National Inquiry into
Missing and Murdered
Indigenous Women and Girls

Enquête nationale
sur les femmes et les filles
autochtones disparues et assassinées

National Inquiry into Missing & Murdered Indigenous Women & Girls

Truth-Gathering Process - Parts II & III

Institutional & Expert/Knowledge-Keeper Hearings:

"Child & Family Welfare"

Fort Garry Hotel, Grand Ballroom

Winnipeg, Manitoba

PUBLIC

Mixed Part II & III Volume XIV
Friday October 5, 2018

Panel V:

Dr. Allan Wade

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Grandmothers, Elders, Family Members & Knowledge-keepers: Lorraine Clements (National Family Advisory Circle – NFAC), Lesa Semmler (NFAC), Louise Haulli, Pénélope Guay, Leslie Spillett, Laureen "Blu" Waters, Bernie Williams, Dave McPherson (Firekeeper), Benjamin Morrisseau (Firekeeper), Annie Bowkett, Thelma Morrisseau & Stan Lapierre, Jenny Lay, Isabella Daniels, Velma Orvis, Mary Crate & Agnes Spence & Dawnis Kennedy

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MS. THELMA MORRISSEAU: So happy we could involve some of the Commissioners in the helping out with the ceremony, just to give them the strength that they need. And, when we do that, we think about all of you, we think about all the Commissioners, we think about the families, we think about all the community that has come out, the participants, people who have given testimony, expert testimony.

Before I offer my prayer, I would -- I just want to acknowledge a family member who has been upstairs doing therapeutic beadwork, that is Gerri Pangman McPherson. It has been incredible, the work that she has been doing and the women that have gathered around that table who have -- you know, they share, they share, they talk to each other and share stories, and that has been really, really healing.

It may seem simple, but it is so incredible what has transpired this week. And, I just want to give Gerri -- recognize Gerri in that way and that beautiful gift that she carries and the fact that she could share it with the community, with the women. And, it was not just families of the MMIWG, but it was anyone that went to the

table that wanted to do beadwork, and she was so gracious to help with that.

And, you see, I got one here. This beadwork was done by her daughter, Corley. And, Corley never beaded before, she just learned from her mom. And, just so ironic, her mother is quite famous for beading, but she just started this week. But, that is all good, eh?

So, this morning, once again, I think about why we are here, and I acknowledge the sacred doorways, (speaking in Anishnabe), acknowledge the sky realm, (speaking in Anishnabe). Those grandmothers who take care of the water, (speaking in Anishnabe). To our mother, the Earth, who continues to give us strength and sustain all of creation, for that water that flows through her, for that water that sits at that third level, midaywabo (phonetic), that most beautiful place we call, gwinajuwingay (phonetic). I think about those things.

I think about our relatives who have walked before, seven generations. And, as always, I ask them to come to be with us on this last day, to give us that strength, give us that wisdom, give us the courage to sound our voice, to speak that truth. And, to walk with us even after this day is completed, to walk with us, to continue to walk with the Commissioners, to lift them up

when they are walking with a heavy heart because this has been a really hard time, Creator God, and you know that. So, we are asking in a pitiful way, petition you to help them through this, give them the strength that they need and the good thoughts, that as they place their words upon that paper, it would be that truth that they have heard. And, that at the end of the time, that all of this will not be for not.

I ask Grandfather and Grandmother to continue to take care of our families of the missing and murdered Indigenous women and girls, the LGBTQ community, all of our people who are maybe lost on the streets, our children who are still in child welfare, our young people who are still in the justice institution. And, often, Creator, they graduate to the higher institutions, the jails, adult corrections.

There is much that pains our people, but I want to find comfort in this day. I want to find happiness and joy in this day, that we could all wake up today and witness this most beautiful sacred day, and to acknowledge that Grandfather Sun always acknowledges us, that that work in that eastern direction with those grandmothers, those women that help -- those spirit women. Female spirits that help to bring -- to bring the new day with Grandfather.

I want to say, kuching (phonetic) meegwetch for that, that you have once again allowed us to have breath today, each and every one. I am so grateful for life, so grateful for each and every one of you. In that way, I say these few words, Creator, and I ask you to take them to that place where they need to be. (Speaking in Indigenous language).

My niece, Tasha, is going to offer a prayer song, a ceremonial song. Meegwetch.

(MUSICAL PRESENTATION)

MS. SHAUNA FONTAINE: Meegwetch. Thank you, Thelma and Tasha. We are now going to ask Annie Bowkett to please light the qulliq for us.

MS. ANNIE BOWKETT: Ullaakuut, good morning. My interpreters are gone, now I will have to learn how to do it on my own, and I can do it. No, it is a beautiful morning and each day with the beautiful support of all of you, men and women. And, thank you for the people here and Commissioners. You are all wonderful, wonderful people.

I will light the qulliq now and just to -- and to remember the beautiful generations that were given to us from our past, from our ancestors.

And thank you for welcoming the Qulliq to all of you, First Nations and Inuit people. Inuit people,

us, as we are included to your beautiful community and where I live. Thank you.

And I will say a prayer, then I will lit *[sic]* the Qulliq in my dialect.

--- PRAYER IN INUKTITUT AND LIGHTING THE QULLIQ

ANNIE BOWKETT: Please go ahead and I'll do the Qulliq. I will flame it as we go along. Thank you.

MS. SHAUNA FONTAINE: Thank you, Annie.

Before we begin, we just want to let everybody know and advise that Commissioner Robinson is on her way home as it's her son's birthday. So she will be missing today, although she will be joining and listening in via webcast throughout the day. So we just all want to wish a very happy birthday to her son, Philip, and -- yay.

And we will take a quick 5 minutes to get Dr. Allan Wade settled and then we will reconvene. Thank you.

--- Upon recessing at 8:39 a.m.

--- Upon resuming at 8:47 a.m.

--- EXAMINATION IN-CHIEF BY MS. JENNIFER COX:

MS. JENNIFER COX: So, we're going to get started this morning, so if everybody could make their way to their seats?

Good morning, Chief Commissioner and Commissioners, elders, parties with standing. My name is

Jennifer Cox, and I am Commission counsel, and I am here with Dr. Allan Wade this morning. The first order of business is as the parties -- I emailed the parties late last night to indicate that I intended to qualify or seek to qualify Dr. Wade as an expert, specifically an expert in the area of psychology, including psychological research, social interaction, interpersonal violence, psychotherapy, critical disclosure analysis, which I describe as language used for violence and responses to violence, working with perpetrators of violence, and finally, working with Indigenous communities to develop frameworks to address violence.

So, I realize that's a bit of a mouthful. In terms of qualifying Dr. Wade, the parties were provided with a curriculum vitae, which is marked as -- in Tab A of the disclosure materials that were provided. Commissioners, you have been provided with a copy of the curriculum vitae. So, I would like to have a brief discussion with Dr. Wade about the contents of his C.V. prior to qualifying him or seeking to qualify him.

So, Dr. Wade, is this a document you recognize?

DR. ALLAN WADE: I do, yes. That's my C.V.

MS. JENNIFER COX: So, in addition to the C.V., I noticed that there was a few things that weren't

added to it, and particularly, the fact that you have been qualified as an expert in the past; correct?

DR. ALLAN WADE: Correct.

MS. JENNIFER COX: And, can you provide the Commissioners and the parties with standing with some evidence as to how you've been qualified as an expert in the past?

DR. ALLAN WADE: I was invited to be part of the expert panel on the changes in the *Family Law Act* in British Columbia by the Honourable Donna Martinson.

MS. JENNIFER COX: Okay.

DR. ALLAN WADE: I participated in that and provided evidence throughout that process. Subsequent to that, I've been doing analysis of family law reports by experts, and also developing those reports in cases of interpersonal violence, and I've been qualified as an expert in the Yukon and British Columbia in that capacity.

MS. JENNIFER COX: So, Chief Commissioner, if I could have that, the curriculum vitae of Allan Wade marked as an exhibit? And, as I indicated, I'm seeking to qualify, subject to the objection of the parties, Dr. Wade as an expert, as I indicated.

CHIEF COMMISSIONER MARION BULLER: Certainly. The C.V. is marked as Exhibit 50, 5-0.

--- Exhibit No 50:

CV of Dr. Allan Wade (12 pages)

Witness: Dr. Allan Wade

Counsel: Jennifer Cox, Commission Counsel

CHIEF COMMISSIONER MARION BULLER: And, we're satisfied that Dr. Wade has the requisite experience, education and more than enough knowledge, I suppose, to be qualified to give expert opinion evidence with respect to the area of psychology, psychological research, social interactions, interpersonal violence, psychotherapy, language, working with perpetrators and also working with Indigenous communities. And, if I've missed something, I hope I didn't. I think I got all of the areas as set out by Commission counsel.

MS. JENNIFER COX: I would just add working with Indigenous community to develop frameworks to address violence, too, Chief Commissioner.

CHIEF COMMISSIONER MARION BULLER: Yes. Certainly, we will add that. Thank you.

MS. JENNIFER COX: So, Dr. Wade, perhaps we can start with you telling -- aside from your curriculum vitae -- oh, we haven't done the oath. Sorry.

MR. BRYAN ZANDBERG: I was trying to get your attention. Good morning, Dr. Wade.

DR. ALLAN WADE: Good morning.

MR. BRYAN ZANDBERG: Dr. Wade, do you solemnly affirm to tell the truth, the whole truth, and nothing but the truth?

DR. ALLAN WADE: I do.

DR. ALLAN WADE, Affirmed

MR. BRYAN ZANDBERG: Thank you.

DR. ALLAN WADE: Thank you.

MS. JENNIFER COX: So, Dr. Wade, I'm just wondering if you could tell the Commissioners and the parties with standing a little bit about your work with particularly Indigenous people in the past number of years?

DR. ALLAN WADE: Sure. I was a -- 1979, 1980, 1981, I was a special education teacher in Prince Rupert. All the kids in my class were Haida and Tsimshian. They were all Indigenous kids. And, I remember sitting around on -- we used to call it "Meet the Creature Night". That's when the parents are supposed to come in and meet the teacher. And, none of the parents of the kids in my class were coming in.

So, I remember sitting in the staff room with my colleagues having a smoke, as you do. "Where are all the parents of the children in my class?" And, I really had no idea where I was, what kind of role I was playing in the project of empire, what I was supposed to

be doing, who the people in my class were, who their families were. I really had no idea whatsoever. And, I had no idea that I had no idea.

So, my partner Kathy and I moved from Prince Rupert to Cowichen territory on the southeastern part of Vancouver Island 37 years ago, and I started doing youth work, and working as a -- in addictions as a counsellor and so forth, and I started to meet people who had had direct experiences of many different kinds of violence, many of them Indigenous kids and their families.

And, in that context, I started to hear about the prison camps that we euphemistically and, in my opinion, wrongly call residential schools. They weren't residences, they weren't schools. And, that was initially shocking information for me. I had no idea, and I was astonished at the impressive magnitude of my ignorance. I thought I must be uniquely ignorant, because I certainly -- nothing in my school record would indicate that I wasn't ignorant.

So, I started talking with elders, asking elders, "Can you tell me a little bit about this?" And so, I talked with people like Fran Tate, and Gillian Harris, and Donna Moon, and many other people, and they spent time with me and tried to tell me a little bit about, actually, their experience of my culture.

So, I was shocked by that. And so, I thought, how was this ignorance produced in me? How did this happen? So, I went back and I started looking at my high school history textbook. Canada: A Nation Developing. And, really, the whole book was written applause for the heroic pioneer missionary who came to the New World to bring civilization to the savages, and braved deprivation and hardship.

And so, I began to see the exact ways in which I had been lied to, and all of the other people my age had been lied to, and I realized I'm not uniquely ignorant, I'm the product of a successful colonial education, raised on bleached histories.

So, I began to look into that and started working more and more with Indigenous folks. I met a woman called April Buffalo, who is Buffalo Robe, who has recently passed. April spent a lot of time with me, trying to, kind of, catch me up. And, I am just ever so grateful for their generosity.

I, then, started to do research in the context of a PhD program, I met a woman called Linda Coates, and we began to study language. And so, I was looking at the language of colonialism and Linda was looking at the way the judges use language in sexual assault trials in Canada, and we saw extraordinary

similarities in the way that language was used to make violence disappear, to protect the perpetrator, to blame and pathologize the victim.

So, we began to study language. And, not long after that, I received a phone call from a Kaska Dene woman called Linda McDonald who said, well, we want to get going an Aboriginal Healing Foundation project, and it says in the project that we need to have a -- I think the term was a western psychotherapist, which is code for educated white person. To come in and, sort of, oversee everything.

So, a psychiatrist and I got invited to come, a guy called Robin Routledge, and we were really excited and awed by this opportunity and not sure we were really up to it. And then a week later, Linda McDonald phoned back and said, I am sorry, the money is gone. We do not have the money to bring you up anymore. And, we were disappointed. And then a week later, Linda McDonald phoned back and said, I found some money. I can hire you guys to come up and be camp cooking instructors. So, myself and a psychiatrist were hired to be camp cooking instructors, and off we went to Watson Lake, Yukon, Kaska Dene homeland.

And so, we have this meeting at Two Mile Hall, and unfortunately, there was news about the meting

that we were going to have a conversation about residential schools. People have been told this and, unfortunately, the people who signed up for the camp cooking program were not aware of that.

So, we are having this conversation and an elder spoke up and she described how she tried to run away from Lower Post Prison Camp once in the middle of the night at 40 below. And, she is running down the road trying to get away, she is in her pyjamas, it is absolutely freezing, she hears the trucks start up. Everybody knows that green truck. She hears the truck start up to come and get her. And, as the truck comes down the road, she leaps over into a snow bank, and she describes how as the truck went past, she was making snow angels in the snow.

So, you know, we have conversations like that. And then after a little while, one of the young men, Russell -- I think it was Russell, Ann, wasn't it? There is Ann Maje Raider way at the back, nodding her head. Thank you. And, Russell sticks up his hand and he -- he is there for the camp cooking program. He sticks up his hand and he goes, excuse me, what the fuck does this have to do with camp cooking? So, that was my introduction to Watson Lake and working with Kaska Dene folks.

Shortly after that, Ann Maje Raider left political office, started the Liard Aboriginal Women's Society. And, I began working for the Liard Aboriginal Women's Society about 20 years ago, and for the first five years, that was a week a month for five years, and we have had a long collaboration. And, on my end at least, it is a love affair for 20 years, and I feel like they have been fantastic mentors and teachers, and a great support to me personally and my family.

I also continue to work with Indigenous people in the area that I live, Cowichan territory on Vancouver Island, and also increasingly with Sami people in the Nordic countries, Maori people in Aotearoa, Aboriginal Torres Strait Islanders in Australia. Thank you.

MS. JENNIFER COX: And so, what we are here to talk about, and we will get into some of the work that you have been able to do particularly with Ms. Raider later, but ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- let's talk a little bit about what we are here to talk about today, in terms of the concepts and the work that you have done, the theories behind it.

And, I have a couple of questions to maybe

just, kind of, start the conversation. And, one is, can you explain to both the Commissioners, and the parties with standing and those in the audience, what a response-based practice is.

DR. ALLAN WADE: Yes. If I came across a response-based practice, how would I know? Well, we started -- when we started talking with people who had experienced immense violence, we notice that people invariably respond to and resist violence. And, I will give examples of that as we go along. People resist violence as it happens and often long after.

Resistance is a response to violence. It is not an effect or an impact of violence. Most of the working -- the helping professions has been aimed at identifying and treating effects and impacts, which in our view portrays people as objects not as competent social actors. So, when we are talking with people about these kinds of experiences, we tend to focus on how people responded to them. When you ask people those questions, you get a lot of information about how people try to take care of one another, try to stop the violence, try to preserve their dignity and so forth.

So, response-based practice is a practice that attempts to identify how people respond to and resist violence and other forms of oppression.

MS. JENNIFER COX: And, the objective of determining how they respond to violence or oppression, what is the purpose of doing that?

DR. ALLAN WADE: Well, most of the time, when you begin talking with people, they have had some discussions often about how they have been affected and impacted. Rarely do you ever meet a person at the beginning who has had the opportunity to explore and acknowledge their own history of resistance. All the competencies and capacities, the dignity, the strength of spirit, the teachings, intergenerational teachings that are part of their history of resistance, it gets obscured in the practice of counselling and therapy itself.

MS. JENNIFER COX: And, the value of showing, or explaining or talking about resistance to an individual in particular, what value does that give them?

DR. ALLAN WADE: Well, often people say things to you like, you know, why do I pick these guys, or I do not have any boundaries, or I do not have any self-esteem or it was because I was abused as a child. And so, people talk about themselves, and are talked about by professionals, as if they were passive, as if they did nothing, as if they did not do anything to try to take care of the situation.

But, that is a falsehood. When you talk

with people, that is not the case. And so, people begin to -- when their responses are acknowledged, they begin to get a sense of, I did what I could. Maybe I could not make it stop, but that does not mean that I let it happen. And, you begin to notice how people take care of one another in horrible circumstances and try to protect themselves and loved ones.

So, it becomes a process of acknowledging their pre-existing capacity, their pre-existing agency, their pre-existing ability, and all of the ways in which they have tried to stop the violence and improve their lives.

MS. JENNIFER COX: So, would it be fair to say that by helping them understand the strength and the resistance, that empowers them to move forward?

DR. ALLAN WADE: Yes. Well, yes, I mean, you go from, I am to blame to the offender is to blame. You go from, there is something the matter with me, I am the problem; to violence is the problem, I am not the problem. You go from, I do not have any boundaries to, no, I do have boundaries, it is just that he did not respect them. So, the person begins to, kind of, shift and possibly see themselves in some very different ways.

MS. JENNIFER COX: And so, what we are here to talk about generally, Dr. Wade, today is around

violence.

DR. ALLAN WADE: Right.

MS. JENNIFER COX: We have talked a little bit about it as we have gone through but ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- one of the things that I think really would help everybody understand what we are talking about today is why do we need to talk about violence? Where is violence in the scheme of things ---

DR. ALLAN WADE: Right.

MS. JENNIFER COX: --- in society?

DR. ALLAN WADE: Sure. I can talk -- I have some slides related to that, that I could show.

MS. JENNIFER COX: Okay.

DR. ALLAN WADE: That might be easier. But, essentially, interpersonal violence broadly defined is without question the most serious problem of our times. And so -- and child protection practice and the other systems of professions we have are organized responses to the problem of violence primarily. And so if we're going to respond effectively, we need to begin with a really clear and contextual understanding of what violence is, how it works, how people respond, how it's described, how professionals deal with it, how others around the people who are harmed respond, and what that means going forward.

So that's what I want to try to describe today.

MS. JENNIFER COX: And would it be fair to say that, you know, that violence or violence that continues to occur it sort of undermines all of the things that we -- the symptoms that we see? So for example, mental health issues, incarceration rates?

DR. ALLAN WADE: Right. Yeah. Depending on the jurisdiction, 70 to 80 percent of people who get a diagnosis of serious mental illness also report significant violence and trauma histories. People with -- people that are homeless, living on the street, people with serious substance abuse issues at disproportionately high rates report experiences with violence and other forms of adversity. People who are incarcerated, who are convicted of criminal activities, 90 percent in Canada of imprisoned people report significant experiences of violence. The best single predictor of whether or not a child will get a diagnosis of a mental illness as an adult is whether or not they experienced violence as a child.

So there's no question that the main problem we're dealing with across all these social problems is interpersonal violence. It follows that if we get better at dealing with violence, we get better at everything.

MS. JENNIFER COX: And so what we're here

to talk today would be your opinion as to how we should respond to violence; right?

DR. ALLAN WADE: Yeah. Well, I'm not big on should's, but we do have some ideas about this that we've been developing over a period time with the Liard Aboriginal Women's Society and with other groups.

MS. JENNIFER COX: And so would you agree with me that reporting violence should do three things?

DR. ALLAN WADE: M'hm.

MS. JENNIFER COX: It should increase the safety of the individual ---

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: --- provide the dignity to the individual, and provide justice to the individual?

DR. ALLAN WADE: Yeah. It should. Unfortunately, a vast majority of victims when you ask when you reported the violence did your life get better or worse, most will tell you their life got worse. So what that means is that as public institutions, we are not responding appropriately right across the board, not only in child protection.

MS. JENNIFER COX: And I guess would it be fair to that your -- in your opinion if we don't respond appropriately, whether that's as an individual or as a system, or a government, that we are perpetuating the

violence?

DR. ALLAN WADE: Yeah. The single best predictor of the level of a victim's distress is the quality of the social responses they receive from others. That's a better predictor than is the severity of the violence.

MS. JENNIFER COX: And so the social responses, let's break that down a little bit or unpack that.

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: What is a social response, an example?

DR. ALLAN WADE: The term social response refers to how do your family, friends, colleagues, people who know you, how do they respond when they learn about violence? So for example, if you're abused by your partner and you phone your dad, and you say, "Dad, Bill beat me up", and your dad says, "Honey, we told you Bill's an asshole. You made your bed, you've got to lie in it", now you know that you're on your own and you now you have to deal with Bill without the support of your family. If you had the support of your family it would be a different -- you could deal with Bill in different ways.

Similarly, if you know -- if you're an Indigenous woman living in Northern Canada, you know that

if you call police about being assaulted, there's a very good chance the child protection authorities will remove your children. So why would you do that?

So the -- if we have incompetent militias, unformed state responses to the problem of interpersonal violence, it makes everything worse.

MS. JENNIFER COX: And in terms of violence itself, I think we had a conversation about the fact that it's a deliberate act?

DR. ALLAN WADE: Right.

MS. JENNIFER COX: Could you sort of elaborate a little bit about that?

DR. ALLAN WADE: When you look closely at virtually all forms of violence, you see that people who commit violence understand that victims will resist. So for example, just taking so-called domestic and family violence, gender-based violence by men against women.

Men know that women do not like to be treated disrespectfully. That's why, you know, if a man wants to get together with a woman and just get to know her better, when they first meet he doesn't go up to her and say, "Hey, Bitch? What do you say I slap you around a little bit, we'll call you a few nasty names, we'll go to my house; it's going to be great?" Men don't do that because women don't want to be abused. Men actually know

that women are not unconsciously attracted to abusive men; only psychologists think that's the case.

So -- and when you look at -- and when you ask women what was it like in the beginning, almost all the time they'll say, "It was great, it was fantastic. He was really, good, kind, sensitive, loving, got on well with the kids." So if that man didn't know how to behave appropriately, he couldn't even have pretended to do that.

So when you -- you also find control and deliberation in the middle of what are -- seem to be really explosive attacks, when you look at stranger rapes and also rapes in intimate relationships, you see the perpetrator exercising strategies to anticipate and overcome the resistance of the victim. When you see those strategies, you see that violence is a lot more deliberate than is conventionally assumed to be the case.

