about empowering community not forcing them to... They do care. People do care, but they are frozen because they don't feel equipped. So, I think it's our job to put those tools in their hands. Even when people do report to police like myself, I still had to rely on my network. Police will tell you that folks that go through that process from beginning to end are the most supported. They have community. They have people who have their back and so they feel like they can move ahead with that process. So, even in a world in which we're all calling police, which is not the world we live in, but even in that world, police need community. We need community always, always. I want us to really prioritize community and all of its facets, especially in rural context. Community is all you have got."*⁷⁷

Dr. Verona Singer echoed this sentiment in her Commission interview that community has a responsibility to step up to assist the survivor as the state cannot be solely responsible for safety:

*"We placed so much responsibility on the victim to keep themselves safe, and we pretend as the state that we're doing things to keep them safe but we're really not. We can't give each individual, not one, their own individual police officer who can be there."*⁷⁸

⁷⁶ Dr. Lori Chambers, Roundtable transcript: July 20, 2022 at p. 53 (COMM 61282)

⁷⁷ Ms. Julie Lalonde, Transcript of testimony before the Renfrew Inquest, Exhibit P0063006 at Page 29 (COMM 63006, Exhibit P-004566)

⁷⁸ Dr. Verona Singer, Interview transcript: Friday, March 11, 2022 at p. 77 (COMM 56384, Exhibit P-004125)

People cannot be expected to naturally know how to respond to such a complex problem as gender-based violence without the tools to do so. As noted by Ms. Lalonde:

*“We have failed to put people to action and then we get frustrated that they are not doing anything. It’s because you can’t just give people a pile of wood and say build a house. You’ve got to give them the material to do it, right? We failed to give people the material.”*⁷⁹

Our Coalition strongly supports mandatory gender-based violence prevention curriculum beginning in kindergarten. This curriculum should evolve as the child develops, and include a comprehensive instruction on recognizing all aspects of consent, coercive control, misogyny, and gender-based violence and the serious risk it entails. The curriculum should include bystander intervention training as described by Ms. Lalonde.

Emerging from this theme, our Coalition recommends:

- Introduction of mandatory gender-based violence and bystander intervention training curriculum in the school system commencing in kindergarten and continuing until grade 12. The core curriculum should include education on sexual exploitation and trafficking, with care taken not to conflate sex work and trafficking.

IV. Responses Must Create Safe, Trauma-informed and Culturally Responsive Spaces in the Community for the Voices of Lived Experience

We know that women lack trust in police and the carceral system for reporting violence.⁸⁰

We understand the reasons why the pro-arrest, pro-charge, pro-prosecution policy is traumatizing to many.⁸¹ Community-based organizations, such as transition houses and sexual assault centres,

⁷⁹ Ms. Julie Lalonde, Transcript of testimony before the Renfrew Inquest, Exhibit P0063006 at Page 13 (COMM 63006, Exhibit P-004566)

⁸⁰ Bundy, Jessica, “We’ll Deal with It Later’: African-Nova Scotian Women’s Perceptions and Experiences of the Police [2019] (COMM 63574, Exhibit P-004818)

⁸¹ Ryan, Silvio, Borden and Ross “A review of the pro-arrest, pro-charge, pro-prosecution policies as a response to domestic violence” [2022] (COMM 59813, Exhibit P-003672)

are the obvious alternative spaces for access to assistance and support. However, not all women experience community-based organizations as safe or empowering spaces. Madonna Doucette explained to the Commission how existing community services, particularly in rural Nova Scotia, are not inclusive of gay and trans individuals:

“...oftentimes the support services that are available are very heteronormative and aren't equipped to deal with that diverse community, and don't even know how to often properly intake the new clients and ask the right questions. And so there's just this disadvantage there that's clouded by this perception that everyone's okay with gay folk and trans folk. So we're competing with a falsehood out there while we're still trying to find our own pathway.”⁸²

Ms. Doucette later explained the inequality of trans women in rural Nova Scotia:

“And then the very, very real misunderstanding that trans folk, trans women are women, trans men are men, and that access to the same services and, you know, resources that are available to cis men and women aren't equally available to... those members of the [trans] community. And so to recognize that that deficit exists is still something that we need to work on in this province...”⁸³

Racialized women have also reported feeling unwelcome and unheard in mainstream spaces for survivors of violence, including community-based services.⁸⁴ The participants in *“We Matter and Our Voices Must Be Heard”* reiterated this reality to the project facilitators:

“Gender-based violence organizations who provide services to women and 2SLGBTQIA+ individuals are often lacking in cultural responsiveness and inclusivity. Like other institutions, so many of Nova Scotia's community-based organizations operate through a white, western, Eurocentric framework based on a one-size-fits-all approach to support. This can be a barrier for marginalized individuals who need services. Some organizations do not have a model of care supporting low-barrier service delivery, nor do they have equitable policies and practices geared toward increasing accessibility and cultural relevancy among marginalized communities. In effect, many of our policies and practices can end up replicating colonial dynamics. Our discussions revealed that, for marginalized

⁸² Madonna Doucette, Roundtable transcript: July 6, 2022 at p. 13, lines 22-28.