Often people who perpetrate violence are portrayed as out of control, as though they don't know what they're doing, "I just lost it, I saw red, she pushed my buttons, it's my anger issues", and so forth, "I was triggered". We use all those kind of language to portray perpetrators of violence as victims of forces they do not understand and cannot control, and then we turn victims into perpetrators of their own misfortunes. And the profession that is most responsible for that is

psychology.

MS. JENNIFER COX: And so would it be fair to say that excuses for violence or finding, I guess to use your words, excuses for violence ---

DR. ALLAN WADE: Right.

MS. JENNIFER COX: --- doesn't involve taking responsibility for the act itself, or it doesn't assist?

DR. ALLAN WADE: Yeah. Well, this is going to sound strange, but if a person that had committed violence didn't offer an excuse or a justification, that would actually be a little bit bigger problem, possibly. Because what men will often do is they'll so, "Oh, well I, you know, was just so drunk; I didn't know what I was doing", because they know that what they did is wrong, and they know that you know, and you know that they know that you know what they did is wrong.

And so they're going to offer some justification because they want to say to you, "Look, what I did was wrong, I know what I did was wrong, but I'm not a non-redeemable human being; I need you to understand that there's a context." So you have to listen to that without buying into it.

And so if a person says, "I was just so drunk, you know, I just lost it", you can then say to that

person, "So what you're telling me is if you weren't drunk it would be wrong to hit your partner. Why do you feel it's wrong to hit your partner?"

So excuses and justifications are actually useful to engage with people about it, because a person would not bother to deny or excuse their behaviour if they didn't already understand completely that it's wrong.

MS. JENNIFER COX: So having that discussion, basically, in a therapeutic environment, allows you to expose the behaviour as wrong?

DR. ALLAN WADE: And at the same time, highlight the fact that the person was in control of making decisions, acting deliberately, so you end up pulling the rug out from under the idea that I didn't know what I was doing, or that I couldn't help myself.

MS. JENNIFER COX: And in essence, by having that conversation or that dialogue with the individual that -- and you have experience. One of the things that you have experience doing is working with perpetrators of violence; correct?

DR. ALLAN WADE: M'hm. M'hm.

MS. JENNIFER COX: And in that conversation, you essentially are empowering them to address the behaviour head on. Is that a fair...?

DR. ALLAN WADE: Yeah. I mean, my

colleague, Nick Todd, and the women at the Calgary Women's Emergency Shelter, Gillian Weaver-Dunlop and Cindy Ogden, and others, have really pioneered beautiful work in this arena.

MS. JENNIFER COX: M'hm.

DR. ALLAN WADE: So you don't get anyone to behave better by humiliating them. You can't responsibilize *[sic]* a person, you can't shove responsibility down their throat. What you can do is create a context of dignity and respect in a really focused way that highlights their competency, their deliberation, and their choice making to engage a person in a conversation where they'll come forward and be accountable and talk directly about what they did and take responsibility for creating safety in the future. That's essentially how we approach the practice.

MS. JENNIFER COX: And that's a sustainable way to address ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- sort of a -- a more sustainable way? That would be your opinion, that it would be more sustainable to address violence of perpetrators by doing that?

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: And likewise, when we're

dealing with victims of violence you have opinions as to sort of the resistance and how you identify the acts of resistance, and I'm wondering if you can sort of -- because we're talking about basically two different sides of it.

DR. ALLAN WADE: Sure. Right.

MS. JENNIFER COX: From the victim's side, there's an empowering that goes on, as I understand it, from the identifying or helping the victim identify those acts of resistance.

DR. ALLAN WADE: Right.

MS. JENNIFER COX: I'm wondering if you can elaborate a little bit more on that for the Commissioners and the parties with standing?

DR. ALLAN WADE: Sure. I mean, I have examples I can show you.

MS. JENNIFER COX: And, we can go to the PowerPoint if you'd like.

DR. ALLAN WADE: It will be easier to show you examples that way.

MS. JENNIFER COX: Sure. Okay. So, if you could get the PowerPoint? And, for the purposes of the record, Chief Commissioner, it's Tab J of your binders. So, I'm going to ask that that be marked as an exhibit, please.

CHIEF COMMISSIONER MARION BULLER: Yes. The PowerPoint is Exhibit 51.

--- Exhibit No 51:

Powerpoint "Justice on the Land: Violence, Resistance and the Power in Language" (43 slides/pages)
Witness: Dr. Allan Wade
Counsel: Jennifer Cox, Commission Counsel

MS. JENNIFER COX: So, Dr. Wade, if we could just have the next slide?

DR. ALLAN WADE: Next. Next. Okay, I've covered this. Next. Yes. It's important to understand that one form of violence enables other forms of violence. So, in cases of so-called domestic and family violence, you're also more likely to learn that the partner has raped their partner. You're also more likely to find child sexualized abuse, and so forth.

So, when you're assessing for violence, domestic and family violence, child abuse, you're also more likely to find children reviewing porn, and there's porn on the home computer. So, you need to understand the connections between the different forms of violence and how they enable one another. Next slide. Next slide.

No, if you can back up, please?

Yes, I just wanted to emphasize that -- and I know other speakers have done this, but I also want to stress this, that Canada is an actively colonial nation. We're not in a post-colonial era; not even close, in my humble opinion. And so, it's very important to understand that, because in my view, you can't understand gender-based violence outside of understanding the role of gender-based violence in a colonial society, because one of the hallmarks of colonial societies are extraordinary efforts to conceal the truth, to conceal the facts.

So, for example, and I will come back to this later, you know, our *Criminal Code* portrays violence against children as sex with children. We talk about porn violence as sexual activity. You know, we use all kinds of language to make the violence go away. We talk about genocide as -- you know, a former politician in Canada referred to the genocide by Europeans against Indigenous peoples as "our historical relationship problem".

You know, sexualized assault is called intercourse. Forcing your penis into the body of a child is called anal intercourse. So, in colonial societies, we go to great lengths in official documents, policy, mental health practises, criminal codes and so forth, we go to great lengths to conceal violence.

So, when you're trying to address gender-based violence, you're already -- you're doing that already in the context of a society where you refuse to tell the truth about violence. You blame victims, and you refuse to name perpetrators in many cases. So, that makes it difficult to address every form of violence, that we are living in a colonial context. That's why I think it's important to emphasize this. Next slide.

So, just to give you an example, eight months after the apology in our Parliament by Stephen Harper to First Nations, Inuit and Métis peoples in Canada, he was interviewed in Pittsburgh, and he said, "We're so self-effacing as Canadians, we sometimes forget the assets we do have that other people see. We're one of the most stable regimes in history," forgetting we're only about 140 years old. "We also have no history of colonialism."

So, this is eight months after apologizing for the genocide in the House of Parliament. I mean, how is it really possible to begin to address these multiple overlapping forms of violence when we have lies of this magnitude being trotted out by our political leaders? Next slide.

And, we also, Canada, is committing colonialism in other countries, for example, through our

mining industries. This is an example in May. Several Indigenous women from Papua New Guinea came to appeal to our government to stop the sexualized violence committed against them by employees of a mining company in Papua New Guinea that had been ongoing for six or seven years. Now, in the last three or four months, we have a mining ombudsman in Canada for the very first time. I think it will be very interesting to see whether or not that person is addressing this problem. Next slide.

So, if violence is such a prevalent problem, violence of many kinds, interlocking forms of violence, would it not make sense that anyone who becomes a helping professional working with other humans, would have significant training in understanding interpersonal violence? Would that not follow?

So, if you look at the curriculum of medical schools or school teachers in Canada, how much training do school teachers get in understanding interpersonal violence? None. Medical doctors, little to none. Lawyers and judges, little to none. Psychologists, little to none. Social workers, the same. Police, the training in depot, the RCMP training in depot is, at best, thin. Nurses, government officials, and so on.

So, really, we have created -- it's as though we have created a medical school program where

there are no courses in cancer or diabetes. It's astonishing when you think about it. Every study shows that interpersonal violence is at the heart of our social problems, and every professional group is deliberately untrained. That's a recipe for disaster. That's how you make things worse. You could create a committee of drunk people, put them in a room for six months, and ask them to make it worse; they couldn't.

So, one of the things we're trying to do is to improve the capacity of all professionals working in this arena to understand the core issues and to respond appropriately in a safe, and dignified, and effective manner right across the board to improve social responses at every point of contact. That's the project.

MS. JENNIFER COX: If I could just stop you? You mentioned a mining ombudsman.

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: And, I'm curious a little bit about that. I'm wondering if you can explain to the best of your ability what you know about that?

DR. ALLAN WADE: Well, yes. Indigenous people, globally of course, are having real challenges with extractive industries. This is the case in Canada; it's the case in many countries. There are some really important researchers studying the relationship between

extractive industries and Indigenous peoples globally.

They just had a gathering in the Yukon, the Liard Aboriginal Women's Society where they're really combining addressing colonial violence and domination, and violence against Mother Earth together. They go together. And so, more and more people are attempting to pull these efforts together, and for me, that's extremely hopeful that's happening.

So, now we have a mining ombudsman in Canada, presumably to oversee the activities of mining industries. So, I think we should give that person a call and ask them what they're doing.

MS. JENNIFER COX: And so, this is a person employed by the Government of Canada?

DR. ALLAN WADE: Yes. Just recently appointed by the Government of Canada, yes.

MS. JENNIFER COX: Okay. So, one of the things that you talked about was the training. We talked a little bit about the training that's not provided.

DR. ALLAN WADE: Right.

MS. JENNIFER COX: From your perspective, could we now go into what type of training these folks should be given?

DR. ALLAN WADE: Yes, I think that's -- yes, I think we should.

MS. JENNIFER COX: Okay. So, from your experience -- and you have been providing training, have you not?

DR. ALLAN WADE: Yes, we have. Other people have as well.

MS. JENNIFER COX: Okay.

DR. ALLAN WADE: But, yes, I can show you if you want. This is a very important statement to me. Beverley McLachlin argued that "judges must be provided with evidence which allows them to appreciate the lived reality of the men and women and children who will be affected by their decisions. That is to say judges need context. They need detail. And so, we need to have practise models, ways of understanding that puts these issues into context for every person." Next slide.

So, this is a map that kind of does that. It's not perfect, but it's a kind of a map that does that, and I'll just explain what this means. So, in order to work with anybody, you really need to understand who they are, don't they? What's their context, where they live; who are they culturally; do they identify as queer or straight; do they have money; do they have a vehicle; are they geographically isolated; how's their health; do they have kids; who lives with them? You know, you really need to get a sense of who people are.

Because, for example, as one woman in the Yukon told me, "Every time he -- after he beat me up, he wanted to have sex on my body." That was her phrase.

So you're that woman, and you're living, let's say in Ross River, and you know that it's going to take police maybe 2 hours to get there. So when he climbs on your body, after he's beaten you up, how do you respond to him? If you kick him in the balls, and you push him off you, and you scream and yell, and you run out of the house, who's going to be there to protect you? If the police are not going to be there for 2 hours, he's got 2 hours to track you down and rape you.

So what do you do? Maybe you go elsewhere in your mind and you go limp in your body so that you don't get injured. That's a different form of resistance. So in other words, the way in which the victim resists the violence by the perpetrator is tied to the geographical, social context. It's not a matter of her personality structure; it's a matter of the material, social realities in which she is living.

So another example, you're an 8-year-old boy, you're being repeatedly raped by your uncle. This occurs at your house when your uncle comes over to babysit. So you know, what do you do? Your uncle is your father's favourite brother, you know that. You don't want

to tell your father because you don't want to hurt your father, or maybe you don't want your father to get angry at you and not believe you. So you don't tell your father, but what do you do?

You wear three pajamas -- three pairs of pajamas when you go to bed at night. You refuse to eat anything your uncle cooks for you. You refuse to call him uncle, you call him Bill. You refuse ever to have your photograph taken with him. You make yourself sick when you know that your parents are going to go out and he's going to come over to babysit.

So you're forced to resist his violence without your father's support because of the context of the time. So what kind of social responses you can anticipate for many people, victims are always taking that into account in how they respond to and resist the violence.

If you were beaten in a busy nightclub, you might fight back physically because there's 200 people there who might step in and help you. But if you're attacked in isolation in a parking lot at 3 o'clock in the morning by four great big people and you're all by yourself, you might not fight back physically, you wouldn't be smart. You might "turtle", as they say in hockey, just to get through it without a head injury. So

the way in which the victim responds is always tied to the context.

That's what this map means. So this is all information that you have to have in any comprehensive analysis or assessment of interpersonal violence.

MS. JENNIFER COX: And so in developing frameworks and coming up with solutions for the interpersonal violence ---

DR. ALLAN WADE: Right.

MS. JENNIFER COX: --- this is basically the first step?

DR. ALLAN WADE: Right. This is basic information.

MS. JENNIFER COX: Right.

DR. ALLAN WADE: Yeah. This is -- these are -- this is built up from what people have told us over many years. See, one of the first questions we ask people always is, "Well who knows about this?" "Well, I told my sister." "Okay. Why not your brother?" "Well, 'cause he's just like my husband."

MS. JENNIFER COX: But ---

DR. ALLAN WADE: "So what does your sister do?" "Well, she comes over and helps with the kids so I can get out once in a while."

So people are always hoping for positive

responses from other people so that they can better address the problem.

MS. JENNIFER COX: So when it comes to the work that you've been doing in the communities ---

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: --- one of the things that you're doing is assessing the community responses, particularly?

DR. ALLAN WADE: Right. Right.

MS. JENNIFER COX: So the RCMP, the Child and Family Services ---

DR. ALLAN WADE: That's right. Right.

MS. JENNIFER COX: --- in addressing that response?

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: Would that be fair to say?

DR. ALLAN WADE: Yes. We're trying to encourage every professional group to obtain better training, to understand that people resist violence, to not blame victims, to be decisive about how to respond to perpetrators, to understand the colonial context, and what means for how you have to work as a police officer, as a child protection worker. Yeah.

MS. JENNIFER COX: Okay.

DR. ALLAN WADE: Yeah. I've given a couple of examples, but Jenna -- this is an Indigenous -- 13-year-old Indigenous girl, who phoned police to report that her father had been assaulting her mother.

So the police came. They arrested her father, took him to cells, charged him, called the child protection authorities, who came and removed her from her mother's care because she disclosed that her father had been violent over a long period of time. And this was the first time she'd phoned, so the child protection authorities said that her mother had failed to protect her.

She went into a foster home, a European foster home. The foster parents had all kinds of questions about, "Well, you know, the past is the past; why can't you people just get over it?", you know. So she gets racism in the context of the foster home.

She tries to get back to see her mother. She's not allowed to do so. She starts cutting.

When she starts cutting, she's referred to a psychologist, and the psychologist decides that she needs to be taught self-regulation and containment skills. This goes on for 4 or 5 months. She's still cutting, now quite dangerously as well.

Eventually, a family friend refers her to our team. We see her, and we learn very quickly that the -- a few days before she phoned the police on her father, she had overheard her mother having a telephone call with her sister, that is, the girl's auntie, and saying on the telephone call, "Will you take care of Jenna; I can't live with this anymore? Will you take care of her when I'm gone?"

So basically, Jenna was hearing her mother talking about suicide. So she wanted to get back to see her mother to protect and defend her mother because she was worried about her mother committing suicide.

She was cutting because she was not allowed to protect her mother. She was cutting because of the negative response of putting her in a white foster home and not allowing her to be with her mother. She was cutting because her mother was in such despair. In other words, Jenna's cutting was a form of resistance to an incompetent and malicious state response. And that's not uncommon.

MS. JENNIFER COX: So instead of looking at the cutting as a ---

DR. ALLAN WADE: Mental illness.

MS. JENNIFER COX: --- negative -- yeah, or mental -- in negative ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- the negative lens, it should be of, you know, looking through the lens of resistance? That's a positive response.

DR. ALLAN WADE: Yeah, positive and negative. You know, I would never want to call cutting positive. But if you -- and I would never want to say that cutting is always a form of resistance. It isn't. It is for some people sometimes.

But at least you see that there's -- the behaviour is purposeful. There are reasons. It makes sense in the context, and when we acknowledge the context, it often relieves the person of the sense that they have to do this in order to deal with the pain that they're experiencing.

MS. JENNIFER COX: And rather than looking at the individual, in a sense, the remedy is to look at the system around this young lady?

DR. ALLAN WADE: The whole context.

MS. JENNIFER COX: Right.

DR. ALLAN WADE: Nothing makes sense outside of a context. The whole notion that we have individuals that exist independently of other people on the planet is a fabrication created by, once again, psychology.

MS. JENNIFER COX: And ultimately, the work that you've been doing is to sort of break down those contexts in ---

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: --- from a colonial perspective ---

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: --- looking at how colonials ---

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: --- how the systems are colonial ---

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: --- and how that is not working for Indigenous people?

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: Not only in Canada, but internationally; correct?

DR. ALLAN WADE: Yes. Correct. Yes.

MS. JENNIFER COX: What else would you like to ---?

DR. ALLAN WADE: Okay. Yeah. Thank you. We can move on.

Here's an example, another example of a girl resisting violence. She is being interviewed by a

woman called Carolina Overleen (ph), and she's in a transition house. Her father has been abusive to her mother.

And the -- Carolina asks her: "Can I ask in those situations when you were scared and felt like something was wrong, did you feel like you could do something?" And Karin says, "No, that was the thing. I was so little and I had so many feelings. Sometimes I could say to daddy, 'Please, Dad, be quite; don't be bothered by what Mommy says.' I played along with him for a while, and I played along with him, and thought, 'This will help', and pretended that Mommy was the one who was sick. So I said that, 'If you could only be quiet. Don't be bothered by what she's saying. You know, she's wrong, so be quiet and go outside and be angry.'" (As read)

So you see this really complex response by Karin secretly defending her mother by pretending to side with her father. So she could easily be seen as a girl who had been brainwashed by her father, but of course, she hadn't. She knew that she had to be very careful about how she protected her mother.

And this kind of behaviour of children responding to and resisting violence is absolutely commonplace. Children are always acting to intervene to try to make something happen, to try to take care of their

parents, to try to make the situation better.

Next slide. This is an example of an eight-year old boy talking to a therapist, his name is Lars. And, the therapist says, do you remember him hitting mommy? He says, definitely. Did that happen a lot? He says, yes, it was always in the evening. Where would you be? And, he says, while he is drawing on a piece of paper, this is the living room and this is my bedroom, and my bed is here and they would be fighting right here. They did not think about the fact that I would wake up. So, you never went to your sisters' rooms? And, he says, no, I could not. They were on the second floor. They would have heard me from the living room. I would hear them and go say, mommy, someone has thrown eggs at the window. Next slide.

So, you interrupted them? Yes. Other times I said I had a bad dream. That was the best trick to make them stop. Mommy would come into my room and sleep in my bed. I liked that. And, where would your stepdad be? He would stay outside. So, you helped solve the problem? Yes. That was very clever of you. Thanks. I think you will be an inventor. Yes, that is what I want to be.

MS. JENNIFER COX: So, this represents an example of identifying the resistance ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- and ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- the positive reinforcement of doing that, is that fair?

DR. ALLAN WADE: Well, can you imagine -- you know, you are talking to an eight-year old, this eight-year old has been experiencing violence by one parent against another for a period of time, wanting to do something, to make it stop, to take care of his mother, not -- while still loving his father often of course, and wanting to take care of the problem.

So, imagine I get involved with this child and I interview this child, and I do not learn about all the ways in which they have been trying to solve the problem, and love their mother, and interrupt and take care of business. Imagine I do not notice that. What have I done? In my opinion, I have stripped the child of their dignity.

MS. JENNIFER COX: And ---

DR. ALLAN WADE: Children are social actors. They try to do things. They are not pieces of clay that are just impacted and shaped.

MS. JENNIFER COX: And so, this is -- when we talk about the dignity part ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- that is a really good example of how you are embracing the dignity?

DR. ALLAN WADE: To acknowledge what a person has already tried to do is to uphold their dignity as a competent social actor. A competent person who has tried to deal with an unmanageable situation in the best way they possibly could.

So, at Lower Post Prison Camp near Watson Lake, Yukon, children had all kinds of ways of responding to and resisting the violence. So, one boy, Dennis, when he was eight-years old, and he was -- after he was, you know, assaulted by the priest, went home for Christmas. And, when he came back after Christmas, he came back with his winter boots. And, he got his little feet in and out of his winter boots all the rest of that winter without ever untying the laces because, when he went home from Christmas, when he came back, his mother had tied the laces. So, he retained his connection with his mother in this kind of extraordinary way.

Another boy, when he went home, he snuck back into the prison camp a marble wrapped in a piece of moose hide that his grandfather had given him, and told him it would give him strength. And, he hung onto that and hid it the entire time he was in Lower Post Prison

Camp.

Another example, when the children who were in the prison camp, when new children would be brought in, often other children would go run up around them and get as close to them as possible because they smelled like the bush. They smelled like home, they smelled like fish camp. So, again, that was a way of trying to retain some connection, resisting disconnection, resisting isolation, wanting to feel and be who you are. So, children are always doing these kinds of things when they are subjected to violence and oppression.

So, a question comes up. If resistance is ever present, if everybody resisted violence, why is it so seldom discussed? How could that happen? Why is it so seldom a part of the conversation? Child protection frameworks in Canada and elsewhere do not even suggest to workers that they need to talk with victims of violence about how they have responded and resisted. Victim resistance is virtually written out of the genetic code of the helping professions, but it is a fact, and in our opinion, needs to be explored, upheld and honoured.

So, you know, the cultures that gave us the prison camps that are called residential schools, also gave us the talking cure, they also gave us psychiatry. So, it would be, kind of, surprising if they were not

linkages, wouldn't it, between the discourse and the concepts of the helping professions and the colonial practices past and present. The helping professions, the system of professions is part of the colonial project. Colonialism is written into the genetic code of the mental health industry.

So, I will give you some examples, if we could go -- just move on. Yes, I have covered that. So, when you think about what is colonialism, what does it boil down to, what is the link between colonialism and the helping professions, this might be a way to explain it. You could say it consists of a three part message, you are deficient. Disordered, ill, heathen, Indigenous, queer, savage, non-white, female, poor, uneducated, suffering, drug addicted. You are deficient. There is something the matter with you.

The second part of the message is, I am proficient. Christian, European, male, white, closer to God, expert, mentally well, educated, elected, wealthy, secure. And, we know that I am proficient because I am the one that gets to say that you are deficient. My proficiency requires your deficiency, therefore I have the right and duty to perform certain operations upon you, steal your land, destroy your culture, abduct and rape your children, diagnose, prescribe, educate, isolate, maim

and theorize all for your own good. So, I think that, kind of, distils the kind of colonial ethic or the colonial code of relationship.