⁸³ Madonna Doucette, Roundtable transcript: July 6, 2022 at p. 41, lines 15-20.

⁸⁴ Heggie, Jackson & Steenbeek, “Accessing Sexualized Violence Services and Supports for Women in Rural Nova Scotia: A Qualitative Study” [2022] at p. 48 (COMM 59804, Exhibit P-003663)

survivors, the absence of policies and practices centered on anti-racism, anti-oppression, and decolonization is considered a barrier to seeking and/or receiving adequate support."⁸⁵

Kristina Fifield expanded upon the importance of organizations building trust in community by being culturally responsive and survivor-led:

*"Trust is built in communities, and we need to realise that even in communities' response to individuals being impacted needs to look different, and we need to be listening to survivors. We also need to be listening..., to the voices of individuals that perpetrate violence... and also making sure that it's brought back to community and that we're collaboratively working together to create safer communities, We need individuals that are on the ground in communities, present in communities, understanding what those needs are from community. And that is the way forward and why this conversation is really important and why community organisations ... and services outside of the police need to be properly funded, to be able to build that trust. They have that trust with individuals that would not normally engage with RCMP or police services."*⁸⁶

Our Coalition stresses the importance of community-based organizations being culturally responsive and community-connected. Avalon Sexual Assault Centre has specifically experienced the crucial role played by a navigator who is representative of and connected to community. The trust in the relationship builds the necessary bridge to connect people to services. Without the community navigator, the Avalon project would not have occurred and the Commission would not have the benefit of hearing from the voices of lived experience. As noted in our oral submission, the Avalon project is a concrete example of how a trusted, culturally-responsive community navigator was able to create a pathway for safe engagement for women who would not have otherwise connected with a formal institution. Our Coalition puts forward the Avalon project as a practical model for future programming for gender-based violence service outreach.

⁸⁵ Avalon Sexual Assault Centre and LEAF, "We Matter and Our Voices Must be Heard" [2022].

⁸⁶ Kristina Fifield, Roundtable transcript: September 7, 2022 at p. 95, lines 5-17 (COMM 64721)

We have repeatedly heard a common theme throughout the Commission's work - that a "one size fits all solution" fails to serve Nova Scotia's diverse communities. Rural and urban communities differ significantly from each other. Indigenous and African Nova Scotian communities have unique experiences and needs. Just as we have heard that a standard blueprint does not work for community policing, it will also not work for community-based services. Each community is unique and the funding, resources and programming required to best serve that community will be unique. As was explained by Kristina Fifield:

"...when funding is coming to work with marginalized and racialized communities... we're not actually reaching out to those communities to actually see what their needs are and we clump everyone together thinking this community is – every rural community needs the exact thing and this "one size fits all" model does not work when we're looking at rural communities and responding to violence. And we need to understand the unique differences that exist in communities and between communities and how we're making things equitable. And... when we're talking about whether or not someone has access to services, it should not be based on their postal code. People should have consistent services that they're able to access to matter what part of the province they're in and they should have culturally responsive services that they can access".⁸⁷

Emerging from this theme (and as listed in "*We Matter and Our Voices Must Be Heard*")

our Coalition recommends:

- Provision of core funding to community-based organizations (transition houses and sexual assault centres) for designated African Nova Scotian and Indigenous Gender-Based Violence Navigator and Legal Advocate positions, to work out of community-based centres and services. These positions would deliver proactive information about Child Protective Services, Victim Services, and community services available, and support for navigating the justice system. The navigator would be available to assist survivors in making informed decisions for themselves regarding whether to engage in formal systems, navigating those systems, if chosen, safety planning and connecting with other required resources and services.
- Adoption of a Nova Scotia Community Network Model where a community based organization or the Transition House Association of Nova Scotia (THANS) coordinates, delivers, and has oversight of services at transition houses in the

⁸⁷ Kristina Fifield, Roundtable transcript: August 31, 2022 at p. 79, lines 14-25 (COMM 64439)

province. This would help create standards and equitable services across the province for those individuals experiencing intimate partner violence.