You find that not only in the prison camps, but you find it in practice documents. So, if you can go to the next slide, I will show you. This is advice on how to practice psychiatry that psychiatrists were given in a document attached to the DSM-4. So, this is -- these are quotations, it is called the Clinical Interview.

So, it says, "Assess insight, become an ally. There are three levels of insight, full, partial and no insight. A patient who describes his psychiatric symptoms as a result of his disorder demonstrates full insight. For instance, a patient with panic attacks who recognizes them as ill, has full insight." Next slide.

"Show expertise. Empathy goes a long way, but empathy is not enough. Convince him you are an expert. Use three techniques to convince him that you understand his disorder. Make him understand that he is not alone. Communicate to him that you are familiar with his illness. Show knowledge. And, third, deal with his distrust -- mistrust. This expertise sets you above well-meaning family and friends, it distinguishes you as a professional." Does that sound colonial at all? And, the next slide.

"Establish authority. While empathy roots in your compassion with the patient suffering and expertise in your knowledge of his problem, authority originates from your ability to handle him. Establish authority at the moment you meet your patient by taking control of the situation. Take responsibility for his welfare. The asset test for your authority is his acceptance of your explanations and his willingness to comply with your treatment plan."

You are deficient, I am proficient, therefore I have the right to perform operations upon you. Next slide.

So, as a result of this kind of practice, we have developed all kinds of models in the interpersonal violence field that continue to blame victims, particularly women, and that hide the nature of violence.

A good example is the so-called cycle theory of violence. So, many of you will be familiar with this. The three-part cycle, there is, like, an explosion, honeymoon phase, tension building. You will notice in this model there is no social context, there is no reference to culture, we do not know where the people are. And, why -- if the man has been committing violence, why do we have the women sitting in the middle?

You will see this over and over again.

What happens is, instead of focusing on the violence by the man, we focus on the brain, body of the woman. We have been inside the minds of women for 125 years, trying to change the behaviour of men. It has never worked, it cannot work, it will not work.

So, you will also see there are no children. And so, what we are training people to think of here is that this is a woman who has learned to be helpless and she is with a man who just does not understand what he is doing, so he explodes from time to time. That is what we are training people to think. Next slide.

So, you see this here, this is a quote from the same theory. "The batterer is spurred on by her apparent passive acceptance of his abusive behaviour." So, the woman's passivity is the cause of the men's aggression.

During the first stage, the woman tries to calm the abuser and changes her lifestyle to avoid angering the man. This sets a precedent of submissiveness by the women building the gateway to future abuse. So, you see, when women are construed to be passive, it is seen as a cause of men's aggression. Next slide.

The cognitive distortion scale -- cognitive behavioural therapy is a massive industry in North

America. It has been the largest, sort of, mental health practice model over the last number of years. Particularly in North America, but all over the world now.

So, when you apply it to working with victims of violence -- they have a tool called the cognitive distortions scale. So, if you report to the therapist that you blame yourself for negative life events, why wouldn't you, everyone around you blames you. That you are highly self-critical, you have been told that you are the problem, why would you not be self-critical? You view the world as a dangerous place, how many people do you know that have had one experience of violence after another virtually their entire lives? Wouldn't it be wise of them to believe that the world is an unsafe place? If you did not, based on the experience you have had, then that would be a delusion I would think.

Perceives herself as unable to control or influence important life events, that is because you are not able to avoid -- you know, control important events and feels a sense of hopelessness. If you say that you believe these things, you are seen to have cognitive distortions; right? So, the job then of the professional is to correct your mind, is to correct your thinking.

One more slide and then maybe we will ---

MS. JENNIFER COX: So, I am wondering if we

could just, sort of, go back to that.

DR. ALLAN WADE: Go back to that previous ---

MS. JENNIFER COX: That slide.

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: So, you know, given the realities and your knowledge of Indigenous communities ---

DR. ALLAN WADE: Right.

MS. JENNIFER COX: --- in the work that you have done ---

DR. ALLAN WADE: Right.

MS. JENNIFER COX: --- is it fair to say that those are lived realities?

DR. ALLAN WADE: Those are lived realities, yes.

MS. JENNIFER COX: So, that would be a norm ---

DR. ALLAN WADE: Right.

MS. JENNIFER COX: --- to use the psychological term ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- for our Indigenous communities?

DR. ALLAN WADE: Well, you have not only the experience of violence, but the experience of violence

being denied written out of history, or you blamed for it if you are the victim of violence. So, you have had those negative responses from authorities, from many people their entire lives.

So, it is just important to realize that cognitive behavioural therapy, which is the most widely practised modality, contains no analysis of violence whatsoever. And, that is the reason that it becomes popular, because you do not have to question the status quo, you just work on people to change their beliefs and it is all good.

MS. JENNIFER COX: But, that model that is being used, the cognitive behavioural therapy ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- given those are, sort of, the criteria for assessing ---

DR. ALLAN WADE: Right.

MS. JENNIFER COX: --- and the lived reality of Indigenous people ---

DR. ALLAN WADE: Right.

MS. JENNIFER COX: --- how viable is that tool for Indigenous women and girls?

DR. ALLAN WADE: Well, there are people who are going to be good practitioners, who are going to use a whole variety of tools, and they can use ideas from

cognitive behavioural therapy.

The point I am trying to make is, there is nothing inherent to the framework that has anything to do with understanding violence, resistance, social responses, dignity, colonialism. There is nothing there. There is no analysis of interpersonal violence built in. So, of course you wind up then, creating pathologies and disorders out of normal understandable responses to violence.

MS. JENNIFER COX: Right.

DR. ALLAN WADE: So, there has been a lot of truck, there has been a lot of discussion lately of what are called trauma-informed approaches. And, this is an example of one description of that.

So, in trauma-informed approaches, we are told that the way that victims react to violence is fight, flight, freeze. You have heard that expression probably. And, submission and disassociation. These are kind of -- and it is essentially the idea that your brain kicks in, you have an Amygdala Hijack, your prefrontal cortex shuts down and you, sort of, are on kind of, like, automatic pilot as it were.

Now, this is an example they give of flight. And, I will just read it to you, "My parents would fight when I was younger, and sometimes they did

this in front of me and my younger sister. They would really hurt each other and I would be afraid they would kill each other and us. I was so afraid, I took my little sister and would hide in the wardrobe upstairs. I would stay very still until I could not hear anything else."

So, what is this little boy telling us? That is given to us as an example of flight. Can you put it back up? But, what is he telling us? What has he done? Has he not protected his sister? So, is that flight?

I mean, you begin to see that human responses to violence and adversity are vastly more complex than fight, flight, freeze metaphor, that dramatically reduces and obscures the agency, the spirit, the beauty, the dignity of children's responses to violence and oppression. There is no adequate analysis of violence and resistance in trauma-informed practice.

Similarly, the DSM system of diagnosis. So, you go to see a medical doctor, you know -- I mean, you are really, really stressed out and you are having a hard time in your life. If you go pop in to see someone or a lot of, you know, mental health centres, the first thing that will happen is you get a diagnosis. And, in many, many cases, you will have no discussion whatsoever of the realities of your life.

The idea is that you can somehow codify, identify, classify how a person is suffering without any attention to who they are or the social context in which they live. I mean, think about that. What does that really mean? I do not need to know who you are, I do not need to know where you are from, I do not need to know what happened to you, I just need to know if you are not sleeping well or if you are having short-term memory loss. I do not need to understand the context of that.

So, the DSM contains no analysis of social context and I want to argue that is deliberate and that is why it exists, because it contains no analysis of social context. You do not have to understand your society or ask any questions about your society, you just need to put people in categories and deliver them pharmaceuticals.

I also want to say that the DSM system is culturally specific, it bears no connection with the lived realities of Indigenous people and should not be applied to Indigenous people, full stop. Ever. Yet it is every day. It is not scientifically valid. Even the people responsible for creating it, a guy called Allen Frances, recently wrote a book called Saving Normal in which he apologizes for creating the DSM system.

MS. JENNIFER COX: And, if we could go, sort of, into both the cognitive behavioural therapy and

the DSM system.

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: I mean, ultimately, that is the talking cure that you mentioned earlier, isn't it?

DR. ALLAN WADE: Right. Yes. So, I see that the DSM as part of colonial practice. You are deficient, you have this disorder. I am proficient, I tell you what it is. Therefore, I have the right to perform certain operations upon you and I do not need to know anything about you, you know? How are we doing for time?

MS. JENNIFER COX: I was going to say about five more minutes, Chief Commissioner, and then we will take a morning break.

DR. ALLAN WADE: Okay. Next slide. All right. So, what I would like to do now is to shift gears and talk about the work of my colleague, Linda Coates, because one of the things we have been doing as I mentioned is studying the connection between language and violence, and I made some comments earlier about the Criminal Code and other ways in which we obscure violence. So, I would like to give you some context for that.

Linda makes a distinction between mutual actions, which are actions that we do together. You need two people to do them, like a handshake, like kissing,

like boxing. And, unilateral actions, which is an action one person does to another.

So, a handshake is a mutual action. I extend my hand, you extend yours, we make eye contact, we -- you know, we grab hands. We do not grab too hard, you know, that would be a social problem. You do not squeeze not hard enough, that would be another social problem. If the eye contact is too long and too intense, that is another problem. So, we have to, kind of, sort out how to do a handshake. That is a mutual consensual joint activity.

But, if you were not looking and I came up behind you and grabbed your hand and started wagging it around in the air, that would be a unilateral action, that would be me treating you as an object. As one anonymous Canadian genius said, I was -- you know, there could only be one genius in Canada, and thankfully they are anonymous, we do not know who they are. But, anyway. If you hit someone on the head with a frying pan, you do not call it cooking. Does that make sense? If you attack someone with your penis, it's not sex? Sex is mutual and consensual by definition.

Next slide.

"Car theft" is not "auto sharing". "Bank robbery" is not "a financial transaction". Similarly,

"wife-assault" is not a "dispute" or "argument" or an "abusive relationship", and "child rape" is not "sex with a child" or "child prostitution".

You know, if I got on a plane here in Winnipeg and I flew to Bangkok and I got off the plane, and I got a gun, a handgun, and I -- you know, I found the nearest bank and I robbed the bank, I would not be charged with financial tourism.

(LAUGHTER/RIRES)

DR. ALLAN WADE: But if I got off the plane and I go get defenseless children dragged to my hotel room and I terrorize, and rape, and humiliate, and debase them, I will be charged with child sex tourism. Nothing to do with sex. Nothing to do with tourism. That phrase is flat out collusion with perpetrators of violence.

So here, you have on the left hand side, unilateral terms that are more descriptive. "He forced his mouth onto hers", judges often refer to that as a kiss. Even in sexualized assault cases involving in children. "Wife assaults and beatings" get called "abusive relationships". "Forced vaginal penetration" gets called "sex and intercourse". "Beatings, attacks, assaults", get called "fights, conflicts and arguments". "Workplace bullying" gets called "a personality conflict". "Genocide", to our great embarrassment as Canadians, was

called "our historical relationship problem", and "international child rape" gets called "child sex tourism", or "sex with minors". So you begin to see the magnitude of the problem, the difference in these descriptions.

Next slide.

MS. JENNIFER COX: So if we could just sort of stop you right there.

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: The importance of language, as used by the courts, the social workers, the police, can you put that into -- I mean, that's an example of the differences ---

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: --- and the use of language?

DR. ALLAN WADE: Yeah. I'll give you some further examples about interviews by justices of the peace and the *Criminal Code*, and so forth, as we go forward.

MS. JENNIFER COX: Okay.

DR. ALLAN WADE: I'll just give you two -- I'll quickly do these two examples, and then that'll be a natural point for a break, if that would be okay.

MS. JENNIFER COX: Sure.

DR. ALLAN WADE: All right. So here's an

example from 1947. This was in a book about an very important person historically, a guy called Frantz Fanon, who was a Martinique and African descendant psychiatric, who's been written out of psychiatric history because he didn't buy into the status quo. Anyway, there was a psychiatrist in -- an Italian psychiatrist who was part of the colonial project in Madagascar, and this is what he wrote about colonization:

"Colonization has always been based upon the existence of need and dependency. Not all people are suitable for being colonized; only those who feel this need are suitable. In almost all cases where Europeans have founded colonies we can say that they were expected, and even desired in the unconscious of their subjects."

So you had all the Indigenous folks standing around the rim of Turtle Island going, "Man, I sure hope those Europeans show up. You know, I've got a powerful need to be colonized going on over here. I didn't realize it until I talked to my therapist." Now, he was unconscious, now I know, you know.

(LAUGHTER/RIRES)

DR. ALLAN WADE: So you look at that and you go that's laughable and ridiculous and tragic and horrible, but -- next slide.

Here's exactly the same statement applied

to abused women. This statement for me is the intersection of colonialism and misogyny:

"The partners' characteristics hold them together. As abused partners adapt and become more compliant the partners' characteristics make them increasingly dependent on one another. After prolonged abuse they develop complementary characteristics: he's aggressive, she's passive; he's demanding, she's compliant; he's blaming, she's accepting guilt." (As read)

So you see the logic here? It's like, "You know, Sweetheart, if you weren't so compliant, he wouldn't be so demanding. If you weren't so accepting of guilt, he wouldn't be so blaming. If you weren't so passive, he wouldn't be so aggressive." You get the logic? It's like, "You know what, if you weren't so Indigenous, I wouldn't be so racist."

LAUGHTER/RIRES)

DR. ALLAN WADE: You know, "If you weren't so queer, I wouldn't hate you. If you weren't so disabled, I wouldn't make fun of you." It's like that's the logic that's applied here, and that logic has been applied to women in cases of interpersonal violence, essentially, since the beginning of the field, which is about 50-60 years now.

But as you can see, this way of thinking is

much older; right? This way of thinking is applied to victims of abuse, women victims of abuse is more recent, but it's the same way of thinking.

Next slide.

So this an example from a trial, but we'll come back to that and maybe discuss that after we have a break.

MS. JENNIFER COX: Before we take a break, Chief Commissioner, there were a couple of documents that Dr. Wade provided to us.

And specifically, Dr. Wade, I'm looking at this, the Language and Violence: Analysis of Four Discursive Options.

DR. ALLAN WADE: Yeah. Yeah.

MS. JENNIFER COX: I'm sorry; operations.

DR. ALLAN WADE: Right.

MS. JENNIFER COX: So that would be Tab E of the binder.

I'm wondering if that could be tendered as an exhibit?

CHIEF COMMISSIONER MARION BULLER: Okay. Exhibit 52 is Language and Violence: Analysis of Four Discursive Operations, by Linda Coates and Allan Wade, Journal of Family Violence, 2007-22. Exhibit 52, please.

--- EXHIBIT NO. 52:

"Language and Violence: Analysis of Four Discursive Operations," by Linda Coates & Allan Wade in Journal of Family Violence, Volume 22, 2007 (pp. 511-522)

Witness: Dr. Allan Wade

Counsel: Jennifer Cox, Commission Counsel

MS. JENNIFER COX: And in addition, Tab G of the material is also a excerpt, basically, of an example of language. It's entitled, Becoming Better Helpers. I'd ask that also be tendered as an exhibit.

DR. ALLAN WADE: Can I give some context to that?

MS. JENNIFER COX: Sure.

DR. ALLAN WADE: Sure. So some colleagues in Aotearoa, New Zealand and Australia have incorporated this analysis or analytic framework in doing death reviews, femicides, and the Becoming Better Helpers was an example of when they looked at specific cases and looked at the fact pattern in the cases, they had used a lot of language that made it mutual, that hid the victims' resistance, and so on and so forth. So they then took our framework and went back and re-analyzed them and came up with very different descriptions.

And it's a good example of how what happens when you really look in detail and you take seriously the fact that victims resist violence and you try to use language more accurately, that's why that's there.

CHIEF COMMISSIONER MARION BULLER: Who is the author of this?

MS. JENNIFER COX: Wilson, Smith?

DR. ALLAN WADE: Yeah. It's in the top paragraph, halfway down.

MS. JENNIFER COX: Wilson, D., Smith, R., Tolmie ---

CHIEF COMMISSIONER MARION BULLER: de Haan.

DR. ALLAN WADE: Yeah.

CHIEF COMMISSIONER MARION BULLER: Okay.

DR. ALLAN WADE: 2015, yeah.

CHIEF COMMISSIONER MARION BULLER: Sure. Exhibit 53 is Becoming Better Helpers, by Wilson, Smith, Tolmie, and de Haan, 2015.

DR. ALLAN WADE: Yeah.

--- EXHIBIT NO. 53:

"Becoming Better Helpers" (one page)
Witness: Dr. Allan Wade
Counsel: Jennifer Cox, Commission Counsel

DR. ALLAN WADE: The other thing is that we

-- last year, we worked with the Ombudsman's Office in West Australia, and they incorporated the notion that victims respond to and resist violence, social responses are appropriate -- are important, we need to use language accurately. And they did a re-analysis of femicide cases also in West Australia, and they issued a really brilliant report about that. So the -- just to say that this kind of framework is being taken up and applied in other jurisdictions.

MS. JENNIFER COX: Okay.

So Chief Commissioner, if this is an appropriate time to take our morning break?

CHIEF COMMISSIONER MARION BULLER: Yeah. A 15-minute break please.

MS. JENNIFER COX: Thank you. So we'll return at 20 after 10.

CHIEF COMMISSIONER MARION BULLER: Thanks.

MS. JENNIFER COX: Thank you.

--- Upon recessing 10:04 a.m./L'audience est suspendue à 10h04

--- Upon resuming at 10:30 a.m./L'audience est reprise à 10h30

ALLAN WADE, Resumed:

MS. JENNIFER COX: ...way to their seats.

Chief Commissioner, are we ready to resume?

EXAMINATION IN-CHIEF BY/INTERROGATOIRE EN CHEF PAR MS. COX (Cont'd):

MS. JENNIFER COX: So Dr. Wade, we were talking about language before we had a break, and we were talking, particularly, about this slide. So I'm wondering if you could resume ---

DR. ALLAN WADE: Sure.

MS. JENNIFER COX: --- your conversation about language, in particular?

DR. ALLAN WADE: Okay. On the slide is an excerpt from an Appeal Court decision in British Columbia in which the man in this marriage was accused of sexualized assault and assaulting his -- physical assault against his partner. And these are comments by the judge.

Now, keep in mind this is unilateral, this is an attack by one person against another, two different kinds of assaults. And the judge says:

"The appellant & his wife engaged in an argument." (As read)

So you notice immediately it's made mutual? They're both doing the argument? So that changes the unilateral act by the partner into a mutual act.

What often happens when you do that is the argument becomes the perpetrator, not the person any longer. Wife engaged in an argument. Mr. X became upset

over something said during this argument. He thereupon grabbed his wife's neck, squeezing it until she nearly lost consciousness. He then let go. This brought the argument to an end.

So, you have a pretty clear example there of the judge transforming -- describing an assault, but then characterizing it as a mutual action between two people. To that extent, it can be said to have been unpremeditated. So, what we often find in looking at legal judgments and other documents is that once it's made mutual, responsibility is shifted, the perpetrator's responsibility is reduced. Responsibility is shifted to the victim, and they then share responsibility, and then the severity of the violence begins to disappear.

And so, here, what we have is essentially the judge saying it was unpremeditated because it was caused by an argument. So, it's not that this man decided to attack his wife deliberately and so forth. Unpremeditated means without fore thought.

He was willing to take counselling in reference to his anger and his marital problems. So, now it's a marital problem and an anger problem; it's not a violence problem. He expressed his deep remorse for what had happened. Not for what he did, but for what had happened. That language is characteristic of non-apology

apologies. I'm so sorry for what happened to you, not what I did to you.

Expresses deep remorse and his desire to improve the marriage. Not to improve his behaviour and be non-violent and respectful, but to improve the marriage, because it's now defined as a marriage problem. They went to bed. In fact, he dragged her down the hallway, and he said, "Jane, I'll have to screw you one more time," and he had intercourse with her. So, now a sexualized assault is changed by the judge into intercourse, "with".

In these cases, as soon as you have the term "with", you have a problem. It's obvious difficulties were present in the marriage. Well, the difficulties were in his violent behaviour, not in the marriage. If you say the difficulties were in the marriage, then she is obviously by definition partly to blame, isn't she? Next slide.

I'm sorry, did you have a question?

MS. JENNIFER COX: I was just going to sort of -- going into that sort of example that you've put, would you say that the lack of responsibility that's been directed -- so the language, taking away the responsibility, what's the impact of that on the victim?

DR. ALLAN WADE: Well, the victim can see that they are being shifted to be partly responsible or

mostly responsible. They can also see that the offending person is being sort of protected and benefitting.

I should add also that Linda Coates' research, which is really ground-breaking work, she did an analysis of 65 sexual assault trial court judgments in B.C. and the Yukon. This goes back a while now. It needs to be updated. And, she examined the extent to which judges used eroticizing and mutualizing language in cases of sexualized assault.

So, for example, if an adult forced their mouth onto the body of a child, did the judge refer to it as forced, or all contact, or kissing? And, found in 63 of 65 cases that judges used at least some mutualizing eroticizing language, even in cases of violence against children. They were all convictions or guilty pleas. All the victims were boys, girls and women. We didn't select to not have males as victims; they were just not in the data set. They were randomly sampled.

Sorry, can we go back to the slide, the one before?

MS. JENNIFER COX: So, one of the things --

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DR. ALLAN WADE: I've remembered my point. Thank you for rescuing me there. So, what Linda found was that she then correlated the extent of the judge's use of

mutual erotic language with the sentences given to the perpetrators. And, she found that the extent to which the judges used mutual eroticizing language better predicted the sentences given to the perpetrators than did the severity of the crimes. In other words, this language matters. It's correlated with sentencing patterns. It's correlated with how serious the cases seemed to be.

MS. JENNIFER COX: But, in terms of language mattering to the victim as well, how does the impact of that language, the mutual language as you describe it, impact the victim?

DR. ALLAN WADE: Well, I think it's inaccurate. It's false. It's a negative response to the victim. It says, "You're to blame in some way, shape or form." And so, victims begin to see that they're being blamed for this, so people are less likely to come forward and talk, more likely to talk about how there's something the matter with them, and they learn that if they do come forward to try to talk about these things, it's not safe to do so. They're going to be blamed.

MS. JENNIFER COX: So, ultimately, it impacts their healing, does it not?

DR. ALLAN WADE: Impacts their healing?

MS. JENNIFER COX: With the use of mutual language, delay.