- Funding paid positions and implement opportunities for survivors' voices to serve on advisory committees and communities of practices committees.
- Increase of core funding to Transition Houses with a focus on expanding services in the areas of outreach, navigators, and educators with wrap-around supports that will make services more visible in communities.
- Increase of core funding to Transition Houses or community-based organizations to have trauma therapy positions for interpersonal violence (IPV). Ideally, each transition house in the province would be adequately funded to house trauma therapists to work with individuals who have experienced relational trauma because of intimate partner violence.
- Untasking of Victim Services from the police (HRP and RCMP). Fund these services within the community.
- Expanding Victim Services' mandate to all victims of violence by providing accessible and low-barrier services. Services provided by Victim Services need to be accessible and visible in rural communities and require a Visibility Strategy.

V. Community Responses must be core-funded not project-based:

Building trust in community is dependent on the ability of a community organization to support hard earned and established relationships and provide consistent services. This Commission has heard that funding of gender-based violence (and other) community organizations is inconsistent and usually grant-dependent or project-based. Community organization representatives commented on the detrimental impact insecure funding has on their ability to provide effective service:

“...any person who is involved in creating and sustaining community-based mental health services will tell you that once you defund something, you can't simply refund us and expect us to get back up to speed in record time. So the interruption in funding and

the volatility of funding for community-based services for people who would present risks in the absence of such services is really problematic."⁸⁸

Dr. Amy Siciliano explained the resulting broken trust and relationships when grant-based funding runs out:

*"...the program will often end and regardless of who's responsible for bringing that money to community, the folks who are working in community like myself are -- you know, it's our problem because we are the ones with the relationship and the -- we're working right alongside with community. And you know, community shouldn't be expected to know which funding comes from what stream or what level of government, but they -- I believe they should -- you know, if they're coming to the table and working with us that they should know that we're committed for the long haul in this work. Much like, you know, police are core funded, community-based safety needs to be core funded in order for it to, you know, sustain those good relationships and work effectively."*⁸⁹

Our Coalition notes that Avalon Sexual Assault Centre's invaluable community navigator position is a federally funded pilot project. The funding is scheduled to terminate next year. If the funding is not renewed, Avalon faces the tragic reality that the trusted relationships it has built with its community of survivors may be lost. Kristina Fifield commented to the Commission:

*"...When those pilot projects are in place, and they're in place for a period of time, and those workers that are attached to that funding are in communities and working on finding new pathways, finding new ways to work and create safety and that funding ends, for individuals who, you know, have not been able to trust, for all kinds of reasons, they're then seeing those services being taken away; those key people that they have built trust with, who they have been able to maybe establish and get connected with other resources."*⁹⁰

Ms. Mukisa Kakembo of the Elizabeth Fry Society Nova Scotia gave the additional example of the funding of 'Holly House':

⁸⁸ Mr. Robert Wright, Roundtable transcript: July 14, 2022 at p. 39, lines 2-9 (COMM 59922)

⁸⁹ Dr. Amy Siciliano, Roundtable transcript: September 7, 2022 at p. 59, lines 10-15 (COMM 64721)

⁹⁰ Ms. Kristina Fifield, Roundtable transcript, September 7, 2022 at p.115, lines 9-17 (COMM 64721)

“We were provided with funding, I think it was \$340,000 for two years of funding, and we help people reintegrate back into society after having been institutionalized. They come out, they’re facing a lot of trauma, they’re facing a lot of mental health issues, and our house has 24/7 support staff who are able to help people navigate the system and help navigate re-entering back into the community. And by March, we are no longer going to have funding for that really, really important function that we provide.”⁹¹

Ms. Kakembo summed up the frustration of all when she noted the exorbitant provincial spending on incarceration, a reactive approach, compared to the miniscule investment in preventative community-based services:

“So provincially, we spend \$2.7 billion a year to keep people in prison. So on average, that’s about \$120,000 per year per person, compared to the funding that we receive for our non-profit organizations. So just all that to say that non-profits serve the most vulnerable people on such a miniscule budget, and if the government dedicated the same amount of resources and stable reliable funding on crime prevention, integration, and support to those vulnerable populations, then we wouldn’t need to spend as much on sending people to jail.”⁹²

Emerging from this theme, our Coalition recommends:

- Federal and provincial funding for gender-based violence community organizations must transition from project/grant based to core operation funding.

VI. Community Responses Must Include Increased Resources for Effective Perpetrator Intervention

As previously referenced, the Commission has compiled an extensive body of evidence that establishes that many people, including family, friends and neighbours, were aware that the perpetrator coercively controlled and was violent towards his common law spouse. Further, other professionals in the community, including police, physicians and psychologists, received

⁹¹ Ms. Mukisa Kakembo, Roundtable transcript: September 7, 2022 at p. 106, lines 4-11 (COMM 64721)

⁹² Ms. Mukisa Kakembo, Roundtable transcript: September 7, 2022 at p. 106, lines 17-24 (COMM 64721)

information which comprised warning signs of or actual violence in the perpetrator's relationship with Ms. Banfield. To our knowledge, despite these multiple contacts and interactions, there was never an intervention with the perpetrator.