DR. ALLAN WADE: Yes. I mean, I think it's a negative social response. It tells people that there's something the matter with them, that they shouldn't come forward again, because it's not safe enough to do so, and it makes it much more difficult to recover fully. Yes.

MS. JENNIFER COX: Thank you.

DR. ALLAN WADE: Now, this is a different kind of example. Our *Criminal Code* in Canada is pretty clear around the issue of consent. We actually have quite good consent law compared to other countries, but it's very clear that if you're 15 and younger, with two exceptions on the basis of age, if you're 15 and younger, you cannot consent to sex. You are unable to, because you're young. You don't have the social power, you don't have the sophistication, et cetera, et cetera, to consent.

So, what that actually means is a child cannot have sex with an adult, and an adult cannot have sex with a child, because a child cannot consent. So, it can't be sex. However, it is routine now in our culture to talk about sexualized violence, violence against children as sex with children.

Now, here's an example. Not so long ago on Kevin Newman Live, Victoria Ptashnik did a report on prostitution, so-called sex work, child prostitution in Winnipeg. And, I recorded it and looked at it. It was

very interesting in terms of how they were framing the children and framing the problem.

So, she said, "Essentially, what I found when I was in Winnipeg doing this investigative work is that this problem is a lot bigger and a lot younger." And, Keven Newman said, "How young?" And, she said, "Quite young. It looked like some of the children that I was seeing were probably about 10, 11, 12. The Canadian Women's Association has done research, and they talked about 150 women who had started this as children, and they got started at 13 or younger, usually."

So, can children "get started" in prostitution? Where is the locus of responsibility if we're talking about children getting started? So, you know, you have a child at 12 that says, "Hey, I know, I'm going to get started in prostitution. You know, I'm going to take my résumé down to the" -- you know? It's a sort of a -- it's a tragically unfortunate way of thinking.

And then you see -- they cut to an interview with a woman who is identified as a prostitute. Her face is obscured. And, the journalist says, "How did you get started in this work?" So, there we have the neo-liberal discourse of sex work, and as you can see, she then says, "Well, I was 12 years old and my neighbour took me into the back room of his house and bent me over a

table and did me from behind. Then he threw 50 bucks at me and that was my first sexual experience, and that's when it started."

So, what I want to point out is that our prevailing public institutions are publicly shaming children by portraying violence against children as sex with children. I couldn't tell you how many people I have spoken with who referred to sexualized assault or rape as their first sexual experience. It's very important that people understand that rape is not a sexual experience. Children cannot consent; therefore, child prostitution, child pornography, child sex work, cannot exist ever, because of consent laws. So, our consent law actually contradicts our *Criminal Code* language.

Here is an example. Section 152, invitation to sexual touching. So, I'm an adult, and you know, I isolate a child and I force them into a room, and I scare them, and I force my body onto theirs, and I force them to touch my body, and those actions are referenced in Section 152 as invitation to sexual touching.

Can it be sexual if it involves children? So, we take three positive words, invitation; right? We're not talking about predatory entrapment. We call it an invitation. "Would you like to come to dinner?" "How about let's get a cup of coffee?" That's an invitation.

You trap a child in a closet, that's predatory entrapment. It's not an invitation.

Sexual touching, there's nothing sexual about it. It cannot be sexual. You force your body upon the body of a child, and it's not touching. Touching is a, "I went to see a movie. It was beautiful. It was so touching. I was so touched." You know, it's a positive or neutral word at best. So, you take three positive words, you slam them together into a phrase, and it's in our *Criminal Code*, and it protects perpetrators, and it portrays violence against children as sex with children, that direct collusion with perpetrators of violence in our *Criminal Code*, and by the way, criminal codes internationally. Next slide.

This is an example from New Zealand. If you look under the number 1 there, "sexual conduct with a child under 12". Can there be sexual conduct with a child under 12? In principle, no, there cannot be. You can force your body onto the body of a child, but there can be no sexual contact with a child because a child cannot consent.

Everyone who has a sexual connection with a child is liable to imprisonment for -- so, we've been analyzing criminal codes internationally. So far, about 16 criminal codes internationally. They all do the same

thing. What we actually have is an international epidemic of portraying violence against children as sex with children.

I want to stress to you that the perpetrator fantasy, the pedophile fantasy, the porn fantasy is that violence is sex. Our *Criminal Code* endorses and supports that view, and that's why I say it's publicly shaming of children.

So, now, here's an example from some research that Linda Coates and I did in the Northwest Territories. We were asked by the Government of the Northwest Territories to examine -- to have a look at their implementation of the new *Protection Against Family Violence Act*, which is actually a very progressive piece of legislation.

So, it provided the opportunity for people to phone in from remote communities, some of which, you know, have a road only in the winter, or they don't have police, necessarily, presence on a consistent basis. And, they can phone in, and they will be directed to Alison McAteer House, then women's shelter in Yellowknife. They'll get an advocate on the phone. They'll explain why they're calling.

The advocate will then hook them up with a Justice of the Peace on the phone. The Justice of the

Peace will interview them to see if they qualify to obtain an emergency protection order. The Justice of the Peace must follow certain rules laid out in the legislation. All of these phone calls are audio recorded, and then they are reviewed by the Supreme Court. So, there is an oversight process.

So, Linda and I randomly sampled a number of these phone calls, we transcribed them, and we looked in excruciating detail at what happened in the conversations. So, I'm just going to give you two examples of, again, the problem of transforming unilateral violence into mutual actions.

Here is an applicant. It turns out that in all of these cases, it was Indigenous women phoning in to talk to Justices of the Peace who tended to be educated European folks. So, it is a very interesting colonial moment, if I can put it that way.

So, the woman says, "About two years ago, he threw me onto the floor and started punching my head into the floor, to the point where there was blood all over the place, and then my friend said, 'The cops are coming. You better get out of here, you know.' And, he just took off."

The court says, "Okay. So, there was an incident of violence between you two years ago." So,

what's happened? There was no incident of violence between them; there was actions of violence by the offender. As soon as you change it into "between them", you've made it mutual. You've shifted responsibility from the perpetrator to the victim. They now share responsibility for the problem.

And, what we found when the court did things like this, the next thing the victim would do was minimize, because if it pleased the court -- you don't want to argue with the court. You want your emergency protection order. So, they would continue to try to assert that there was violence, but they did not argue. That's not advisable.

So, here, you have "No, not of that nature. Just slapping, hits to the head. You know, like, just verbal abuse." So, she begins to minimize the violence. Next slide.

This is from the same data set, a different case. In this case, a woman has been describing how her partner had become aggressive, sexually aggressive and abusive. The court is picking up on this and says, "Okay, and right from the start, he's been aggressive and sexually abusive?" And then she says, "No, he was okay until August. Then one night we started to kiss, and then I wasn't -- I didn't want to. And then he didn't listen,

and then...” and her voice trails off as she describes him assaulting her.

The court says, “Was that reported to police?” She says, “No.” Then the court says, “Now, now, was that -- that was -- was that, then, the first time that you two had relations?” Had sex. And, she says, “That was the first time I’ve ever had sex.” So, again, what’s happened here is that sexualized violence by a man against a woman in this case has been transformed into a mutual erotic sexual action. So, she’s been told by a powerful educated person, “It wasn’t rape; it was sex.”

So, those are the examples, and I -- but what I’d like to do now is to move on and to describe some of the projects that are going on led by the Liard Aboriginal Women’s Society and other activists that really put these kinds of ideas into practice in different kinds of ways, and to show a little bit about what’s possible, you know? What can happen.

I’ll start with the bottom, what’s called Dignity Driven Practice, New South Wales. So, in New South Wales, Australia, which is the biggest child protection jurisdiction in the southern hemisphere, they have adopted response-based practice and integrated that in their child protection framework. So, now, workers are directed to learn about how victims respond to and resist

violence. They're directed to use accurate language, to not mutualize, et cetera.

They're directed to understand how the perpetrator tried to overcome and supress the victim's resistance. They're directed to uphold the dignity of the people they're working for, and they've had some really interesting results even in the early states.

For example, in a town called Wollongong, which is an hour south of Sydney, more or less, the Aboriginal on Torres Strait Islands or organization has been working closely with the Family and Children Services, the government body, about how they can change their practice with Aboriginals and Torres Strait Islander families. And so, the child protection authority has now developed a policy in that area. They will never visit an Aboriginal Torres Strait Islanders family without phoning first, and they will never go interview those children without notifying their parents. They will not go to a school and interview them.

Just those two changes have radically improved relationships with the Aboriginal and Torres Strait Islander agencies around child protection. And so, they're training their workers to interview differently, to get different kinds of information. And, Kate Alexander, who is the senior practitioner there, we're

inviting her to come to British Columbia and the Yukon, and it's important because when you think about it, the practises that we've been developing have been developed with the Liard Aboriginal Women's Society for the last 20 years, and other Indigenous organizations.

Why would you not want to integrate a practise developed in Canada by Canadians, and partly by Indigenous women, into child protection practises in the Yukon and British Columbia? Why would you not want to do that? Because presently what we do is we import structured decision making from Minnesota, or other kinds of tools like that, that are attuned to their context, but don't necessarily apply to our context.

And, the structured decision-making tool really contains no analysis of culture, is quite victim-blaming in terms of where it puts the onus of responsibility. But, we can do a lot better by looking to what other jurisdictions are doing and inviting them to come and share their work with us. So, that's one of the things we're trying to do.

Together for Justice, which is at the top -- Anne, you're at the very back there. What year -- was it 2010 or 2011? 2010. So, the -- in the Yukon, there was a crisis of policing in 2010. A man, an Indigenous man called Raymond Silverfox died in police custody. A

woman who had been held captive and repeatedly raped by two men. When the case got to court, the defence for the two men asked the judge for permission to ask the woman about her sexual history. The judge agreed. And, the woman told the judge to get stuffed. That is not exactly the words, but -- so there was a problem.

And then at the very same time, right in the same period of time, two police officers in Watson Lake were accused of raping a nurse. So, you can imagine the shockwaves around the Yukon; right? 35,000 people, it is a small town the size of France, so it really -- these things reverberate in communities, you know?

So, the police knew they had a problem. So, they came to Ann Maje Raider of the Liard Aboriginal Women's Society, and they said, Ann, we have a problem. And, she said, yes, I know. And, she said, you know, how about -- you know, we have got $6,000.00 in our budget -- Ann, if I am changing this or improving the events that actually happened, would you tell me? Yes, she would.

So, Ann said, well, okay, let's use that amount of money and use it to apply for a larger pot of money with Justice Canada and Status of Women in Canada, I believe. So, Ann obtained a larger pot of money in order to work with police and she invited Cathy Richardson -- Cathy is one of our colleagues at the centre. She is an

Indigenous activist, social work professor. She is just a piece of dignity looking for a place to happen. An extraordinary colleague.

And, invited Catherine and I to facilitate this process. So, we said, okay, there is a couple of conditions. One of them is that we need to have the entire command structure of the RCMP at every meeting, no exceptions, BlackBerrys turned off. And, they agreed. So, we had the superintendent on down, and then we had some higher level consultants sent out from, you know, central Canada to make sure that it went okay.

And, I can tell you, those first couple of meetings we had -- we actually met with RCMP in Whitehorse and Watson Lake, four days, every two months, for two years. The entire command structure. Because the police are a paramilitary organization. If you have a person who is on the street, who is practising inappropriately, you have a problem with command; right? It is a paramilitary organization. People do not misbehave unless they think they can. That is a command problem.

So, Peter Clark, the superintendent showed up and brought everybody. And, at first, having a cup of coffee, I could not even get eye contact. I mean, I could not even talk about hockey with these guys, you know, that is how bad it is. So, they were -- I think they were

terrified that they were going to be publicly humiliated. But, of course, that was never the intention. And so, it was very chilly the first few meetings.

But, Ann and her board at LAWS came up with a plan. So, what they did is, they packed the room with elders. It was a fantastic strategy. So, we had May Brodhagen (phonetic) and others -- the great May Brodhagen and others sitting around, strategically sitting between police, so they could not all sit together, and then sitting between them, and pretty soon saying, oh, hello, son. Where are you from? And, pretty soon, they could not be frozen anymore. Now, the police are getting up and they are getting coffee for the elders and they are chatting. It just, kind of -- like, created so much safety and so much community so quickly. It was a beautiful intervention.

So, we continued meeting and we brought this analysis in language into the project. And, actually, with Catherine's guidance, we did things like -- we interviewed -- in the center of the circle, we interviewed six police officers as if they were Indigenous women and asked them to talk about what was their experience of police in the Yukon. So, think about that. We have got 28-year old officers putting themselves in the skin of Indigenous women and thinking about what kind of

experience those women have had with police. And then you have the women sitting around watching what the police say. And then we have conversations about those realities.

One of the things we did was we watched the film of the Oka Crisis in which police were standing watching as people from the community stoned Indigenous people who were trying to get off the territory. So, we had conversations about that. And, we had Indigenous women get into the roles of being police officers who were standing around watching people from the town throw stones at Indigenous children and elders as they were trying to escape.

So, it was a very involved, very intense, very moving process for two years. From that came a memorandum of understanding, third party reporting, Indigenous women on the annual employee review and on the hiring committees of police officers. We had changes in practice where Peter Clark, the superintendent, if there was an ongoing problem in the community, instead of going and talking directly to the media himself, he would phone Kaushee's Place, the women's shelter, or phone Ann or others, and say, what do you think? What is going on? A lot more collaboration.

So, from that came, also, extraordinary

officers like Kelly Manwiller (phonetic) and Calista MacLeod who began training the media on more accurate use of language, using some of the examples that we are talking about here. So, they really took up the practice and felt very good about it. And, lasting relationships have come from that.

Unfortunately, what happens is, once the people who do this move on, it is like the organization has no memory. So, the next superintendent that arrives does not necessarily know about it, is not involved, does not have the agreements, and so Ann, and Lida, and Mary and Fanny, and everybody with LAWS, they have to start all over again, training the next group, which of course is one of the structural problems we all know about in Canada.

So, the United Nations has recognized that project as a model project internationally and in -- for improving police responses to Indigenous women and children. So, it is in the United Nations documents, which is an extraordinary testament to the creativity, and the skill, and the awareness and the dignity of the Liard Aboriginal Women's Society, and all the other Indigenous women and women activists who made that project happen.

Youth for safety and justice. Again, LAWS was able to get some funding and work with the school to

create a sexual assault prevention program in Watson Lake, Yukon, where 14, 15, 16-year old youth were able to come together to study sexual assault, learn about the statistics, study language, look at how language is used to make it go away, examine the Criminal Code, look at community safety building, develop relationships and so forth.

In fact, some of those youth petitioned Justin Trudeau to change the language of the Criminal Code. I just love that. You know, you have got 15-year old Indigenous youths in Watson Lake, Yukon demanding that our prime minister wake up and change the Criminal Code. Does that not rock?

So, the thing is that these -- yes, totally, eh? The thing is that the youth completely get the language analysis. It just makes complete sense to them and they love it. I remember having conversations there about -- I did not facilitate -- it was facilitated by Julie Laliberte who is an amazing facilitator, and Renee Cloak Carrier, who works at Kaushee's Place, the women's shelter in Whitehorse, who is an equally amazing facilitator.

But, I went there one time, and I remember having a conversation with the kids and telling the story about the first time that I recognized that I terrified a

woman. Me, personally, in my own life. And then talking about how no one had ever explained to me, when I was growing up, that actually girls and women might be afraid of me sometimes. No one ever told me that.

And so, I had a conversation with a young man in the group about how, you know, sometimes that can happen. Some girls and women are afraid, can be afraid of you because of their experiences or because of how you behave. And, he looked at me with disbelief, and he -- really? Like, I'm -- sort of like, I'm such a nice guy. I would never do anything wrong, you know? But, you were never taught as a male that that is important, but it does not necessarily mean people will not be afraid of you.

So, then, he looked to the young woman sitting beside him, that teenager sitting beside him and said, is that right? Do you get afraid? And, she goes, yes. And, he was just shocked. It was this beautiful moment. And so, he said to her, what do I do? And, she said, you know, just don't get too intense. But, I could see now, you know, he has changed for that experience. He understands something at a very different level and I think it's something that all boys and men need to be made to understand, I think.

And, finally, Catherine Richardson and I did what's called an Islands of Safety Project on

Vancouver Island working with off-reserve Indigenous folks. All of their children had been apprehended, the couples. The state had made applications for continuing care orders for several of the families. They were going to permanently lose their kids. And so, they had the option of getting involved with us.

And so, we worked together to work with the entire families in these cases, the mother, the father and the kids, and one of the things we did initially is we made sure that if it was the case -- all of these were cases of paternal violence. The men had all been violent repeatedly in their families.

So, where you intervene should coincide with who is responsible. So, one of the things we did is we got together with the men immediately, as quickly as we possibly could. As you know, in child protection, often the men are not even really involved. They might commit an assault and they can be floating around out there somewhere, and you don't really know.

But, of course, Indigenous women are often -- you know, they really -- they want the violence to stop, but they don't want their partner humiliated. They don't want their partner getting racism. They don't want their partner being mistreated. So, there were three women who actually did not want us to work with their

partners until they had interviewed us two or three times to make sure that we were qualified, which was pretty interesting.

So, that project was independently evaluated. The evaluation is very positive, and we had one situation where a couple had been, you know, violent. We interviewed the woman several times before she brought her partner in. We developed a good working relationship with her partner and then them as a couple. But, the intervention by the child protection authorities had been profoundly traumatic, and the grandmother of the children was at the house when they came, and she was absolutely terrified.

So, we engaged -- we had a conversation between the social worker, and the couple, and the grandmother, in which the grandmother had an opportunity to say, "You know, I was stolen from my parents when I was a child and put in a residential school. When you showed up and took those kids, that's where I went. You know, you need to know that."

So, that meeting was very emotional. The next week, that child protection worker showed up at their door with a card, and an apology, and promised her that his practice would be different going forward. It was an extraordinary act of accountability and respect for that

family. They will never forget that.

A year, two years, three years after that, that grandmother is referring people. She wants more people to come and see us, because I feel they got a dignified, effective social response. So, it's quite possible to do things in a more dignified, productive, effective manner, providing we have the right structures in place and we have the right agreements.

That project was founded by the law foundation. Cathy was given an award for that innovative practice, and then the Government of B.C. decided not to fund further practice like that.

MS. JENNIFER COX: So, Dr. Wade, there were a couple of examples that you had given me of some best practises or some things that particularly child and family services workers could do with respect to their arrival at the home, and particularly talking to the children at school, and I'm wondering if you could talk a little bit about that?

DR. ALLAN WADE: Yes. One of the things that has happened is child protection has been -- has become, sometimes, an extremely heavy-handed intervention into the life of families, rather than supporting families or trying to ask how we can help families create safety for their kids.

It's been often a process of showing up at the school and interviewing the kids before the parents have a chance to talk with them, showing up at the house unexpectedly as if to catch people doing things. And so, the -- I think the practice has been fundamentally top down and heavy handed. And so, there have been a lot of unnecessary removals, and as we all know, when children get removed, they typically don't get returned.

So, I think there is now an appetite among a lot of -- certainly among frontline workers. Frontline workers want to do things much better generally. We work very closely with a team in our area in Duncan on Vancouver Island who have been doing, I think, just really beautiful child protection work, learning how children respond and resist, learning how protective parents try to stop the violence and protect their kids, treating people who commit violence as competent adults who are capable of making better decisions.

MS. JENNIFER COX: But, there were a couple of things that were instituted, particularly calling before they came to the home.

DR. ALLAN WADE: Right. Yes.

MS. JENNIFER COX: So, that was an example that you had given me ---

DR. ALLAN WADE: Yes.

MS. JENNIFER COX: --- of a new or best practice?

DR. ALLAN WADE: Yes. This is what they were doing in Australia; right? In New South Wales in a couple of communities, Wollongong being one of them, where they just made a decision that part of upholding dignity and respect was treating families as though they would engage with you, they would work with you if you were respectful, and you were clear about what your intentions were, and you didn't turn it into a cat and mouse game.

So, they agreed that they would not go to the homes of Indigenous people, or Aboriginal Torres Strait Islander families without first phoning, and they would not just show up at school unannounced to interview the kids before the parents had a chance to talk with them.

So, that change has really meant a lot to the people of that community, and also, to all the Aboriginal and Torres Strait Islander practitioners working for the agencies there.

MS. JENNIFER COX: Those are all my questions. Do you have anything else you want to add?

DR. ALLAN WADE: No, I don't think so.

MS. JENNIFER COX: So, there is only one last question I have for you, Dr. Wade, before we conclude

the direct examination. And, last night, as we had a conversation, and I guess it's hard for me to sort of distill it down into one little thing, but as you used the terminology today, you were talking here, it sort of resonated with me that that's sort of equivalent to the modern-day Smallpox.

DR. ALLAN WADE: Wow. Yes. You know, it's an interesting comparison; right? You know, language can be packed with disease, too. Language can be packed with poison, and blame, and humiliate, and debase people. So, I think it's very important that we locate -- we understand the colonial core of the system of professions we've created, and have the courage to examine our basic concepts and structures, and how our systems work.

For example, there is no reason that, say, a child who goes to talk with a mental health professional should have to receive some sort of diagnosis initially in order to get service. Instead of fitting people to systems, we need to fit systems to people. There's no reason that -- we should never be forcing a family to get a child, have a diagnosis, for example, of ASD or ADHD in order for the child to get service in a school. Currently, what we're doing is diagnosing children for institutional convenience alone, just because the funders say unless the child has a diagnosis, we don't provide an

educational assistant, for example. That should not be happening.

MS. JENNIFER COX: Those are all my questions, Chief Commissioner, in direct examination. At this point in time, we are going to have to take a 10-minute break for verification, and then we will begin the cross-examination before the lunch break. So, if we could have 10 minutes, which will take us to 11:25?

CHIEF COMMISSIONER MARION BULLER: Certainly. Ten minutes. Thanks.

MS. JENNIFER COX: Ten minutes sharp, please.

DR. ALLAN WADE: Thank you.

--- Upon recessing at 11:11 a.m.

--- Upon resuming at 11:31 a.m.

PANEL V, PREVIOUSLY AFFIRMED

MS. JENNIFER COX: So, Chief Commissioner, if you're ready, we're ready to begin the cross-examination.

Before we start with the cross-examination, I want to acknowledge that the parties got the materials for Dr. Allan Wade mostly late yesterday afternoon, but there were also additional documents provided to them this morning. So they haven't had a lot of time to digest the materials and were basically trying to deal with some of

them during the direct examination of Dr. Wade this morning.

But unfortunately -- we're very lucky to have Dr. Wade come with -- because he was travelling internationally, and he, basically, came from Victoria. Prior to that he was in Sweden?