As is explored deeply by Dr. Katreena Scott in her Commissioned Report, "When We Know something is wrong: Secondary and Tertiary Intervention to Address Abuse Perpetration", a significant portion of men who engage in abusive behavior do not continue to do so once their behavior has been identified.⁹³ Our Coalition believes it is essential to prioritize resources for meaningful perpetrator intervention programs at the earliest possible opportunity. As recommended by Dr. Scott, there should exist multiple entry points for perpetrators into programming outside of the criminal justice and police systems. Dr. Scott described to the Commission the natural hesitancy we feel in making an offer of support to a perpetrator of violence:

"... in this field, something people have thrown up their hands and said... well, we're not really sure what to do, or this is impossible, or there's really no sense in going down this direction. Men won't – they won't attend services anyways. They won't voluntarily seek services and they won't change. What I want to tell you and what I want to be a focus for our discussion is that fact... we know that's not true. Men do access services, they will reach out when offered the opportunity. Change is possible, we should expect change, and we know a lot about how we need to improve interventions for abuse perpetration... we need to act on it."⁹⁴

These conversations with perpetrators will be uncomfortable but they are necessary.

Avoiding the engagement does not help the survivor or the perpetrator.⁹⁵

⁹³ Dr. Katreena Scott "When We Know something is wrong: Secondary and Tertiary Intervention to Address Abuse Perpetration" at p. 7, section 2.2. (COMM 63214, Exhibit P-004634)

⁹⁴ Dr. Katreena Scott, Roundtable transcript: August 31, 2022 at p. 10, line 28 to p. 11, line 8 (COMM 64439)

⁹⁵ This was expressed in the comments of Kristina Fifield, August 31, 2022 Roundtable transcript at p. 41, lines 19-21 (COMM 64439)

In his Commission interview, Tod Augusta-Scott, Executive Director of the Bridges Institute in Truro described the Bridges program currently funded by the Department of Community Services, Nova Scotia. He described a three-phase program that involved working with both partners in a violent relationship to create safety and ultimately repair harm. Mr. Augusta-Scott noted the program involves individual, group and family therapeutic work with a restorative approach. He stressed that trauma work as a foundation was essential in the very early stages of such a program as trauma impairs an individual's ability to repair harm:⁹⁶

“Both trauma and gender are impairing guys’ ability to take responsibility and repair harm in their relationship, so in the initial stages sometimes... not being able to have conversations with me about violence which is often the case. I often have to build a framework or the foundation for those kind of conversations. And part of that foundation is finding out what’s important to the men, what their own values are, what they’ve been wanting for their partners and children... But also in terms of trauma, if guys are disassociating in the chair in front of me because they are not able to feel safe because they’ve been so battered and bruised by life... you know experiencing trauma as they begin to consider their own use of violence.”

Our Coalition wholeheartedly supports Dr. Scott's recommendations, which will require a significant infusion of resources and are summarized below⁹⁷:

5.1	Recommendations for Interventions to Address Abuse Perpetration	
1	Immediate response with risk management services to offer a range of intervention options;	
	Preventative public education	
	Collaborative multi-agency responses	
2	Combination of individual/group work with service models in the area of (a) substance abuse; (b) general criminal behaviour; (c) mental health; (d) fathering	
3	Program research - Collaborative meetings to enhance research and knowledge	
4	Build on existing capacity in the sector	
5	Culturally responsive approach	

⁹⁶ Tod Augusta-Scott, Interview transcript: March 31, 2022 at p. 6 (COMM 57339, Exhibit P-004128)

⁹⁷ Dr. Katrina Scott “When We Know something is wrong: Secondary and Tertiary Intervention to Address Abuse Perpetration” at pp. 40-41 (COMM 63214, Exhibit P-004634)

5.2	Recommendations for Engaging Perpetrators	
1	Indirect/direct messaging about abuse – Men’s helpline	
2	Access to services through police as early as possible and repeatedly and persistently offered	
3	Coordinate services for IPV perpetrators and substance use	
4	Professional education on recognizing IPV perpetration for health, child/family, social services, mental health providers	
5	Accessible public education campaigns to address IPV	
6	Recognize workplaces as key location for recognizing and responding to IPV perpetration ** need to consider policies, provisions, and training for renewals of licences and certificates to continue to practice	

VII. Community Responses Must Include Wrap-around Services for Both Survivors and Perpetrators

The “*Roadmap Towards a National Action Plan on Violence Against Women and Gender-based Violence*” contains a comprehensive guide for the wrap-around services that survivors require. Connecting perpetrators with competent wrap-around services is also urgently needed.

We note that in rural communities with less infrastructure, and fewer resources and services, this is of particular concern. As noted by Dr. Karen Foster during a roundtable focussed on rural community safety:

“...communities with lower levels of poverty and with lower levels of social inequality are safer, they have less crime of all kinds, and particularly, you know, interpersonal crime and violent crime. So we don't know, like the precise relationship between social inequality and crime, but in a general sense, I think we can say that increased inequality necessarily, like, you know, social/economic inequality, necessarily means an increased power differential, you know, between people who have power and people who do not. So it increases the vulnerability of people who are vulnerable, and it increases the power of people who have power to do bad things to vulnerable people, and it also decreases the community's ability to fill the gaps where institutional or formal supports are not available.”⁹⁸

⁹⁸ Dr. Karen Foster, Roundtable transcript: July 6, 2022 at p. 45 (COMM 59742)

Mr. Robert Wright shared a similar concern with the Commission regarding access to services in rural communities, noting that families experiencing violence are less able to rehabilitate from the dynamics that the violence causes in their homes. Mr. Wright stressed that a preventative approach will require families to be able to access services at a much earlier stage of their distress.⁹⁹

Ms. Dawn Ferris, Executive Director of THANS, informed the Commission that the current lack of services for perpetrators places a significant burden back on the victim to ensure her own safety.¹⁰⁰ Ms. Ferris stressed that 24-hour proactive wraparound services, including housing, mental health and addictions services, and poverty-reduction supports should be available for all household members, including a perpetrator. Ms. Ferris also noted the need for transportation to access services in rural areas.¹⁰¹ A proactive model of men's programming should also include a men's navigator to connect a perpetrator to all required supports and services.¹⁰²

Dr. Katreena Scott espoused "combined expertise" services, for example - substance use and domestic violence services. Dr. Scott suggested that substance use programs incorporate a risk assessment for domestic violence as part of their intake process. Skilled and trained facilitators are required to address both perpetration of abuse and substance use and addictions:

*"... those programs need to be embedded in a collaboration that right now doesn't exist so that substance use services are really recognizing and referring and working together with domestic violence services."*¹⁰³

VIII. Community Responses Must Address Sex Worker Safety

⁹⁹ Robert Wright, Interview transcript: March 9, 2022 at p. 10 (COMM 56208, Exhibit P-004124)

¹⁰⁰ Dawn Ferris, Roundtable transcript: August 31, 2022 at p. 12, lines 8-9 and 20-24 (COMM 64439)

¹⁰¹ Dawn Ferris, Roundtable transcript: August 31, 2022 at p. 32, lines 17-18 (COMM 64439)

¹⁰² Dawn Ferris, Roundtable transcript: August 31, 2022 at p. 37, lines 1-25 (COMM 64439)

¹⁰³ Dr. Katreena Scott, Roundtable transcript: August 31, 2022 at p. 25, lines 13-28 (COMM 64439)

Some of the participants in “*We Matter and Our Voices Must Be Heard*” were sex workers directly impacted by the perpetrator. While this occurred in an urban setting (the perpetrator’s Halifax dentist office), our Coalition is also cognizant of the safety concerns of sex workers in rural communities. As noted by Ms. Madonna Doucette during a Commission roundtable:

“I want to say that sex for survival is much more common in rural communities than people probably realise. There is people that have power, and they use that power to get what they want, and what they want is sometimes a body. And so there's a lot of people that are dependent on their very survival, and the only thing that they have to trade for their food or shelter is their bodies. And so sex work is, again, one of those invisible things that we don't consider in rural communities. We think sex work is something that's exchanged on a street corner, but it can be someone walking across a field to do their duty to get some food for their family.”¹⁰⁴

Our Coalition is concerned about the impact of criminalization on sex workers, many of whom are gendered and racialized and face other intersecting systemic barriers, such as racism, ableism, transphobia and poverty. In addition, Indigenous women are disproportionately represented in street sex work. Sex workers – especially street-based sex workers – often experience discrimination when trying to access healthcare, social services, housing, and financial services because of criminalization and social stigma against sex work. Our Coalition is also concerned about the conflation of sex work and trafficking in the current legislation, which has been criticized by many for being harmful for both sex workers and for victims/survivors of trafficking.