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: Sweden. And then just came directly from Victoria.

So we're very lucky to have him, and the fact that the documents were provided a little bit later than we would have liked is no fault of Dr. Wade's; it's just simply the nature of life that's been the last couple of weeks for Dr. Wade being out on international travel.

DR. ALLAN WADE: Thank you.

MS. JENNIFER COX: So I'd like to just make sure that everybody understands that that was the state of affairs before the cross-examination starts.

So the first party that we have for cross-examination this morning, before lunch, is the Native Women's Association of the Northwest Territories, Caroline Wawzonek with 6 minutes.

--- CROSS-EXAMINATION BY MS. CAROLINE WAWZONEK

MS. CAROLINE WAWZONEK: Good morning, Dr. Wade.

DR. ALLAN WADE: Good morning.

MS. CAROLINE WAWZONEK: I am here on behalf of the Native Women's Association of the Northwest Territories. And the only document I got through is the one that relates to your evaluation of the Emergency Protection Order in the Northwest Territories. But it's already been said, you will excuse me if I haven't perhaps understood it entirely.

You mentioned this morning that the legislation, the *Protection Against Family Violence Act* is quite progressive, but the Emergency Protection Order System, as I have experienced it, doesn't seem to fit with the sort of style and approach that I heard you testify to this morning.

So for instance, the fact that it's question and answer based, there's the questionnaire, it has to be -- the boxes have to be ticked to meet a legislative ---

DR. ALLAN WADE: Yeah.

MS. CAROLINE WAWZONEK: --- definition of violence.

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: And so I'm wondering if you could speak to how you would fix that sort of a system. Knowing what the intentions of the

legislation is, how would you fix it in both today but also looking aspirationally *[sic]*?

DR. ALLAN WADE: Right. So my comments were about the legislation ---

MS. CAROLINE WAWZONEK: Okay.

DR. ALLAN WADE: --- not the practice of implementing it.

So I think the interview process, how that's conducted, is absolutely crucial, but the questions that are asked and how they're asked.

Linda and I noticed quite pronounced differences in outcomes and the quality of information based on how the Justice of the Peace interviewed, largely. Now, there could be other factors. Of course, we don't know the individuals involved.

But the justices of the peace who gave the women a roadmap as they went through, "So I'm going to ask you this, and then I thought that I -- now, we're changing topics, and I want to ask you this". So if they gave -- did simple things like that, it gave the applicant an opportunity to orient themselves.

The way that they ask questions about concrete details also really made a difference. We noticed, for example, that if a person asked, "But why did you do this?", they're really asking for a psychological

kind of explanation, rather than saying, "Well, what were the -- what was happening at the time?", which is really asking them to describe concrete events. So simple differences like that made a huge difference in the interview process.

There are restrictions on the kind of how they go about this to get the information, because it has to be -- fit with legal definitions. But I think there could be more done to support the person involved. There could be more done to train the Justice's of the Peace in interviewing practices. That's one place that I would go. In fact, that's why we did the study in the first place.

MS. CAROLINE WAWZONEK: There was also, generally, no real mention of the social context ---

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: --- as far as I could read from your report. There was nothing ---

DR. ALLAN WADE: Right.,

MS. CAROLINE WAWZONEK: --- indicating that there was an information about where the community was, what access to services ---

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: --- there would be. Is that something that should also form part of that process, or is it not the right place for that?

DR. ALLAN WADE: No, I think it should definitely be part of that process. It wasn't in our report because we didn't know.

MS. CAROLINE WAWZONEK: Okay.

DR. ALLAN WADE: We didn't have that information. So we were forced to sort of pick up pieces of information just from the conversations that the women had had with the JP's.

MS. CAROLINE WAWZONEK: And if the woman who is being asked those questions is informed and aware and given ---

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: --- some chance to know what the social response might be ---

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: --- are they more likely to get, from your experience, better information in that case?

DR. ALLAN WADE: I'm not sure I understand.

MS. CAROLINE WAWZONEK: If the woman who's being asked questions already knows what to expect ---

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: --- next, what the next step's going to be, what ---

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: --- tools she may have ---

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: --- is she likely to be better equipped to give information?

DR. ALLAN WADE: Oh, absolutely. I mean, everyone needs a kind of a map. Okay? This is what the process is going to be like, and I believe people should be given really clear descriptions of what that process will be like, for example, and forewarned that you may be asked to describe quite painful events in detail. This is the part -- this is part of the process to try to have people around who are support people.

But the more information you can give people in advance, generally speaking, the better it is. And that's actually -- that's part of a positive social response is informing people appropriately.

I would also -- I'd also encourage after this, going forward, to do a really -- to do a follow-up with people who have called in, with their permission, to ask them about their experience of the process and get more details about what could have worked better. So that the -- the people phoning in I think should have more of a say in improving the process.

MS. CAROLINE WAWZONEK: One last question.

It's quite specific at this point. In the report, you had detailed how -- the question is asked at the beginning, "Do you understand?" "Do you understand what is about to happen?" And it's often ---

DR. ALLAN WADE: Yeah.

MS. CAROLINE WAWZONEK: --- a binary answer of a yes or a no.

DR. ALLAN WADE: Yes. Right.

MS. CAROLINE WAWZONEK: Is that the best way to elicit whether someone, particularly in this context, who's ---

DR. ALLAN WADE: Right.

MS. CAROLINE WAWZONEK: --- claiming a victimized experience ---

DR. ALLAN WADE: M'hm.

MS. CAROLINE WAWZONEK: --- the best way to elicit whether they understand?

DR. ALLAN WADE: Right. I guess you -- from the -- I'm not sure about this, I'm not a Justice of the Peace. But I think from that point of view, you have to get some kind of statement, but that doesn't mean that's the only question you should ask. I mean, I think you could be asking more about, "Is there anything that you need?" "Do you have any further questions?" "Have I explained myself clearly enough?" So that if you phrase

questions that way, you're allowing for the possibility that you might not have been clear, and the whole feel of the conversation, even though it remains structured and legalistic, still becomes more collaborative and a more level, more equal feeling.

MS. CAROLINE WAWZONEK: All right. Thank you very much. That's all my time.

DR. ALLAN WADE: Thanks for asking. Yeah.

MS. JENNIFER COX: So the next party with 6 minutes is the Association of Native Child and Family Services with Katherine Hensel.

---CROSS-EXAMINATION BY MS. KATHERINE HENSEL

MS. KATHERINE HENSEL: Good morning, Commissioners. Good morning, Dr. Wade. My name is Katherine Hensel. I am a citizen of the Secwepemc Nation, and a counsel to the Association of Native Child and Family Services Agencies of Ontario.

I'm going to ask you some questions about the Indigenous -- you've spoken a fair amount about working in Indigenous cultural contexts about what you've observed and any practices you've been able to develop in that regard in those contexts. And I'll start with my own observation.

That when I travel up North within Secwepemcúĺecw, particularly in the northern communities,

and spend time with my Northern relatives, coming from -- I live in downtown Toronto -- it takes me often a couple of days to even realize that people are speaking to me because they are talking alongside me, bleakly.

DR. ALLAN WADE: M'hm.

MS. KATHERINE HENSEL: That's the best way I can describe it.

DR. ALLAN WADE: Okay.

MS. KATHERINE HENSEL: That style of communication, my understanding, is culturally situated and grounded and appropriate and very different from non-Indigenous contexts or even southern contexts in the Indigenous community sometimes and may not lend itself to the kind of questioning -- question and answer format that you've described in some of your material in your evidence.

DR. ALLAN WADE: M'hm.

MS. KATHERINE HENSEL: How do you work within those cultural contexts to be effective but yet respectful and culturally competent with respect to say questioning, in particular?

DR. ALLAN WADE: Sure. Well the main thing is, I suppose, that I'm guided by the Elders and the teachers there, for example, in -- within Liard Aboriginal Women's Society.

So when I first started going, we -- 20 years ago, we began sitting in circle. And of course you know, circle operates in a particular kind of way, so it was not a question and answer format. People would move around the circle and share their experience and raise issues that were important to them, and then we'd have an opportunity to kind of respond.

That also happened sometimes at Tucho, Frances Lake, or other places on the land, and would have happened on the land more if there had been more opportunity to do that. There are times and places for asking people questions that are safe, dignified, and appropriate, and questions about people's aspirations.

I've also had people in circle tell me -- you know, one of the first times I went up to Watson, for example, there was a woman in her circle said, "You know, hi, I'm so-and-so..." -- I won't name her now. She said, "...but the last thing we need is another White guy coming up here to make money off our pain. Thank you."

You know, so six years later she said, "Allan, we know you're White. Get over it." But it took six years.

MS. KATHERINE HENSEL: Yeah.

DR. ALLAN WADE: So ---

MS. KATHERINE HENSEL: It's a good sign

when people start teasing you, generally.

DR. ALLAN WADE: Totally.

MS. KATHERINE HENSEL: Yeah.

DR. ALLAN WADE: But I also found things like my sense of humour can be really inappropriate. For example, irony; you don't do irony. You know, where you're working with people who -- like, you know, irony where you say one thing but you mean the opposite, like, "Nice shirt"; you know what I mean?

So, you know, you have to be very careful about those kinds of things because where you have people who have been so profoundly humiliated that there's not a lot of -- there's not a lot of gap, you know, there's not a lot of safety so people are maybe going to think that you're serious. And so humour is extremely important but it has to be done in a sort of a playful, dignified manner.

So there are all kinds of things that you try to learn in that context.

MS. KATHERINE HENSEL: Right. And can you comment, just perhaps more broadly, about how Indigenous -- you know, we've had lots of witnesses testify, and I don't think it's controversial that Indigenous cultural practices -- territorially specific and tribally specific territorial practices, values, laws, language ---

DR. ALLAN WADE: ---Yes.

MS. KATHERINE HENSEL: --- have a very protective effect, and a healing effect. How you integrate those into the specific -- there's no question; you can see the resonance with your description of dignity.

DR. ALLAN WADE: M'hm.

MS. KATHERINE HENSEL: There's a lot of consonance, I think, between the ---

DR. ALLAN WADE: Yes.

MS. KATHERINE HENSEL: But how you marry them together in your -- say, your work in an individual practice therapy with an individual.

DR. ALLAN WADE: So people sometimes come individually they want to talk because they want privacy and they have a feeling maybe my colleague or myself has been around for a while and they have reason to believe that they'd be safe and treated respectfully.

Some people prefer to talk in circle, so we might have a conversation about a topic and then people will go around the circle and just relate to that topic.

So, for example, I might tell a story of resistance, and then people will reflect on that story and then some people will talk about their own experience, they'll relate their own experience and begin remembering

and talking about their own histories of resistance.

So it's a process of yarning, you might call it, storytelling; raising issues in a way that makes it accessible for everybody to talk about them.

MS. KATHERINE HENSEL: And ---

DR. ALLAN WADE: And I agree, by the way, on the notion of dignity, which in Kaska the translation would be Dene nāc̀h'et īt'ē, and so I agree that that is -- we use that term a lot because it really -- there really is a direct link across really diverse cultural settings, although it means different things in different cultural settings.

MS. KATHERINE HENSEL: Yeah. And can you comment on the -- and I think you started to, but comment more on the intersectionality between you have these cultural differences and a distinct cultural context that really govern appropriate communication.

DR. ALLAN WADE: Right.

MS. KATHERINE HENSEL: And then you throw trauma, the collective and universal experience of trauma, intergenerationally ---

DR. ALLAN WADE: Yeah.

MS. KATHERINE HENSEL: --- which would influence how you'd speak and interact with a non-Indigenous client as well.

DR. ALLAN WADE: M'hm.

MS. KATHERINE HENSEL: How do they -- how do you deal with that intersectionality?

DR. ALLAN WADE: You know, whenever you're talking with a person who's experienced profound adversity and violence, your primary concern is with safety and dignity of the human. And so you have to have all kinds of practices that really are about that. Safety is not -- safety is not immediate; it's something you build up over time. The kinds of conversations that are possible, how you engage with them, depends completely on the comfort, the aspirations, the context that the person is living in. It's not me bringing a practice to implement; it's us trying to engage with people in a way that's uplifting and dignifying for them in their cultural context. So it's not importing my practice to that community; that's called colonialism. But I come because I have something, possibly, that I can work as an ally.

And so part of that is being willing to do that; in other words, understanding that part of what a person and, for example, other people told me, "Okay, you're the guy with the PhD; you're the White guy, hetero dude with the PhD, you say this to the police, not me."

So part of it is understanding your role in the community and what role you might play. And the other

part for me is I need to be an expert on my own culture. I read Ward Churchill very, very carefully, the American Indian activist who wrote a beautiful paper called "I Am Indigenous," in which he points out that everyone is Indigenous to something.

So my job is to understand my culture, including the colonial core of my culture. I need to be a cultural critic of my own culture, and that's part of what I can bring.

MS. KATHERINE HENSEL: Dr. Wade, my time is over.

DR. ALLAN WADE: Thank you.

MS. JENNIFER COX: The next party with six minutes is the Battered Women's Support Services, and Brandy Kane with six minutes.

--- CROSS-EXAMINATION BY MS. BRANDY KANE:

MS. BRANDY KANE: (Speaking in Native language). Brandy Kane. It's really good to be here.

My spirit name is Thunder Eagle Woman; my English name is Brandy Kane. I am St'at'imc -- I am Haqlim (phonetic) from St'at'imc Territory and I just want to acknowledge Treaty 1 territory that we're on and all the participants that are here doing this good work.

MS. BRANDY KANE: So, Dr. Wade, I have a few questions for you. One is that we live in a colonial

society where racism and sexism exist, particularly with our Indigenous women. Can you elaborate on best-practices for non-Indigenous counsellors working with Indigenous women?

DR. ALLAN WADE: Number one is I think you have to study your own culture. And so for me what that has meant is really just trying to understand the colonial context and the colonial cultures of which I am a part. And to look at, in real detail, at how colonialism is enacted today, what methods are used, what concepts are tied to this, what positions are created. So I think that's number one.

That leads into, I think, a certain kind of critical analysis of the field of the helping professions itself and the role that psychology, psychiatry, social work continue to play in the colonial project, if I can put it that way.

And so that leads naturally into trying to develop other practices with people. One of the core practices is always beginning with trying to understand the context that the other person is coming from; their reasons for meeting with you; their aspirations; the knowledge, culture, spirituality they already possess become the guide for that practice, not a model of mental health service or, you know, some other notion about what

they ought to be. So it really becomes a process of trying to uncover the pre-existing capacity and identity, and acknowledge and honour that as part of the process. From beginning to end, that's really the core.

I think also you have to be prepared to understand that you're there to learn. You're not there to tach; you're there to learn, and there's a lot to learn. And if possible you need to develop and continue to work in long-term collaborative relationships with people who can say no to you.

You always need to work with people who can say no to you. Particularly if you're kind of your garden variety, White male, hetero doctor guy, you need to have people who can say, "No, that's wrong." So actively finding those people to work with, I think also is extremely important.

MS. BRANDY KANE: Thank you.

Another question I have for you is how can a system that is inherently harmful seek to help men that have been trained in this colonial system to do harm against Indigenous women and children?

DR. ALLAN WADE: How can a system that is colonial help men ---

MS. BRANDY KANE: Yes.

DR. ALLAN WADE: --- who have -- right,

yeah.

Well, that's why I think it's extremely important to draw out the links, as you've mentioned, between, say, gender-based violence, sexism, and colonialism, and colonial male supremacy.

It's extremely important to understand that context and for men to take initiative in this context in collaboration with women's organizations or with gay, lesbian, trans organizations; however, also, men's organizations on their own energy and with their own impetus to begin to challenge porn violence, for example. We need -- I think we need much more -- publicly, much more men's organizations engaged in doing this kind of work.

And also, to recognize that within the colonial context, the models that we have been given are designed precisely to conceal violence and remove responsibility of offenders. So I think we need to actively resist those models, which is part of what I tried to talk about today and find -- with the people we are working for -- find their -- evidence of their control and deliberation and decision making and to make that part of the context. So that practice is very dignified, but it's also very focused and very decisive on creating non-violence.

And the other thing is, that's why I'm so hopeful about the Youth for Safety and Justice Project in Watson Lake. I mean, there you have an engagement of young -- of boys, young men doing sexual assault prevention and doing analysis of gender, and culture, and language. I think if we're able to do those kinds of things, I'd feel much more hopeful.

MS. BRANDY KANE: Thank you.

DR. ALLAN WADE: Thank you very much.

MS. BRANDY KANE: Can you repeat your analysis of trauma-informed practice for the record?

DR. ALLAN WADE: Sure. It -- that's a long -- that's a big question.

I think it's important to remember that perpetrators commit violence, they don't commit trauma.

MS. BRANDY KANE: M'hm.

DR. ALLAN WADE: The word "trauma" is now used to refer to both the actions of a perpetrator, and the subjective experience of a victim, so-called. I think we have to be very careful to not use the word "trauma" to refer to the actions of a perpetrator.

So if a -- perpetrators use violence, we need to talk about the violence. The person -- the victim didn't experience trauma, they experienced violence.

MS. BRANDY KANE: M'hm.

DR. ALLAN WADE: So if we lose that distinction, we end up focusing fully on the internal workings of the victim or theories about the internal workings of the victim, rather than focusing on where the problem really lies, which is on the perpetration of violent actions. So that's one part of the distinction.

The other part is if you really look very closely at how people respond to and resist violence -- I gave some examples in the talk -- that -- for example, that little in the trauma informed practice example I gave, who protected his little sister and remembered -- even though he was terrified, he remembered to go get her and find her and bring her into the room and protect her.

Why aren't we asking what part of the brain gives him that capacity to be so composed and so loving and still be so terrified? Why aren't we asking what part of the brain allows people to preserve their dignity when they're violated?

The reason for that is that within trauma-informed practice there is no recognition that people spontaneously resist violence to the extent that they do. So extraordinarily complex forms of resistance are either ignored, as in the example I gave you, or reduced to fight, flight, freeze. So there are very problematic, inaccurate assumptions about brain function, and better

questions about the brain are not even being asked.

I think there's a lot of good things in trauma-informed practice. Okay? So I'm not trying to diss the whole thing. I mean, you get good humans trying to do good things, good things are going to happen. The model they're using is kind of, of secondary importance in a certain way.

But you can teach people self-regulation and mindfulness and Yoga, but we're not going to Yoga our way into social justice.

(LAUGHTER/RIRES)

DR. ALLAN WADE: Right?

MS. BRANDY KANE: Yeah. That's my time. Kúkwstum'ckacw.

DR. ALLAN WADE: Yeah. Thank you.

MS. JENNIFER COX: Chief Commissioner, that would be the parties that would do the cross-examination before the lunchbreak.

And one thing I noticed that I failed to do was tender the remainder of Dr. Wade's exhibits, the documents that he referred to before the cross-examination began. I didn't interrupt him during his testimony to try to sort of move through it, but I do have a number of documents for housekeeping purposes, subject to the objection of the parties, that I would like to also have

entered as exhibits.

So particularly, Tab D of the material that was disclosed to the parties with standing, Research to Practice Network: Indigenous women, RCMP, and Service Providers Work Together for Justice is the title of the document, and that's the reference of the UN model that Dr. Wade referred to in his testimony.

CHIEF COMMISSIONER MARION BULLER: Yes. Exhibit 54 is Indigenous Women, RCMP, and Service Providers Work Together for Justice: A Response-Based Safety Collaboration in the Yukon, Cathy Richardson, University of Victoria, April 2013.

--- EXHIBIT NO. 54:

"Indigenous Women, RCMP and Service Providers Work Together for Justice: A Response-based Safety Collaboration in the Yukon," by Cathy Richardson, University of Victoria, April 2013 (22 pages)
Witness: Dr. Allan Wade
Counsel: Jennifer Cox, Commission Counsel

MS. JENNIFER COX: The next document would be under Tab C, which is referred to as Creating Islands of Safety for Victims of Violence, again, as Dr. Wade

referred to in his testimony, by Catherine Richardson. And I'd ask that that be tendered as the next exhibit please.

CHIEF COMMISSIONER MARION BULLER: Exhibit 55 is Creating Islands of Safety for Victims of Violence: A Critical Systems Approach by Catherine Richardson. I don't see a date on it.

MS. JENNIFER COX: Let's see. Is there a date?

DR. ALLAN WADE: It's a book chapter.

CHIEF COMMISSIONER MARION BULLER: Yeah.

DR. ALLAN WADE: Gosh. I can't remember.

CHIEF COMMISSIONER MARION BULLER: We'll just identify it, then, as being found in the book, Systemic Therapy As Transformative Practice.

--- EXHIBIT NO. 55:

"Creating Islands of Safety for Victims of Violence: A Critical Systems Approach," by Catherine Richardson/Kinewesquao, in *Systemic Therapy as Transformative Practice* (pp. 250-268)
Witness: Dr. Allan Wade
Counsel: Jennifer Cox, Commission Counsel

MS. JENNIFER COX: The next document would be Tab F, which is the Analysis of Emergency Protection Order Hearings in the NWT, as referenced by Dr. Wade in his PowerPoint presentation. That's the full document there.

CHIEF COMMISSIONER MARION BULLER: Yes. Exhibit 56 is Analysis of Emergency Protection Order Hearings in the NWT: An Analysis and Report Commissioned by the GNWT, October 13th, 2010 by Linda Coates and Allan Wade.

--- EXHIBIT NO. 56:

"Analysis of Emergency Protection Order Hearings in the NWT: An Analysis and Report Commissioned by the GNWT," by Linda Coates and Allan Wade, Centre for Response-Based Practice, submitted October 13, 2010 (98 pages)
Witness: Dr. Allan Wade
Counsel: Jennifer Cox, Commission Counsel

MS. JENNIFER COX: And finally, with Tab B, there is a document referred to as Dignity-Driven Practice. And I -- given the reference to the concept of dignity-driven practice in Dr. Wade's testimony, I'd ask that that be entered as the next exhibit.

CHIEF COMMISSIONER MARION BULLER: Exhibit 57 is Dignity-Driven Practice, and...

MS. JENNIFER COX: And those are all the exhibits, Chief Commissioner.

CHIEF COMMISSIONER MARION BULLER: Yeah. That's Exhibit 57. Thank you.

--- EXHIBIT NO. 57:

"Dignity Driven Practice," print date September 5, 2018 (25 pages)
Witness: Dr. Allan Wade
Counsel: Jennifer Cox, Commission Counsel

MS. JENNIFER COX: So at this point in time, Chief Commissioner, there are still a -- 10 parties with rights to cross-examine. If we could break for lunch and then return. And for the information of the parties with standing, we do have a hard stop at 3:30 this afternoon. So we need to get back from lunch as soon as possible.