The Health and Safety of Survival Sex workers in Halifax and Truro, Nova Scotia, a commissioned report, outlines how sex workers experience community safety in rural Nova Scotia.¹⁰⁵ The authors explain how stigma and criminalization of sex work result in increased

¹⁰⁴ Madonna Doucette, Roundtable transcript: July 6, 2022 at p. 20, lines 20-27 (COMM 59742)

¹⁰⁵ Gayle MacDonald and Meredith Ralston, *A Study Contracted by the Mass Casualty Commission on the Health and Safety of Survival Sex workers in Halifax and Truro, Nova Scotia* (Sept. 2022) (COMM 64892)

violence against sex workers. The authors present the strategies that sex workers utilize to keep themselves safe, noting that a trusting relationship with a health care practitioner or community-based worker is hard won and essential. To address the increased risk of violence that sex workers experience, our Coalition requests:

- Provision of core funding to 24/7 operated services for sex workers and individuals who experience sexual violence, including sexual exploitation and trafficking. These services must be culturally responsive where individuals would have access to Black and Indigenous workers.
- Core funding to survivor-led organizations to run a 24/7 sexual assault line and to provide support to victims at the hospital who have experienced a recent sexual assault and needing to see the Sexual Assault Nurse Examiner (SANE) Program. Their position would help provide after-care support and help bridge victims to appropriate services and programs.
- Repeal all sex work-specific provisions in the *Criminal Code* applicable to sex work done by adults.
- Repeal immigration regulations that prohibit temporary residents and foreign nationals from working in the sex industry.
- Ensure that social supports – including income supports – are accessible and barrier-free for sex workers.
- With meaningful consultation and input from sex workers, commit to reviewing and reforming employment standards legislation to determine the best path forward in ensuring safe working conditions for sex workers.
- Meaningfully consult with sex workers about laws and policies (including their implementation) that directly impact their lives.
- Improve access to gender-affirming healthcare and social services.

IX. Institutional/professional Codes of Silence Must Be Countered Through Increased Screening, Accountability and Oversight Mechanisms

The Commission received evidence of the perpetrator’s professional misconduct, gender-based violence in his denturist office and his abuse of his professional power. He used his denturist

licence to sexually assault and exploit women on income support and was paid by the Provincial Government for his services. The women who participated in “*We Matter and Our Voices Must Be Heard*” articulated their concern that codes of conduct and complaints procedures for all professionals, including police, who they encounter in the community are not transparent. Further, the women voiced that a government funded professional should receive closer vetting. Kristina Fifield expanded upon this point in her contribution to a Commission roundtable:

“... creating safety for individuals that are needing to reach out to police or creating trust is there needs to be transparency and openness to that, and that needs to be a consistent message of accountability. And I do believe that these recommendations have been seen in all kinds of different reports, inquiries, police reports, and through this defunding the police, and there should be clear pathways of where this accountability lies, who's overseeing that, and that there's clear messages around that, and that is reflective in training, ongoing training, and that there's accountability to that. So can't stress that enough, and I believe that for individuals that I work with and individuals that are needing to reach out to police, survivors and victims of violence, that this is, like, essentially and vitally important for them, and that we need to make sure that that code of silence does not exist in police, and that these, you know -- that violence, there is accountability to that.”¹⁰⁶

The following recommendations (as listed in “*We Matter and Our Voices Must Be Heard*”) emerge from this theme:

- The Province of Nova Scotia must pass legislation to limit the use of non-disclosure agreements (NDAs) in abuse and harassment settlements, where victims are paid to be silenced about the violence they have experienced.
- Increase transparency and visibility of all provincially and federally funded services. Require professional Codes of Conduct and Complaint Processes to be published online and displayed in locations where services are provided to the public. Professionals registered to a professional body should additionally be required to post their Code of Ethics and Standards of Practice with their registration number visible to all service users. All service providers should be required to discuss their Code of Ethics, Code of Conduct, and complaint process

¹⁰⁶ Ms. Kristina Fifield, Roundtable transcript: September 8, 2022 at p. 86, lines 12-23 (COMM 64722)

with all individuals who access their services, so that an individual is informed of their rights.

- Increase transparency and visibility of all services provided by private practitioners. Require all professionals registered to a regulatory body to display their Code of Ethics, Standards of Practice, and registration numbers to ensure visibility to all individuals using their services. Require private practice professionals to discuss their Code of Ethics, Code of Conduct, and complaint processes with all individuals who access their services, so that all individuals are informed of their rights.
- Implement a third-party reporting program for victims of sexual assault, in consultation with community-based organizations and with a commitment to being accessible, trauma-informed, and culturally responsive.
- Require mandatory employer training on gender-based violence and violence in workplaces to address the cultural code of silence toward violence.
- Increase screening of government-funded professionals and organizations that provide services to marginalized persons. A vulnerable sector check as well as a review of disciplinary complaints/findings from the licencing body should be conducted before governments agree to fund a professional in a position of trust to provide services to marginalized individuals.
- Increase government awareness/recognition of the “red flag” of professionals providing services at a reduced cost to marginalized groups.
- The HRP and RCMP to develop and implement new policies to address the police *code of silence*. Education needs to focus on educating and empowering officers to challenge the illegal or unprofessional activities of their colleagues. All RCMP and HRP employees, supervisors and manager to receive continual training with respect for both existing and emerging departmental regulations.

X. Conclusion

Since 1995 experts have made thousands of recommendations to the Government of Nova Scotia, governments of other provinces and the Government of Canada to implement recommendations to counter gender-based violence in an effort to keep women safe.¹⁰⁷ It is

¹⁰⁷ “Changing perspectives: A case study of intimate partner homicide in Nova Scotia” (Health Canada, 1995) as summarized in *Environmental scan of prior recommendations* COMM0063226 at pp. 268-282 (COMM 63226, Exhibit P-004461)

disheartening to review the repeating narratives of homicide, missed opportunities of intervention, and findings and recommendations of commissions, reviews and inquests in which identical themes appear again and again. The Commissioners have questioned numerous times throughout the hearings, “how do we ensure that our recommendations are implemented? What have been the barriers to implementation and how do we address the barriers?”

One can look to the current difficulties in implementing the Calls for Justice of the *National Inquiry into Missing and Murdered Indigenous Women and Girls*. Despite a specific recommendation outlining the requirement for a national action plan, targeted and timetabled reporting and an oversight committee, the process stalled. No collective action plan materialized and parties began working separately from each other on their own action plans.

Our Coalition believes that this Commission must first order recommendations that are specifically worded with a clear directive and not phrased as a vague concept or ideal. Second, we suggest that a core working group be established to produce an action plan for implementation with specific and quantifiable short term, medium term and long-term targets to fulfill each recommendation. The working group should include representatives of those who hold the power to implement, as well as those subject to implementation. Our Coalition believes that it is critical that the working group work collaboratively on the action plan and not splinter into factions to create individual plans.

In addition, an oversight committee is required at the outset to ensure that the working group creates the action plan. A schedule of reporting requirements is required. Our Coalition believes that with the breadth of the Commission’s mandate it would be possible to have several working groups and oversight committees emerging in relation to the different subject topics of recommendations. Our Coalition requests to be granted membership on a working group in

relation to gender-based violence recommendations. We suggest that a Government of Nova Scotia representative, a Government of Canada representative, and representatives of the community organization participants be appointed to this working group. Also, we request that at least one position on the working group be reserved for a gender-based violence survivor to ensure that the expertise of lived experience is present at the table. Our Coalition believes that it will be essential that an oversight committee be independent from the working group to hold all parties accountable for creating the plan of action.

Our Coalition acknowledges that the recommendations we are seeking are not easy fixes. Collaboration between all various stakeholders will be essential to create an action plan and attainable targets. We agree wholeheartedly with the wise words of Sue Bookchin of Be the Peace in this regard:

“When issues are so complex and so intractable, we need to have the most accurate version of reality before we start creating solutions. And the most accurate version of reality requires all vantage points at the table. It needs to be 2SLGBTQ people, African Nova Scotians, Indigenous people, men. As someone said, the bulk of the responsibility for this work over decades, maybe hundreds of years, has been on the shoulders of woman. We need men to step up, like the men in this room. No one organization, no one government department, no one person can fix this. We need each other, but we need to build an infrastructure where we can learn together continuously, where we can mobilize the knowledge and the research that’s being created, where we can evaluate the things that we try on an ongoing basis and collect data about it, so that we can take innovative and wise action without creating more problems because we didn’t actually get the most accurate version of reality. It needs to involve government, academia, community-based services and survivors.”¹⁰⁸

Our Coalition recognizes the difficult work ahead to successfully implement the Commission’s recommendations. We commit our continued effort to make our communities safer in honour of

¹⁰⁸ Sue Bookchin, Roundtable transcript: August 31, 2022 at p. 99, lines 15-28 (64439)

all who lost their lives on April 18-19, 2020 and in support of those who are forever impacted by the perpetrator's violence.

Avalon Sexual Assault Centre, Wellness Within and LEAF recommendations in relation to gender-based violence:

1. All provincial governments and the Government of Canada to adopt, commit to and fund the Women Shelters Canada “*Roadmap Towards a National Action Plan on Violence Against Women and Gender-based Violence*”.
2. The Province of Nova Scotia to end the pro-arrest, pro-charge, pro-prosecution policy currently in place with respect to intimate partner violence.
3. The Province of Nova Scotia to end the moratorium on restorative justice for gender-based violence offences.
4. Provision of core funding for restorative justice options for gender-based violence offences.
5. Amendment of community-based service mandates to ensure that people have access to services for IPV and GBV without needing to report to the police or be connected and mandated to services by the courts or Child Protection.
6. Introduction of mandatory gender-based violence and bystander intervention training curriculum in the school system commencing in kindergarten and continuing until grade 12. The core curriculum should include education on sexual exploitation and trafficking, with care taken not to conflate sex work and trafficking.
7. Provision of core funding to community-based organizations (transition houses and sexual assault centres) for designated African Nova Scotian and Indigenous Gender-Based Violence Navigator and Legal Advocate positions, to work out of community-based centres and services. These positions would deliver proactive information about Child Protective Services, Victim Services, and community services available, and support for navigating the justice system. The navigator would be available to assist survivors in making informed decisions for themselves regarding whether to engage in formal systems, navigating those systems, if chosen, safety planning and connecting with other required resources and services.
8. Adoption of a Nova Scotia Community Network Model where a Community-Based Organization or the Transition House Association of Nova Scotia (THANS) coordinates, delivers, and has oversight of services at transition houses in the province. This would help create standards and equitable services across the province for those individuals experiencing intimate partner violence.
9. Fund paid positions and implement opportunities for survivors’ voices to serve on advisory committees and communities of practices committees.