CHIEF COMMISSIONER MARION BULLER: One o'clock, please.

MS. JENNIFER COX: Thank you.

--- Upon recessing at 11:59 a.m./L'audience est suspendue à 11h59

--- Upon resuming at 1:08 p.m./L'audience est reprise à

13h08

DR. ALLAN WADE, Resumed:

MS. JENNIFER COX: We're waiting for the Registrar as well.

So the next party on the list for cross-examination is Treaty Alliance Northern Ontario, NAN Great -- Grand Council Treaty 3, represented by Krystyn Ordyniec. She has 6 minutes.

---CROSS-EXAMINATION BY MS. ORDYNIEC:

MS. KRYSTYN ORDYNIEC: Good afternoon, Chief Commissioner and Commissioners. I'd just like to begin by acknowledging the Treaty 1 territory, the Elders, the prayers, the songs, the sacred items in the room.

Good afternoon, Dr. Wade. I represent Treaty Alliance Northern Ontario, which is made up of Nishnawbe Aski Nation, as well as Grand Council Treaty 3. So it's 77 communities in Northern Ontario, as well as Eastern Manitoba.

DR. ALLAN WADE: Thank you.

MS. KRYSTYN ORDYNIEC: And the first thing I thought when I heard your presentation today was where do we start. And I'm going to communicate something that one of the NAN Elders said about cultural competency.

DR. ALLAN WADE: Right.

MS. KRYSTYN ORDYNIEC: And the sentiment

was that it felt like a test, like once you ticked some boxes you were all of a sudden culturally competent.

So my question to you is the difference in one word. So, using cultural competency versus using something like cultural understanding, and how important that one word could be.

DR. ALLAN WADE: I'm not sure that I understand your question.

MS. KRYSTYN ORDYNIEC: Just changing the narrative in terms of how -- for example, in the judiciary ---

DR. ALLAN WADE: Right.

MS. KRYSTYN ORDYNIEC: If there's something like an online course and it says now you're culturally competent because you've taken this course, that was her sentiment.

DR. ALLAN WADE: Oh yes. I see. Yes. Yes. Yes, so the -- when new RCMP members come to the Yukon, right, they watch a DVD. That's the cultural training. You know, I've -- if someone says culturally competency, for me, the first thing I would want to know is that I'm competent in my own culture, that I understand my own culture, I understand the practises that I'm a part of. I understand my place and the dirty work of empire. I understand what it means to be a male in a European --

you know, in the context of this society.

So, I know the phrase is not used that way, but I think we need to get a lot better at examining our own culture, essentially, is what I'm saying, and that is part of developing an understanding for how you might engage with other people who come from other cultural contexts.

So, I would want to make that a part of it rather than, for example, showing RCMP members, just to use them as an example, information about Yukon First Nations. I think it would be really interesting to show them examples of their own cultural practises, European-based culturally practises, and develop their competency to be critical of their own society.

To me, that is extremely important, and I see that as my central role, and being willing to do that and being accountable to that is part of what might qualify me to begin to have a conversation with another person and develop some understanding with them.

MS. KRYSTYN ORDYNIEC: Thank you. My next question has to do with translation. So, sometimes in remote communities, court will sit in the community.

DR. ALLAN WADE: Right.

MS. KRYSTYN ORDYNIEC: And, there would be an original language spoken by, perhaps, one of the

witnesses, and we see sometimes that translation, direct translation, there isn't a direct translation for certain words, for certain phrases. You can't get the proper connotation of what somebody is trying to say, and I wonder if you could just speak to the difficulty that -- and perhaps how that could affect a victim if the translation isn't appropriate?

DR. ALLAN WADE: Yes. Well, the opportunities for misunderstanding are huge, aren't they? If you haven't -- if you don't have in place the proper methods for a person to speak their truth, and be heard, and to understand questions, and to make sure that they're getting through what they want to say.

So, it's a really subtle and big issue. I think, for example, recently there was the very unfortunate judgment in a case in Watson Lake, Yukon, where there was a sexual assault survivor who, as a young person, did not really want to refer to her body parts or some of the physical parts of the experience, which is quite consistent with teachings of Kaska elders and women, a certain modesty around that. That was interpreted as indicating that, therefore, she was sort of in denial or didn't really understand the process, and that led to a problematic judgment. So, there's all kind of issues around, also, what is culturally appropriate to speak

about that people need to try to better understand.

MS. KRYSTYN ORDYNIEC: And, what would be some of your recommendations? So, specifically in more remote communities to ensure that the victims are protected in circumstances like that?

DR. ALLAN WADE: Well, I mean, one is I think we need to make sure that Indigenous women's organizations and Indigenous cultural organizations receive base funding from provincial territorial governments. Currently, that's not the case in Yukon, for example. And so, people are constantly scrapping for funding, pulling pieces together bit by bit. It's extremely difficult to maintain continuity over a long period of time.

One way to help with that, I think, would be for provincial and territorial governments to require that any professionals coming to a community attend at the beginning a week-long face-to-face training developed by the local First Nations, delivered by the local First Nations, and that they're paid for it, and that it's not optional that professional pay for that training and governments pay for that training.

I think then you begin to create a context where Indigenous people are much more involved in the system of professions, and I also think that it's

extremely important that if you're engaging in, say, child protection practice or any other form of practice, I think you need to have some culturally-appropriate supervision and consultation with Indigenous elders, with Indigenous people in that area on an ongoing basis, and that ought not to be mandatory -- ought not to be optional. It ought to be mandatory.

It's interesting that in some other countries like Sweden, for example, it is illegal to do child protection practise without having external clinical supervision. So, we simply haven't done that in Canada. They are doing it in other places in the world. It's kind of a no-brainer. And so, we could be doing a lot better on that level as well. Yes.

MS. KRYSTYN ORDYNIEC: Thank you for your time.

DR. ALLAN WADE: Thank you very much.

MS. JENNIFER COX: The next party with six minutes is Pauktuutit, et al, represented by Beth Symes.

--- CROSS-EXAMINATION BY MS. BETH SYMES:

DR. ALLAN WADE: Hi.

MS. BETH SYMES: Hi, Dr. Wade. I want to ask you about Exhibit 56, which is the analysis that you did of the emergency protection orders. Would you agree with me that the goal of the Government of the Northwest

Territories that retained you was really to improve how Justices of the Peace conduct emergency protection orders or hearings?

DR. ALLAN WADE: Yes. That's the goal they stated to us, and our hope was that after we had completed the report that we would be involved in discussing it with the Justices of the Peace and the Justice Department.

MS. BETH SYMES: And, I gather that didn't happen?

DR. ALLAN WADE: That's correct. Yes.

MS. BETH SYMES: So, not only did that goal not happen, but now that we usually approach these issues with an access to justice lens, do you agree that there really was little or no attention paid to the woman who was at the centre of the application?

DR. ALLAN WADE: You mean in the examples that I gave?

MS. BETH SYMES: No, in the goal of the government ---

DR. ALLAN WADE: Right.

MS. BETH SYMES: --- to do the study. They didn't focus in on the women themselves?

DR. ALLAN WADE: Ah. They were focusing on the process of applying the new Act. Yes. Not on -- the research study was not about the women calling in, per se.

Yes.

MS. BETH SYMES: And, as you quite honestly said, that there was just no part of the study and no option for you to go and talk with the women about their perception of the protection proceeding.

DR. ALLAN WADE: That's correct.

MS. BETH SYMES: And, there was also conversely or on the other side, no measure of whether or not the emergency protection order was effective?

DR. ALLAN WADE: Not in our study. I don't know to what extent the GNWT is examining that issue. They are now. You might know that. I don't. Yes.

MS. BETH SYMES: The other thing, and actually is more concerning for me in terms of the design of the study that you were asked to do, is that in court proceedings, we usually look to the loser. The person who wins is happy, but there was absolutely no analysis, then, of the transcripts for the women who didn't get an emergency protection order?

DR. ALLAN WADE: Well, we randomly -- that's true. We randomly sampled from that data set. There were, at that time, about 325 phone calls. So, we randomly sampled them and looked at the examples that we got. So, we didn't identify particular outcomes and then look at those outcomes. I think that would be very useful

to do.

MS. BETH SYMES: And, it's not a criticism of you. You were asked to do a certain thing, but it is a criticism of the Government of the Northwest Territories that they never looked to say where a protection order was not granted, what happened to that woman and her children.

DR. ALLAN WADE: Yes. That's extremely important to follow up. Absolutely.

MS. BETH SYMES: Now, my clients, who are Inuit women across Inuit Nunangat and in southern communities were incredibly critical, have been incredibly critical of these emergency protection orders, whether or not they are in Inuvialuit or Nunatsiavut, et cetera. You talked earlier about these emergency protection orders need to be looked in a social context.

DR. ALLAN WADE: Yes.

MS. BETH SYMES: And, would you agree with me that a very important social context for the Inuit is that most of the communities in Inuvialuit do not have a women shelter, a safe place?

DR. ALLAN WADE: Yes. Yes, that is very important. Yes.

MS. BETH SYMES: And, the examination of the words that the Justice of the Peace used in questioning the women were essentially like, why did you

not come forward; right? Why did you not come forward before? We saw that in several of your examples in Exhibit 56.

DR. ALLAN WADE: Yes.

MS. BETH SYMES: And, would you agree with me that from your knowledge of violence against Indigenous women, and I will talk about Inuit women ---

DR. ALLAN WADE: Sure.

MS. BETH SYMES: --- that women do not come forward because, in some cases, the man has said, if you seek help, if you call the police, I will kill you and the children.

DR. ALLAN WADE: Yes, absolutely.

MS. BETH SYMES: And so, reactive, but positive as you were saying to protect the children?

DR. ALLAN WADE: Yes.

MS. BETH SYMES: A second reason why women would not come forward is that if she were truthful and fulsome about the full extent of the abuse, the full extent of the violence of this man, child and family services may take the children?

DR. ALLAN WADE: Yes.

MS. BETH SYMES: In fact, it feels like a high probability.

DR. ALLAN WADE: I agree, yes.

MS. BETH SYMES: And so, these emergency protection orders, did you have any sense as to whether or not they were effective in protecting the women that came?

DR. ALLAN WADE: I do not know how effective they are. What we were told at the time was the GNWT was examining the emergency protection orders from a number of angles, and the study that we did was part of a bigger project to evaluate the effectiveness of the act and its implementation. I do not know what other studies have been done since or as part of that evaluation.

MS. BETH SYMES: Oka
y. Thank you.

DR. ALLAN WADE: Thank you.

MS. BETH SYMES: Those are my questions.

DR. ALLAN WADE: Thank you.

MS. JENNIFER COX: The next party with rights for cross-examination is the Assembly of Manitoba Chiefs, and it is Anita Southall with nine minutes, please.

--- CROSS-EXAMINATION BY MS. ANITA SOUTHALL:

MS. ANITA SOUTHALL: Good afternoon, Dr. Wade. Commissioners, thank you for coming to Winnipeg. I am part of the Assembly of Manitoba Chiefs' legal team. I want to recognize our presence here on Treaty 1 territory, the homeland of the Métis nation. I want to honour the

spirits of those we have lost through violence, survivors of violence, family, friends in community, those participating, and I also want to thank the Commission staff and all participants for their work in this ongoing endeavour.

Dr. Wade, I want to refer you to the document we have marked as Exhibit 55, Creating Islands of Safety for Victims of Violence. And, if you could look at page 264 of that document, please, sir. I want to, while counsel is flipping to that spot, just ask you to look under the -- towards the end of the large paragraph under the heading, Concluding by Embracing the Sacred and Islands of Safety.

DR. ALLAN WADE: Okay.

MS. ANITA SOUTHALL: Have you got that spot, sir?

DR. ALLAN WADE: I have got that paragraph, yes.

MS. ANITA SOUTHALL: Great. And, about three-quarters of the way down. The author of this paper says, "It is my view that dignity is the path to restoration and social harmony".

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: See that? Do you agree with that statement, sir?

DR. ALLAN WADE: Yes. It depends on how you define dignity, but yes.

MS. ANITA SOUTHALL: Pardon?

DR. ALLAN WADE: Yes. It depends on how you dignity, but yes.

MS. ANITA SOUTHALL: And then the next sentence, sir, goes on to say, "Dignity involves autonomy, sovereignty, mutual aid and a full-on effort to address structural violence and racism." Those are the author's words.

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: Do you agree with that?

DR. ALLAN WADE: Yes, I do.

MS. ANITA SOUTHALL: Sir, is it fair to say that based on your experience and education, that efforts to improve responses by helping professionals in the child welfare and justice systems would improve, but may not be the optimal way for Indigenous communities to be supported?

In other words, and I do not want to put words in your mouth, but I heard you say through your testimony this morning that the colonial system is the colonial system?

DR. ALLAN WADE: Mm-hmm.

MS. ANITA SOUTHALL: And so, improvements in responses of helping professionals within the colonial system ---

DR. ALLAN WADE: Right.

MS. ANITA SOUTHALL: --- would still be working within the colonial system; correct?

DR. ALLAN WADE: We are not going to have a non-colonial system overnight, and so the -- I think that is why I said it is extremely important, for example, that, you know, lawyers, medical doctors, teachers, et cetera, et cetera, have appropriate education so that they can enter these professions with a much more critical understanding of their own culture, and of the nature of the work that they are getting involved in and of who they might be working for. So, that is part of it.

The goal, of course, is to change the colonial structure itself, and into a very different kind of society. That is a big project. And, part of that is improving the quality of social responses we have to all cases of violence now. So, we -- there are certain steps we have to take that are part of reforming a colonial system.

MS. ANITA SOUTHALL: Okay.

DR. ALLAN WADE: I hope I addressed your question.

MS. ANITA SOUTHALL: Yes, I think you did, sir, actually.

DR. ALLAN WADE: Okay.

MS. ANITA SOUTHALL: Thank you. And, I noted, and I am not going to make you turn to the page, but you were, as you indicated, part of -- and it refers to your role in the Creating Islands of Safety project ---

DR. ALLAN WADE: Right.

MS. ANITA SOUTHALL: --- and that was based on, as I read the paper -- pardon me, just give me one moment. My understanding is that that was based on a model that was imbedded in a cultural model of traditional Métis, Cree family life ---

DR. ALLAN WADE: Right.

MS. ANITA SOUTHALL: --- in terms of implementation?

DR. ALLAN WADE: That is correct. Cathy Richardson consulted with Maria Campbell, among others, and so the -- we had blanket views to symbolize the four directions, four areas of life, different roles of different people in relation to children. And so, the practice that Cathy engaged in was very much culturally based, she is a Métis woman herself, and -- so, yes, that is the case.

MS. ANITA SOUTHALL: Sir, your experience

working with the, and I hope I pronounce it correctly, Liard Aboriginal Women's Society ---

DR. ALLAN WADE: Right.

MS. ANITA SOUTHALL: --- I listened to your testimony this morning, it struck me that it underlined for you the importance of local community and fashioning solutions that are centered on a dignity approach?

DR. ALLAN WADE: Absolutely.

MS. ANITA SOUTHALL: So, existing historical and local context is key ---

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: --- would you agree? In particular, and here I just have a few specific examples I have noted, the unique community composition and history of a locale ---

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: --- would be important?

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: Geography of the community, sir?

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: The specific Indigenous world view and traditions of the community?

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: Exposure to urban development adjacent to a community ---

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: --- would impact it?

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: Isolation of a community by ---

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: --- comparison would impact?

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: Relationship to natural resource extracting operations?

DR. ALLAN WADE: Yes.

MS. ANITA SOUTHALL: Thank you, sir. Those are my questions.

DR. ALLAN WADE: Thank you.

MS. ANITA SOUTHALL: Thank you, Commissioners.

MS. JENNIFER COX: So, the next party with rights for cross-examination are Liard Aboriginal Women's Society ---

DR. ALLAN WADE: Uh-oh.

MS. JENNIFER COX: --- with 18 minutes.

--- CROSS-EXAMINATION BY MS. ANN MAJE RAIDER AND CARLY

TEILLET:

MS. CARLY TEILLET: Okay. Tashi, bonjour and good afternoon. I would like to begin by expressing that it has been an honour to be able to come home and do this important work this week on the Métis homeland and on the territory of Treaty 1. And, I would like to acknowledge the spirits of our women and girls, their families, survivors, the elders, the medicines and the sacred objects here today.

As mentioned, I'm Carly Teillet, and I am the great-granddaughter of Sara Riel, who was the niece of Louis Riel, and I was born here in St. Boniface, a Métis woman, and I have the privilege of acting as counsel for the Liard Aboriginal Women's Society, and I would like to acknowledge the presence of six of their Board of Directors, Kaska elders, grandmothers, aunties and great-grandmothers.

And so, part of my job is making sure the voices of my clients are heard and believed. And so, on that note, I'm going to step aside and invite Ann to introduce herself, share and ask some questions.

MS. ANN MAJE RAIDER: Good afternoon. Thank you for the opportunity, and I would like to acknowledge our ancestors. I would like to acknowledge my Kaska sisters that we've come a long way. We felt that

this gathering is so important to hear about our children and how we can protect our children. Our culture is about our children, so I just want to say I'm just truly grateful.

Dr. Wade, your testimony was sobering, and every time I hear you speak, it just resonates the truth within our hearts, and I want to thank you from our Kaska hearts for your dedication and your work with us. You have been with us for the last 18 years, and together, we have done a lot of good work.

So, I like that you used language that was concise to talk about the prison camps and genocide. Minister Philpott has called it a humanitarian crisis, what is happening to our children. So, I just want to give some context to working with you personally and as an organization.

Personally, when I first met you, I said, "I'm such a co-dependent." Following the readings, the books from John Bradshaw, if anybody in the room can remember Bradshaw, and Melody Beattie, and I've been to -- at the time before I met you, I had been in my circles of healing because I did go to the prison camps.

And, I had -- prior to seeing you, I had done everything to go to circles, to breathe it out, beat on pillows, talk to one counsellor after counsellor. I

was very depressed, and I had thought myself as a co-dependent from what I read, and counsellors. I thought that there was a problem within me, that I was a problem.

I have lost a son. So, when I met you, I was blaming myself. And, you said, "Tell me what you mean. Tell me why you say you are a co-dependent." I said, "Well, because I enable my kids. I do this for them. I do this, I take care of everybody, I just want" -- and you said to me, "Well, where did you learn that taking care from?" And, I said, "From my grandma, and my mom, and my culture." And, you said, "Well, that doesn't sound like a co-dependent to me." I said, "Hell, no." I've never been a co-dependent since.

So, since that time, I have believed so strongly in culture. I've seen it work in my community, and I'm a testimony to say culture works. I don't suffer from depression anymore. I suffer from inadequate social justice.

So, for millions of years, our people have faced horrendous conditions, violence, and we have endured. Prior to colonization, we've endured. We know how to take care of ourselves. We have culture. We have a belonging to a people. So, what really frustrates me and us Kaska women is that government only will give you enough money to do a little project. Your little project

ends, and nothing gets rooted.

So, would you recommend that Canada and the Yukon government fund Indigenous women's organizations so that we can take care of our children and start coming back together and enjoying and living our culture? That, to us, is therapy.

DR. ALLAN WADE: Yes.

MS. ANN MAJE RAIDER: We don't need a psychologist. We don't need a psychiatrist. We've got grandma, we've got aunties, we've got everything we need.

DR. ALLAN WADE: Yes. Absolutely. Yes.

MS. ANN MAJE RAIDER: Thank you.

DR. ALLAN WADE: It's certainly true of Indigenous organizations, Indigenous women's organizations, that you're denied base funding. You're denied the funding that other non-Indigenous organizations are given. You're really stripped of the opportunity to participate meaningfully in so many community issues. Because of that, you're not invited to the table.

I've been at meetings where you and your sisters have been judged and talked down to in the most humiliating manner by people in positions of authority. But, I also want to say that women's organizations generally across our country are also -- they might get more base funding, but they're also constantly having to

prove that they're doing the right thing, constantly applying for money. So much of the time and energy gets taken up trying to justify your existence.

So, it's true right across the women's sector, and it's true particularly for you and organizations like you. And, I think you are so -- that decision you made to create a separate, private society that exists apart from the band structure, that was really, really smart.

MS. CARLY TEILLET: Thank you for your words, Ann, and I think all of us could say thank you for your strength and your support. And, on that note, I'd like to talk a little bit about that strength and a little bit about that work. So, you mentioned Together for Justice.

DR. ALLAN WADE: Right.

MS. CARLY TEILLET: Which has been internationally recognized, and I believe you said put forward as a model by the U.N. And so, I would like to invite you to turn your mind to recommendations with Together for Justice in mind, and if you could talk a little bit about what you would recommend coming out of that?

DR. ALLAN WADE: To me, I think it needs to be an ongoing process, that the entire command structure,

all members of the RCMP should be involved in a process like that in an ongoing way with Indigenous communities across the country.

As soon as you -- Liard Aboriginal Women's Society and its allies, I think really, for many people, transformed policing and made extraordinary changes. The RCMP may not recognize this, but they need that. They need it. They're better police for that practice.

I heard today, I think it's Judy from Newfoundland, talked to me briefly and said that Superintendent Clark, having been through the process and trained by Indigenous women in the Yukon then went to Newfoundland and started to institute third-party reporting and other things that he had learned there in the Yukon. So, isn't that fantastic? That's a testament to what can come out of those things. So, I would definitely recommend that. I think that needs to occur, for sure.

I think, also, as I mentioned earlier, I think it was Chief Carlick, actually, in Carcross who mentioned this idea. Ann and I were having a meeting there one day, and he said, "You know, maybe what we should do is we should require all professionals to attend our training on our land before they come onto our land and practice here." And, you know, that's a fantasy. I'm

just thinking, man, would it not be fantastic if First Nations took that position. You need to be qualified and you need to pay us to train you if you want to practice on our traditional territory.

(APPLAUSE/APPLAUDISSEMENTS)

MS. CARLY TEILLET: So I understand that a community that you worked with was actually offered an apology about the use of the DSM as a tool. And I was wondering if you could talk a little bit about that?

DR. ALLAN WADE: I don't know that it was a community, but the -- one of the developers of the DSM, a guy called Allen Francis, over the years I think as -- with successive additions of that document, and less and less context, more and more disorders -- the numbers of disorders is increasing all the time -- I think he got alarmed and was confronted by a lot of research that shows that the DSM is scientifically invalid. Anyone who's saying they're doing evidence-based treatment and using the DSM doesn't understand evidence.

So I think he kind of came to his senses, and he wrote a book called Saving Normal in which he effectively apologizes for having been such a force behind the creation of the DSM, and recognizes that it has become, in some instances, essentially a marketing tool for pharmaceuticals.