10. Increase core funding to Transition Houses with a focus on expanding services in the areas of outreach, navigators, and educators with wrap-around supports that will make services more visible in communities.
11. Increase core funding to Transition Houses or community-based organizations to have trauma therapy positions for interpersonal violence (IPV). Ideally, each transition house in the province would be adequately funded to house trauma therapists to work with individuals who have experienced relational trauma because of intimate partner violence.
12. Untask Victim Services from the police (HRP and RCMP). Fund these services within the community.
13. Expand Victim Services' mandate to all victims of violence by providing accessible and low-barrier services. Services provided by Victim Services need to be accessible and visible in rural communities and require a Visibility Strategy.
14. Transition project/grant-based funding to core funding for gender-based violence community organizations.
15. Provision of core funding for perpetrator intervention programming adopting Dr. Katreena Scott's recommendations.
16. Provision of core funding for wrap-around services for perpetrators.
17. Provision of core funding for 24/7 operated services for sex workers and individuals who experience sexual violence, including sexual exploitation and trafficking. These services must be culturally responsive where individuals would have access to Black and Indigenous workers.
18. Provision of core funding to survivor-led organizations to run a 24/7 sexual assault line and to provide support to victims at the hospital who have experienced a recent sexual assault and needing to see the Sexual Assault Nurse Examiner (SANE) Program. Their position would help provide after-care support and help bridge victims to appropriate services and programs.
19. Repeal of all sex work-specific provisions in the *Criminal Code* applicable to sex work done by adults.
20. Repeal of all immigration regulations that prohibit temporary residents and foreign nationals from working in the sex industry.
21. Ensure that social supports – including income supports – are accessible and barrier-free for sex workers.

22. With meaningful consultation and input from sex workers, commit to reviewing and reforming employment standards legislation to determine the best path forward in ensuring safe working conditions for sex workers.
23. Meaningfully consult with sex workers about laws and policies (including their implementation) that directly impact their lives.
24. Improve access to gender-affirming healthcare and social services.
25. Legislation to limit the use of non-disclosure agreements (NDAs) in abuse and harassment settlements, where victims are paid to be silenced about the violence they have experienced.
26. Increase transparency and visibility of all provincially and federally funded services. Require professional Codes of Conduct and Complaint Processes to be published online and displayed in locations where services are provided to the public. Professionals registered to a professional body should additionally be required to post their Code of Ethics and Standards of Practice with their registration number visible to all service users. All service providers should be required to discuss their Code of Ethics, Code of Conduct, and complaint process with all individuals who access their services, so that an individual is informed of their rights.
27. Increase transparency and visibility of all services provided by private practitioners. Require all professionals registered to a regulatory body to display their Code of Ethics, Standards of Practice, and registration numbers to ensure visibility to all individuals using their services. Require private practice professionals to discuss their Code of Ethics, Code of Conduct, and complaint processes with all individuals who access their services, so that all individuals are informed of their rights.
28. Implement a third-party reporting program for victims of sexual assault, in consultation with community-based organizations and with a commitment to being accessible, trauma-informed, and culturally responsive.
29. Require mandatory employer training on gender-based violence and violence in workplaces to address the cultural code of silence toward violence.
30. Increase screening of government-funded professionals and organizations that provide services to marginalized persons. A vulnerable sector check as well as a review of disciplinary complaints/findings from the licencing body should be conducted before governments agree to fund a professional in a position of trust to provide services to marginalized individuals.
31. Increase government awareness/recognition of the “red flag” of professionals providing services at a reduced cost to marginalized groups.

32. The HRP and RCMP to develop and implement new policies to address the police *code of silence*. Education needs to focus on educating and empowering officers to challenge the illegal or unprofessional activities of their colleagues. All RCMP and HRP employees, supervisors and manager to receive continual training with respect for both existing and emerging departmental regulations.
33. Appoint a core working group consisting of MCC participant representatives with survivor representation to create a time-tabled, reported and collaborative action plan for the implementation of gender-based violence recommendations.
34. Appoint an independent oversight committee to oversee the creation of the core working group's action plan.