There have been other really important publications written by critics. Robert Whitaker's book -- oh, gosh, the name of it now escapes me; it'll come to me. Anyway, Robert Whitaker's book is extremely important. Ethan Watters wrote a book called Crazy Like Us: The Globalization of the American Psyche, in which he too takes apart the trauma industry, the U.S. based trauma industry because that upholds the DSM. I don't think we're getting fewer children diagnosed, I think we're probably getting more diagnosed.

So there's a lot of work to really address this because the DSM system is so entrenched now in practice that it's going to require a lot of work to really reorganize and to provide people who come to us the opportunity to talk about their suffering in their own language, in their own metaphors, to talk about their aspirations in their own ways, rather than us imposing that.

MS. ANN MAJE RAIDER: Dr. Wade, in ---

DR. ALLAN WADE: Anatomy of an Epidemic, Robert Whittaker, Anatomy of an Epidemic. Sorry, Ann.

MS. ANN MAJE RAIDER: I believe in Australia ---

DR. ALLAN WADE: M'hm.

MS. ANN MAJE RAIDER: --- a psychologist

there had issued an apology to the ---

DR. ALLAN WADE: Oh, yeah.

MS. ANN MAJE RAIDER: Yes. Could you ---?

DR. ALLAN WADE: The American -- or the -- sorry -- the Australian Psychological Association issued an apology to Aboriginal people in Torres Strait Islanders, issued an apology for the state of psychology, the top down colonial underpinnings of psychology, and as part of that, issued a statement of commitment to listen more and talk less to support the aspirations of Aboriginal and Torres Strait Islanders.

So we're long overdue for something equivalent in Canada. It doesn't change practice overnight, but it means a great deal.

There are other organizations, for example, the National Institute of Mental Health in the United States, which is a hugely powerful organization, has also recently distanced itself from the DSM as a system for -- to be applied to understanding suffering. That's extraordinary.

There's an organization, the British Psychological Association, which is very conservative, has also issued a document recommending, not abandoning, but really limited use of the DSM and stating that people who are suffering deserve the opportunity to talk about their

aspirations and their distress in their own terms, not to have us impose meanings on that suffering for them.

So that's -- it's interesting to see this happening. A lot more of that needs to take place.

MS. ANN MAJE RAIDER: Dr. Wade, could you tell us about a campaign that the Centre for Response-Based Practice has developed ---

DR. ALLAN WADE: Right.

MS. ANN MAJE RAIDER: --- Telling It Like It Is?

DR. ALLAN WADE: Right. Yeah, we -- in terms of analyzing language. So we've been gathering legal judgements, newspaper articles, psychological reports, all kinds of examples from all over the place, and we created a website called www.tell-it.info; tell-it.info. If you go on that website, there is all kinds of examples of problematic language use, so we provide an analysis of that and then we show how it could be written better.

So there's a number of document on there. So if anyone's interested in looking into more detail on the study of language and how it relates to violence, that's a good place to go. Yeah. Thank you.

MS. CARLY TEILLET: So with the remaining time we have left, I'd like to ask you a little bit more

about amending the *Criminal Code*.

DR. ALLAN WADE: Right.

MS. CARLY TEILLET: So you mentioned the troubling use of language ---

DR. ALLAN WADE: Right.

MS. CARLY TEILLET: --- to describe acts of violence in the *Criminal Code* ---

DR. ALLAN WADE: Right.

MS. CARLY TEILLET: --- particularly as it relates to children.

DR. ALLAN WADE: M'hm.

MS. CARLY TEILLET: And so I wanted to invite you just to talk maybe a little bit more about that process of what that could or should look like, maybe a little bit more detail on ---

DR. ALLAN WADE: Sure.

MS. CARLY TEILLET: --- what you would like to see?

DR. ALLAN WADE: Yeah. I mean, I think we need to be better training people in law schools for one thing. We need to be talking about -- no offense -- it goes right across the professions.

But I was recently invited to come to do some talks at a law school, and then the director of a law school got wind of it and said, "Well, what does that have

to do with law? What does understanding violence have to do with law?" You know, it gives you a sense of the magnitude of the problem we have.

So I think that's one place to begin to get an analysis of this right into the picture right away. Because if you really begin to see the social realities around violence in the colonial context, it's much more difficult to create false representations in language. So that's a place to begin.

I'm really hoping that we can have a public conversation as a nation to talk what does it mean that our *Criminal Code* transforms violence against children into sex with children? What could it look like instead? How can we do that? What would it mean for how we do prosecution? What would it mean for how we see violence and how we support children?

I don't want to have -- you know, I don't want to meet more people who say that, "Yeah, but, you know, I had sex my priest when I was 10, that's the first time I ever had sex." But I don't want to meet more people who have that experience because we as adults have confused violence and sex.

So we have every day language that we can talk about those criminal activities directly and honestly, we have the language already; it's not

complicated. And it's -- I just can't quite figure out why we don't seem to have the political will or the courage to examine this and take it on board and work together to make the changes that are needed.

MS. ANN MAJE RAIDER: (Speaking Indigenous language.)

DR. ALLAN WADE: (Speaking Indigenous language.)

MS. CARLY TEILLET: Meegwetch.

MS. JENNIFER COX: The next party is New Brunswick Aboriginal People's Council with Amanda LeBlanc with 6 minutes, please.

---CROSS-EXAMINATION BY MS.AMANDA LeBLANC

MS. AMANDA LeBLANC: Hi. Good morning.

DR. ALLAN WADE: Good morning.

MS. AMANDA LeBLANC: My name is Amanda LeBlanc. I am the Interim Chief and President of the New Brunswick Aboriginal People's Council. We represent all the offices of Aboriginal people in New Brunswick.

We have also done a bit of an audit of media, specifically, in reporting, and things like that, in New Brunswick. We're one of the leads of a project called, Looking Out For Each Other: Assisting Aboriginal Families and Communities When An Aboriginal Woman Goes Missing.

So often the East Coast is left out of these conversations because it doesn't look as prevalent as it does here in the Western Provinces, but as we've discovered through this project, along with homelessness, because homelessness looks different on the East Coast than it does here, but it still exists. So we've taken this initiative to look at this.

And just a brief summary of one of the conclusions that was -- came from the literature review, so specifically looking at media reporting, was institutionalized racism and a sense of otherness is evidenced through the studies that were conducted by the academics examining, specifically, news media. And generally, the vulnerability of Indigenous Women and Girls are highlighted by the media's discourse and is often expanded and used to excuse the poor policing and government practices.

Would you agree that that aligns with what your research has found in your reviews?

DR. ALLAN WADE: Absolutely. And you find reference to -- in, for example, in child protection documents to the notion of vulnerability. And so they, for example, talk about children who have certain -- I'm talking about the structured decision-making system that's used in many places.

So you have reference to children who are particularly vulnerable. So the reason for the violence becomes some attribute of the child, not the decision of the perpetrator. So, that notion of vulnerability is often used to shift responsibility and deny the decision making of the offender, and I could not agree more with your analysis, yes.

MS. AMANDA LEBLANC: Okay. Just to build off a little bit more, we did another project that is about to be published, and it was called, Let's Get it Right: Creating a Culturally Appropriate Training Module and Identifying Local Urban Aboriginal Resources for Non-Aboriginal Caregivers of Aboriginal Children in New Brunswick.

Now, this was in collaboration with other organizations, funding came from the Urban Aboriginal Knowledge Network. So, we partnered with the School of Social Work at St. Thomas University, Under One Sky Friendship Centre in the city of Fredericton and the Department of Social Work -- sorry, the Department of Social Development with the government of New Brunswick.

Now, the original purpose of this was to do just that, look at what resources were available to families and create -- fill the gaps that we had identified. After the first phase, it was met with quite

a bit -- so when we interviewed caregivers for example, it was very clearly evident that they were not provided with the tools they needed to provide the best care for the children. When that was brought to the department, there was acknowledgment that, yes, it was needed, but it was not a priority of theirs, that a priority was to find foster homes.

So, that was very telling when we went to them and said, this is the first conclusion we found, but their unwillingness to put it as a priority really disconnected from what we as grassroots people were telling them that these are the issues that we need you to deal with. So, there is that disconnect.

DR. ALLAN WADE: Yes.

MS. AMANDA LEBLANC: Now, going a bit further with that, we, kind of, scrapped that and went to, well, the issue really is not -- well, it is with not enough resources to the families that are giving care, but those that are giving the resources that are available, are not properly informed. And, it goes back to what you just said, it is the education of those that are the frontline workers in providing these services.

Now, we looked a bit further into that. So, we talk about media and you talked about professional services having the obligation to -- and should be

receiving more information and it should be mandatory in their training, law, medical, but I would argue that that should go beyond that. So, you talked a bit about social responsibility and to change the narrative as the country, and there was a comment made earlier this week as the *laissez-faire* racism. So, people are not aware, just because the conversation has not been had. We have had how many decades of misinformation in our social studies classes.

DR. ALLAN WADE: Yes.

MS. AMANDA LEBLANC: So, would you agree with me in stating that a recommendation for this Inquiry could be that all post-secondary programs, be it certificates, doctorates, anything and everything, should include cultural competency, but also the true history of Aboriginal people in this country? Because it is not just the lawyers, it is the paralegals that families are meeting before that, that would not necessarily fall within that realm. It is the medical assistants that are getting to these families before they reach the doctor.

I have a very close friend who is a nurse, who -- you just made a comment of the director saying, well, what does that have to do with law? She had very -- unknowing how damaging it was, but her response was, well, I do not live and serve anybody from a reserve, why would

I need to know that?

DR. ALLAN WADE: Yes.

MS. AMANDA LEBLANC: So, there is this true disconnect in the information that is lacking. Would you agree that that would be a good recommendation to enforce it in all post-secondary programming?

DR. ALLAN WADE: Yes, I would agree. And, also, I agree with your analysis, that we have created that, what you call a disconnect, rather deliberately. We know it is there, we do not educate people properly. People know the history, it is not -- and the present day realities. Enough people know it, and it seems to be an uphill struggle to have institutional authorities, elected officials step up to the plate, show a little bit of courage, and really begin to make the changes that need to be made. I could not agree with you more. Yes.

MS. AMANDA LEBLANC: That is great. Thank you very much.

DR. ALLAN WADE: Thank you.

MS. JENNIFER COX: The next party with six minutes is Independent First Nations, Josephine de Whytell.

--- CROSS-EXAMINATION BY MS. JOSEPHINE DE WHYTELL:

MS. JOSEPHINE DE WHYTELL: Hi. Good afternoon. Good afternoon, Commissioners. Good

afternoon, Dr. Wade. I would like to begin by just recognizing the Treaty 1 territory and the sacred items in the room, as well as the qulliq.

My first question -- I am going to just dive right in. I am here representing the Independent First Nations, and I am wondering, how do we use your findings and your research when my client is in conversation with the local Chief of Police on negotiating a memorandum of understanding with the child protection agency, for example?

DR. ALLAN WADE: Well, yes, that is a -- I think it is important to, wherever you possibly can, take someone with you when you have a meeting. Study some of the examples. Work collectively to develop an analysis together based on your local views of what is happening. Invite the people who are running the public institutions to read particular documents and look at particular kinds of research. Connect with allies possibly outside of your community who can help support that. Study what is happening in your court rooms.

One of the important things that has happened in the Yukon is what is called the Court Watch Program. And, from that has come all kinds of really important information about what is actually happening in courts and how these cases are being managed, and that

information is being used to create social change. So, I think we need to have an eye on that and to be examining and evaluating that all the time.

MS. JOSEPHINE DE WHYTELL: Thank you. I am going to talk to -- and I will warn viewers to protect themselves with respect to what I am about to say. In the case involving Cindy Gladue, which is *R. v. Barton* -- and I believe it is about to be considered by the Supreme Court of Canada. Ms. Gladue was described by the prosecutor in her opening statements as a prostitute and referred her repeatedly as a Native woman or even a Native girl.

One of the most gruesome parts of this case was that a piece of her body, specifically her vaginal tissue, was preserved by a pathologist, and exhibited in the trial before the jurors. There was never any consideration when determining the admissibility of that exhibit to Indigenous perspectives, the dignity or humanity of Ms. Gladue. And, based on your evidence earlier, I would suggest no consideration of the colonial context of her objectification and how this exhibit undermined her quality.

Given your evidence on the importance of language and the pervasiveness of colonial ideology and oppression, and in light of this disgusting example of

defiance of moral decency in the name of evidence, how do we remove objectification of women from our language, our systems and our society? And, what steps can we take tomorrow to make this happen?

DR. ALLAN WADE: Wow. That is a big question. First, I am not familiar with that case and what you have just reported is shocking. It needs to be publicized for what it is, at which you have described so eloquently. I do not think there is any shortcut, but we have to educate educators, review curriculums, engage with people who can do that with us.

We have to address porn culture, violence -- that is violence culture. If the numbers are right, 70, 80 percent of men view porn on a regular basis, depending on where you are. Porn is associated with sexualized aggression, there is no question of that. I currently see boys in my private practice who have molested their younger sisters after viewing porn. I think a conversation about that would be -- is extremely important. And, it is a very challenging question to have in North America, because here, we are more likely to talk about sex work and a lot of the violence in pornography is sexualized.

So, in some other countries, they are addressing porn violence quite aggressively by demanding

filters, demanding that their government recognize porn violence. Large companies in North America make huge amounts of money from that. I think that is an absolutely crucial -- that is an absolutely crucial piece of work that we have to engage in collectively.

So, I do not think it is an easy answer, but one of the things we have tried to do, for example, in working with LAWS is to have these conversations, to honour the fact that people always respond to and resist violence. And, the reason that that -- one reason that that is important is, when you begin to acknowledge and honour the people respond to and resist violence, you then see the efforts by the perpetrator to overcome and supress that resistance. You actually get a more accurate picture of the violence itself. And then the victim's own history of resistance begins to challenge and contest the victim blaming.

So it's important to do that for many reasons. It's more accurate, and to have those accounts more present in our culture, so I think there are many answers to that question, and thank you for asking it and bringing all of our attention to that case.

MS. JOSEPHINE de WHYTELL: Thank you very much. That's all my time.

MS. JENNIFER COX: So the next party with

rights for cross-examination are the Vancouver Sex Workers Rights Collective. And, again, it's Ms. Teillet.

(SHORT PAUSE)

---CROSS-EXAMINATION BY MS. CARLY TEILLET

MS. CARLY TEILLET: Taanishi, bonjour, and good afternoon again.

I'd like to, because it's important to do so, begin by expressing that it's been an honour to come home and do this work on the territory of my family, and on the Métis homeland, and on the traditional territory of Treaty 1, and to acknowledge that the spirits of our women and our girls are with us. The importance of their families, the survivors, the Elders, the medicine, and the sacred items that are helping us do our work in a good way.

So, as mentioned, I'm Carly Teillet, and I'm the great-granddaughter or Sara Riel, and she's the niece of Louis Riel, and I'm Métis from St. Boniface.

And I have the honour of acting as counsel for Indigenous women, LGBTQ, Two-Spirit, and gender-fluid individuals who engage in sex work and trade in Vancouver's downtown eastside.

Today you talked a lot about resisting, and my clients talk a lot about choice.

DR. ALLAN WADE: M'hm.

MS. CARLY TEILLET: They've repeatedly affirmed that they make choices, they act, and it's with pride that they tell me, constantly, they are survivors.

They've shared stories of resisting violence of the imposition of colonial gender roles and heterosexuality by choosing to remove themselves from violent situations, moving to Vancouver, and then choosing a safe family in Vancouver.

DR. ALLAN WADE: M'hm.

MS. CARLY TEILLET: They've shared stories about actively choosing to resist what they've been told their whole lives about Indigenous women; that Indigenous women aren't valuable, they have no worth.

DR. ALLAN WADE: M'hm.

MS. CARLY TEILLET: One woman shared that she was taking back her body by getting to choose who she had sex with, what that looked like, and that her body had value because she could count it. And to quote, she said, "I feel good when I'm doing it. I like how it makes me feel."

She was resisting what she was told as a youth, that she was worthless, and that she was told that she had no power to decide what happened to her body.

DR. ALLAN WADE: Yeah.

MS. CARLY TEILLET: They shared stories

about resisting what Dr. Blackstock called "public service discrimination", and what other people call "genocide"; being at times in incredibly difficult situations, desperate situations, they've made the choice to sell or trade sex to survive, and they've said, "Will you feed my children? Will you pay for rent?"

This morning you described a response-based practice treating someone with dignity as an acknowledgement of what a person has tried to do to deal with an unmanageable situation as best they could.

So would you recommend to the Commission that they be mindful of their language in writing their report and recommendations so that they don't erase the choices and the resistance of Indigenous women?

DR. ALLAN WADE: Absolutely, yes.

MS. CARLY TEILLET: And along those lines could you briefly discuss the harm of using the term or the phrase, "She leads a high-risk lifestyle," ---

DR. ALLAN WADE: Right.

MS. CARLY TEILLET: --- what you've talked about today.

DR. ALLAN WADE: Yeah, it's like the notion of vulnerability that because you lead a high-risk lifestyle, you're inviting violence or you're inviting abuse or you're making poor decisions or you're wearing

the wrong things or whatever it might be. And so it transfers responsibility for violence from the people who commit violence to the people who are violated.

So we have a whole bunch of different ways in which we do that from psychological attributions like, you know, "Well, you picked these guys." "Sweetheart, I would never let a man treat me like that." Because I'm different from you, right; because women are unconsciously attractive; traumatic bonding.

I mean, we have literally dozens of concepts that do exactly the same thing. So I absolutely agree that I think that we need to be very mindful of that and place responsibility where it lies, which is the people who choose to commit violence.

MS. CARLY TEILLET: Thank you very much.

DR. ALLAN WADE: Thank you.

MS. CARLY TEILLET: Those are my questions.

MS. JENNIFER COX: The next party is the Downtown Eastside Women's Centre; with Carol Martin with six minutes.

MS. CAROL MARTIN: Thank you.

--- CROSS-EXAMINATION BY MS. CAROL MARTIN:

MS. CAROL MARTIN: That was a heavy piece of conversation she had about the Gladue; it hit me.

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: I was ready to leave the room.

DR. ALLAN WADE: M'hm.

MS. CAROL MARTIN: But I just wanted to talk to you, I was quite intrigued by what you presented. It made a lot of sense to why a lot of our issues and our problems keep piling up, piling up; you know, just the structure of the English language.

DR. ALLAN WADE: M'hm.

MS. CAROL MARTIN: I can see the layers of conditioning, brainwashing, self-sabotaging, and it's all implemented within this Canadian system, even in the language.

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: You know, the government has done a lot of damage to us over the years; ---

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: --- many, many years. And so after doing all that, we've been studied and researched to death.

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: You know, I was thinking about how the images that you had put on the poster with a woman, and that's something I've seen ever since I've started working for violence against women.

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: And now I see why. You know, there's so much of our issues to the point where we've become a high-priority within this Canadian system.

Everybody wants to be a part of that change when it comes to monetary -- money, when it comes to our lives, whether we're alive or dead. But nothing seems to change.

DR. ALLAN WADE: M'hm.

MS. CAROL MARTIN: So what you presented today made a huge -- had a huge impact on how I see -- like, as you're speaking, it seemed like it was all falling into place.

DR. ALLAN WADE: M'hm.

MS. CAROL MARTIN: The problems that we have within the court systems; you know, the theft of our children, theft of our land, it's the English words that they use because it has too many meanings.

You know, I wanted to focus on the residential school. You know, there was -- it was a good strategy for the federal government and the churches to bring all their children into one place where they were subjected -- you know, they were sexually abused, sodomized, everything possibly.

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: So how can we make changes within this Canadian system if the predators and the paedophiles haven't been held accountable?

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: What is your thoughts on that? Because, you know what, I grew up with families and friends who went to residential school. I couldn't understand what was going on, why was there so much violence? But I was so little.

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: You know, being subjected to sexual abuse by the very people who were supposed to take care of me.

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: And how am I supposed to make those changes, change for my grandchildren and children today ---

DR. ALLAN WADE: M'hm.

MS. CAROL MARTIN: --- when that very foundation of this Canadian system is made up of that?

DR. ALLAN WADE: Right. The colonial system of professions, the colonial system of oppression will supress our resistance. It's happening all the time. Who gets to speak? Who gets to tell the truth? What gets treated as newsworthy? What gets treated as valid and

valuable; what doctors say? What people in your organization say, you know?

So we have all these kinds of layers of sexism, classism, et cetera, built right into the fabric of our society. I think we have to talk about it publically and address it, and as you're doing.

MS. CAROL MARTIN: And not with just an empty apology ---

DR. ALLAN WADE: No.

MS. CAROL MARTIN: --- from government and the churches.

DR. ALLAN WADE: That was a non-apology apology.

MS. CAROL MARTIN: I also think about the social workers and how much power they're given within the court system.

DR. ALLAN WADE: Yeah.

MS. CAROL MARTIN: And I followed -- like, I fought against them for 30 years. I have five girls, one boy, and I looked after my sister's three kids and then I have my two grandchildren.

DR. ALLAN WADE: Right.

MS. CAROL MARTIN: But just during the summertime I had four social workers and five policemen show up at my house to try and apprehend my grandkids.

DR. ALLAN WADE: Yes.

MS. CAROL MARTIN: And, you know, they write inaccurate reports, and these are presented in the courtroom, because they said they removed the babies from my daughter and placed them with me because they couldn't find anywhere to place them, which was inaccurate.

They mislead in the courtrooms. They misinform. They commit perjury and they get away with it. The power of social workers, that needs to be looked at, because I fought them outside the courtroom.

DR. ALLAN WADE: Right.

MS. CAROL MARTIN: And, I did tell them that I was going to tell the judge this, everything that I mentioned, because I had notes, taken notes and everything.

DR. ALLAN WADE: Sure. Yes.

MS. CAROL MARTIN: And, a week before they were going to go to court, they actually withdrew from court. But, you know, I keep thinking about protection orders. We're always talking about protection orders. If I were to think of a protection order against this occupied land they call Canada, who would I send an SOS out to? Because everything they've done to us, you know, they incarceration, the homelessness, their diseases, the theft of our land, theft of our children. And, as you

know, we work within a circle.

DR. ALLAN WADE: Yes.

MS. CAROL MARTIN: And, women are very strongly connected to Mother Earth. So, you keep trying to kill us off to have more access to our land, now you're targeting our children. Who would I go for a protection order against this occupied land they call Canada?

DR. ALLAN WADE: That's a great question.

MS. CAROL MARTIN: I would like an answer. Just give me some ideas.

DR. ALLAN WADE: If I had an answer, I would give it to you. Believe me.

MS. CAROL MARTIN: And, you know, our First Nations women were stripped of a lot of our status within our families and our communities.

DR. ALLAN WADE: Yes.

MS. CAROL MARTIN: And, there's not a lot of weight to put to our voices, but I'm thinking about all the women from downtown. I work down there with all the women. I helped coordinate the Feb 14 Memorial March. Our list of women gets longer and longer. You know, a lot of those women couldn't get into shelters and to transition houses, and they get treated really badly down there. How do I know? Because they come and talk to me.

DR. ALLAN WADE: Sure.

MS. CAROL MARTIN: But, there was a really good core group of elders that I worked with and I had the honour of being part of. Bernie Williams is part of that, and Rita Blind, the elder I'm with, we took over the women's centre and we created a shelter in that women's centre, and now we have -- we're going to be having a 24-hour shelter. A lot of what you talk about, Let's Awaken on the Land, that needs to be also part of the reconciliation. Canada has not done anything to reconcile with the First Nations people, Indigenous people, Inuit of this Turtle Island.

DR. ALLAN WADE: Yes.

MS. CAROL MARTIN: So, do you have any recommendations of any books that I could read or any reports that I could read? I want to think just like you.

DR. ALLAN WADE: No, you don't.

MS. CAROL MARTIN: So, I can best effectively help my people.

DR. ALLAN WADE: I think -- I don't know about you, but I don't think there's any substitute for working together as allies, people in different positions who have different things, who bring different things to the table. If we were going to work together, that would be my hope that we could do that.

I'd be the last person to suggest that you

ought to read any books. Believe me. It's part of my cultural practice; right? I'm an academic.

MS. CAROL MARTIN: Well, what you presented was a real eye-opener to me ---

DR. ALLAN WADE: Thank you.

MS. CAROL MARTIN: --- in understanding where a lot of the issues and problems are from, and it's from the very fact that this English word, it's just -- I just liked your presentation so much.

DR. ALLAN WADE: Thank you.

MS. CAROL MARTIN: I'll give you my phone number, my email ---

DR. ALLAN WADE: Good.

MS. CAROL MARTIN: --- my Facebook.

DR. ALLAN WADE: Done deal. Done deal.

MS. CAROL MARTIN: I really enjoyed your ---

DR. ALLAN WADE: Thank you.

MS. CAROL MARTIN: Like, you just made it so clear.

DR. ALLAN WADE: Thank you. Well, I've been listening to Leta Jules (phonetic) and Ann Maje Raider. I've been listening to a lot of Indigenous women for a long period of time trying to pay attention and pick up what they're putting down. So, I'm happy some of that

comes through.

MS. CAROL MARTIN: Thank you very much.

DR. ALLAN WADE: One comment I will make, reconciliation, there should be -- there are quite a number of French speakers in the room, I imagine. I'm not one. But does it not come from the French, yes, meaning to return to wholeness that which was once whole, something like that? Okay.

MS. CAROL MARTIN: I think we as Indigenous people need to return -- do that with non-Natives in order to come full circle.

DR. ALLAN WADE: Yes. So, for the colonial government to use the metaphor "reconciliation", to me, contributes to the lie that it was once okay, and we're going to just return. So, for me, reconciliation is the wrong metaphor. Reparation, restoration, those are better metaphors.

MS. CAROL MARTIN: Are you guys making notations of this?

DR. ALLAN WADE: Do you know what I'm saying?

MS. CAROL MARTIN: True. Yes.

DR. ALLAN WADE: So, what was the wholeness that we once had, do you know what I mean? We had invasion and domination. So, where is the wholeness that

we can return to? I think reconciliation is a very romantic, lovely sounding idea, and I think it's a testament to the strength and spirit of Indigenous people that you have been able to gain ground through that, but that ground has not been given. You've had to fight for it, and I think we need to be more accurate about the kind of processes we're putting in place and having, kind of, fuzzy romantic sounding names to cover it all.

MS. CAROL MARTIN: Well, what I'm going to say, stop the war on our Indigenous women and girls.

DR. ALLAN WADE: Right.

MS. CAROL MARTIN: Stop the theft of our land and stop the theft of our children.

DR. ALLAN WADE: Thank you.

MS. CAROL MARTIN: Thank you.

MS. JENNIFER COX: The next party is Eastern Door Indigenous Women's Association with six minutes.

--- CROSS-EXAMINATION BY MS. NATALIE CLIFFORD:

MS. NATALIE CLIFFORD: Good afternoon. Natalie Clifford with Eastern Door Indigenous Women's Association, and thank you to Ms. Martin, my colleague, for a nice -- every time she gets up here, it kind of leaves a mark. So, I can't promise I'll be as exciting.

We represent the interests of Mi'kmaw and

Maliseet people in Atlantic Canada, and specifically, women. And, on our board are the Native women's associations for the four Atlantic provinces.

So, I just wanted to touch briefly on in Mi'kmaw, we don't necessarily -- or we found we didn't have a word that matched "pain" in English. And so, there was a -- there have been a number of studies done. In particular, in a community in Nova Scotia, researchers talked to elders, parents and children as well as healthcare providers to sort of gauge how pain was discussed in this context. So, I just wanted to read a couple of the comments to you and then get your response.

So, for health care professionals, one said, "They kind of turn away. Like, for children anyways, there isn't -- there's a kind of shyness and they don't want anyone to be near them when asked about pain."

Another one said, "I do find Native kids a little bit more stoic. They won't tell you anything." The word stoic in reference to Indigenous children is used frequently throughout the report.

So, I wondered if you find those two accounts from health care professionals dealing directly with Indigenous children problematic from a dignified approach?

DR. ALLAN WADE: Yes, I do. I mean, there

are many reasons that people communicate the way they do. It always has to be understood in context; right? And, children often communicate through their behaviour, not through words so much, and through their posture and what they do and what they don't do. So, yes, absolutely.

MS. NATALIE CLIFFORD: So, do you think that these two comments are indicative of a failure to properly interpret these children? And, based on the western approach of the helping professions, would you say that that's what we're seeing here?

DR. ALLAN WADE: I would have to know more about the document to put in context, just like I would want to put anything else in context. I'd be really concerned about somehow implying that Indigenous kids are less good communicators, or don't know how to talk about their feelings, or those kinds of things, and I think that's a problem.

And, even, actually, the understanding of what an emotion is, is very cultural, you know, in context. Europeans have certain ways of talking about emotions, and even ideas that we should talk about emotions. But, my experience of children is normally they would prefer to talk about activities, concrete realities. It's difficult for kids to talk about -- of all kinds to talk about emotions, because for young children in

particular, it's quite abstract to ask about an emotion.

MS. NATALIE CLIFFORD: And so, in order to further inform the understanding of how pain is communicated, two elders were asked about how pain is communicated and one responded that we paint a picture. And, another one said, we are storytellers, we describe in detail and then they do not believe us. And, in response to that, a health care professional said, I mean separately in an interview, sometimes I ask about pain and then take it with a grain of salt.

So, is this interaction and this kind of response, is that in line with the problems with a western trained professional not considering the context?

DR. ALLAN WADE: Again, I do not know the context, but sometimes I ask and I take it with a grain of salt meaning they are not necessarily believable to me or -- yes, I find that really problematic.

MS. NATALIE CLIFFORD: Okay. So, I would just like to switch gears a little bit.

DR. ALLAN WADE: Sure.

MS. NATALIE CLIFFORD: You talked about the judge's remarks and sexualized assaults, and you are advocating for -- I mean, from what I understand, across the board and across agencies. So, we are talking about -- when I talk about this, I am talking about from social

workers to police, lawyers, and ultimately to how all of that get translated into a judge's comments, for example.

DR. ALLAN WADE: Yes.

MS. NATALIE CLIFFORD: So, you are advocating for, sort of, a more to the point way of describing what happens to people?

DR. ALLAN WADE: Accurate.

MS. NATALIE CLIFFORD: Accurate, okay. And so, we are looking to name and blame the perpetrator that is behind that ---

DR. ALLAN WADE: No. We are looking to be descriptive of the perpetrator's actions.

MS. NATALIE CLIFFORD: Okay. So, my ---

DR. ALLAN WADE: And, actually, what I think it is important to say is that, when you focus on how people actually perpetrate violence, generally speaking, you find a lot more deliberation, and control and choice making. So, although -- actually, what happens is, the opposite of blaming, we end up treating people who perpetrate violence as people who make choices, and decisions and are capable of acting non-violently before you ever meet them.

The standard approach to construct perpetrators of violence, particularly men, is to construct them as hydraulic machines. You know, we call

it the Coca Cola Theory of Male Psychology. You shake him up, he has got to go off. You wear the wrong dress, he has got to ejaculate. You push his buttons, he has got to explode. Half the human race is constructed in these hydraulic metaphors. It is incredibly offensive to men and, ironically, it also protects men from responsibility.

So, I am actually talking about a much more dignified approach that recognizes the pre-existing ability of men to act respectfully. That is not blaming; right? That is according dignity and being accurate at the same time. That is what we are aiming for.

MS. NATALIE CLIFFORD: Thank you.

DR. ALLAN WADE: Thank you.

MS. JENNIFER COX: And, the last party is Families for Justice with Suzan Fraser for six minutes.

--- CROSS-EXAMINATION BY MS. SUZAN FRASER:

MS. SUZAN FRASER: Good afternoon, Commissioners. Sir, my name is Suzan Fraser, I am here on behalf of a number of families. I want to pick up on some of the themes that Ms. Teillet raised with you when she was asking her latest set of questions. And, Commissioners, I am focusing on Tab D, or what is given to us as Schedule D, which is the Together for Justice report.

DR. ALLAN WADE: Right.

MS. SUZAN FRASER: I am on pages 14 and 15, in terms of the principles and understandings of the framework of that.

DR. ALLAN WADE: Okay.

MS. SUZAN FRASER: Okay. So, what I understand is that the quality of social responses are going to be the best predictor of individual and community outcomes in cases of violence and other forms of adversity?

DR. ALLAN WADE: Yes. There is about 45, 50 years of research that points to that.

MS. SUZAN FRASER: Right.

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: And so, it is our response ---

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: --- a society's response to the problems that they are understanding, that will actually predict how both the community and the person being on the adverse side of an experience will recover?

DR. ALLAN WADE: Sure. And, the same is true, by the way, across many different forms of violence and adversity. How people do in the long run, for example, after a natural disaster ---

MS. SUZAN FRASER: Yes.

DR. ALLAN WADE: --- depends crucially on the quality of the response they receive.

MS. SUZAN FRASER: Okay.

DR. ALLAN WADE: Are they made safe and accorded dignity? And, the same thing is true for, you know, unaccompanied refugee children. The best predictor of how well they would do in the long run is how they are received ---

MS. SUZAN FRASER: Right.

DR. ALLAN WADE: --- not the severity of the violence they have left.

MS. SUZAN FRASER: Okay. They have already experienced the violence ---

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: --- and they have already had the most traumatic ---

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: --- thing happen to them. So, what -- how the society and the people around them receive them will be the best predictor. Okay. And, does it follow then, that a community that has had adverse experiences must be given some agency to develop and enhance the quality of those social responses?

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: Okay. And so, it has to

be a recommendation of this Inquiry that communities be given that sense of agency and the tools to exercise their agency in order to be able to best predict outcomes for their people?

DR. ALLAN WADE: Yes. In my opinion, yes.

MS. SUZAN FRASER: Okay. And so, equally in terms of your principles that you have set out, in terms of accurate information -- looking at the second principle. Accurate information and accurate descriptions are the first indispensible step in forming effective social responses?

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: Right? We have to tell things as they are?

DR. ALLAN WADE: We have to look at the social realities on the ground as directly and baldly as possible, yes.

MS. SUZAN FRASER: Okay. And so, looking at what you have talked to us about today in terms of the way that we describe violence ---

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: --- applying that to the task of the Inquiry, which has heard incredible tales -- not tales. I say that -- the truth of hundreds of people.

DR. ALLAN WADE: Right.

MS. SUZAN FRASER: Hundreds of families who have had the bravery to come forward.

DR. ALLAN WADE: Mm-hmm.

MS. SUZAN FRASER: You would recommend, I take it, that these Commissioners look deeply at what they have heard, to the language that was used, and to find the stories, find the evidence of the resilience and the resistance ---

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: --- of those people?

DR. ALLAN WADE: Yes, absolutely I would. And, in a certain sense, the primary function of this Inquiry is to provide dignified response to the family members of loved ones and communities of the missing and murdered Indigenous girls and women.

MS. SUZAN FRASER: And, these Commissioners, if they have good writers helping them, and if they instruct their writers and the people who are summarizing the evidence for them, they can -- you can look within the stories of violence to find those -- that is an equally important component in telling what had happened?

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: Okay.

DR. ALLAN WADE: How you go about that ---

MS. SUZAN FRASER: Yes.

DR. ALLAN WADE: --- is really crucial, but yes.

MS. SUZAN FRASER: Okay. And, are there tools -- so in terms of shifting from a framework, this is a legal process -- one of the kinds of legal processes that you have criticized for ---

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: --- telling these stories in a way that does not reflect the capacity.

DR. ALLAN WADE: Mm-hmm.

MS. SUZAN FRASER: What are the tools that the Commissioners need to do this job properly?

DR. ALLAN WADE: Well, first, you need to have an idea that it is important -- I will give you an example of a process that is happening in Australia.

There is an organization there who are contacting women -- it will not be only women, there will be men too. But, they have been contacting women who have been subjected to violence and who have been service users for many years.

And so, they are getting back to some of those women and they are asking about their experience of the social responses they have received over time and their responses to those things. And, discussing with the

women also the kinds of experiences they had, how they responded to them and then reflecting back to them, you know, what responses that may be understandable as different forms of resistance, seeing if those descriptions fit for those women, if that makes sense to them.

There is actually quite good evidence from other studies that show that -- and our own independent research on our work as well, that shows that when you begin to acknowledge that people respond and resist, people tend to feel less pathological, stronger, more dignified and more capable of addressing the concerns they have in their lives.

MS. SUZAN FRASER: Okay. And, is that why, on page 15, you say, complete analysis must take into account the nature of the perpetrator's actions and context, the victim's responses and resistance to those actions, social responses to the perpetrator and the victim, and perpetrator and victim responses?

DR. ALLAN WADE: Yes.

MS. SUZAN FRASER: Social responses?

DR. ALLAN WADE: Exactly. Yes.

MS. SUZAN FRASER: Thank you.

DR. ALLAN WADE: Thank you.

MS. JENNIFER COX: Chief Commissioner and

Commissioners, that is the end of the cross-examination. I do have one question on redirect.

CHIEF COMMISSIONER MARION BULLER: Go ahead.

--- RE-EXAMINATION BY MS. JENNIFER COX:

MS. JENNIFER COX: Dr. Wade, there was a question from one of the parties with respect to -- and you made mention of the child protection process in Sweden, where there is outside supervision?

DR. ALLAN WADE: Mm-hmm.

MS. JENNIFER COX: And, I am wondering if you can explain that in a little bit more detail so that we have a good understanding of what you mean by outside supervision or what that actually looks like?

DR. ALLAN WADE: Sure. Well, if you imagine, you're a young person who's gone into become a social worker, and then there's a job becomes available in Whitehorse, and you haven't had a lot of background understanding the kinds of issues we've been talking about. You've had maybe some training in anti-oppressive social work practice, but you haven't necessarily had an in-depth training in understanding violence, resistance, et cetera, et cetera, the colonial context, so you become a child protection worker.

And you know, you're 26-years-old, you want

to do good in the world. That's why you're there. You want the world to be a better place.

So you show up in Whitehorse, and then you get involved in some cases, let's say of paternal violence, and the position of the team lead is that, you know, she keeps going back to him. You know, why is that? She needs to better take care of her kids. She's not protecting her kids. And you know, you're instructed to tell the mother that she needs to do a better job of protecting her kids, that she's failed to protect them, et cetera.

You're 27-years-old, and now you're telling an Indigenous women in the Yukon that she's failed to be a good mother, you're going to possibly remove her children, and you tell her that she actually has to move and find another place to live. There's a zero percent vacancy rate in Whitehorse. She has nowhere to go. She doesn't have the money.

So you recognize that you are now doing colonialism. And you're 27-years-old and you're shocked at the circumstances you're in, and you're in pain, and you don't know what to do about it; who you're going to talk to. Are you going to talk to the team leader that instructed you to do that? Because that's who social workers normally would get supervision from, a team

leader.

Where do you go with that kind of spiritual pain? Who do you talk to about having to practice in that kind of way, now realizing the nature of the organization that you're a part of? You need an external person. You need a person who is not part of the organization, a person that it's safe enough for you to talk to because it may not be safe enough for you to talk with anyone in the organization.

In addition to that, you need to have probably 3 hours per week of group supervision so you and your colleagues can talk about these challenging cases to make sense of them, so that you can hold each other up, support one another, and try to do better work, and make some decisions about how possibly to try to change the organization you're in. So you need different types of supervision for different reasons.

Removing children from their loved ones is an enormously complex task for any human to engage in. I think we're doing -- young people who -- wanting to come out of university as social workers to do good work, I think we're doing them an immense disservice. The system itself is the problem, not the young people coming out to do the work. They're not the problem, with very few exceptions. We need to support them.

And it's the same thing with police officers.

MS. JENNIFER COX: So -- but in Sweden, was there ---

DR. ALLAN WADE: Yeah.

MS. JENNIFER COX: --- a specific -- is there a specific practice that they use to provide that outside supervision?

DR. ALLAN WADE: They have different people doing it, but very experienced mental health professionals, therapists who understand child protection, and they provide the supervision from, well let's say a very collaborative kind of methodology. So it's done in different ways in different places.

We can -- we could do that next week, it's easy to do, we have lots of people to do it and who would do a really good job of it. We simply have to -- the authorities who run the system simply have to take the decision to do it.

So there should also be -- in context of the Yukon, for example, there should be culturally-appropriate supervision. That is, they should be getting supervision from organizations like the Liard Aboriginal Women's Society. They should be accountable -- if we're doing child protection practice, we need to have an

ongoing accountability practice. So that needs to be put in place.

MS. JENNIFER COX: So those are all my questions, Commissioners.

DR. ALLAN WADE: I -- can I -- I want to finish about the police, if I could. Sorry.

MS. JENNIFER COX: Sure. Go ahead.

DR. ALLAN WADE: You know, we're also getting young people who are wanting to become police officers, and you know, they get in there -- many people get in there because they want to make the world a better place. They've had horrible experiences in their own lives, and they want to do something better.

So imagine, you get into an organization that doesn't adequately train you, then sends you up to the Northern part of Canada, and you watch a DVD and that's supposed to be your training on understanding First Nations issues Indigenous issues. Then you're put out into a context where you're supposed to know what to do, and you don't know what to do, and you know you don't know what to do, and the people you're working for, they know that you don't know what you're supposed to do.

I think we're putting people who are coming into this kind of work in an impossible situation, and we actually need to be a lot more accountable for that. We

need to be accountable for reviewing in-depth RCMP training practices.

Ann Maje Raider -- who, by the way, last year was awarded the Polar Prize for inspired leadership in the North of Canada -- sorry to embarrass you there, Ann, but there it is -- asked the superintendent of the RCMP in the Yukon, "Could we please have a copy of the training you use to train your new recruits in depo about how to respond to sexual assault and domestic and family violence"? The answer was no.

Why would that be the case? I mean, why would you do that? Just -- to me, that's profoundly unethical and problematic.

So we need to be reviewing those materials; right? We're taxpayers. They work for us. We get to look at those -- now, there's obviously confidential materials that we don't get to look at, but understanding their basic training in these issues, it's important that we all see it. Thank you.

MS. JENNIFER COX: So Commissioners, before we move on to your questions, I have one housekeeping matter, and that is as a result of the materials going to the parties with standing, and being complex materials in rather short notice, we are proposing, if Dr. Wade is available, that Commission counsel will collect questions

from the parties, if they have time to review the materials later, and have further questions of Dr. Wade, submit the questions in writing to Commission counsel, and that we will then in turn submit them to Dr. Wade for a written response.

And we're proposing that should Dr. Wade be agreeable to this process that we would collect the questions. So Dr. -- sorry -- Christa Big Canoe will be sending out an email communication with respect to this if everybody's in agreement with this process. Just to allow them an opportunity, if there's lingering questions after they have a better chance to review the materials, that they be permitted to engage in that.

DR. ALLAN WADE: Are you asking me?

CHIEF COMMISSIONER MARION BULLER: Yes, that's agreeable.

DR. ALLAN WADE: I'm agreeable.

MS. JENNIFER COX: Thank you.

So Commissioners, take it away.

--- QUESTIONS BY COMMISSIONER BRIAN EYOLFSON

COMMISSIONER BRIAN EYOLFSON: Dr. Wade, thank you very much for coming here today and sharing your evidence with us, and especially for talking to us about dignity-driven practices, and what you shared with us about the use of language. You've certainly given us lots

to think about.

And I don't have any specific questions for you about aspects of your presentation. But I just want to ask you if you have any additional or further recommendations for us? As you know, we have to make recommendations after ---

DR. ALLAN WADE: M'hm.

COMMISSIONER BRIAN EYOLFSON: --- in this process, so you know, in terms of recommendations we might make or how we go about making those recommendations, if you have any -- anything further you'd like to add?

DR. ALLAN WADE: I think I've stated at different parts during the day several kind of ideas, several thoughts. I don't think I have anything to add to that at this point in time. Thank you.

COMMISSIONER BRIAN EYOLFSON: Okay. Thank you very much.

DR. ALLAN WADE: Thank you.

--- QUESTIONS BY COMMISSIONER MICHÈLE AUDETTE

COMMISSIONER MICHÈLE AUDETTE: Merci, mon ami Brian! Merci, Me Big Canoe!

DR. ALLAN WADE: Louder.

COMMISSIONER MICHÈLE AUDETTE: No. Frencher.

DR. ALLAN WADE: Oh.

COMMISSIONER MICHÈLE AUDETTE: I don't know if it exists, but more French. Bon. I don't know if my voice is a woman or a man, but I know I'm a woman.

(LAUGHTER/RIRES)

DR. ALLAN WADE: I haven't heard the voice yet. Hang on I'll tell you.

COMMISSIONER MICHÈLE AUDETTE: Okay. Bonjour, test 2, test 3!

DR. ALLAN WADE: It's a woman.

COMMISSIONER MICHÈLE AUDETTE: Phew. Thank you. Merci. Alors, un gros merci pour cette présentation, de vulgariser … parfois froidement et parfois avec humour et parfois avec émotion ce que nous, les femmes autochtones, on vit au niveau de la violence économique, sexuelle, physique, spirituelle et ainsi de suite. Et ça nous fait faire des voyages personnels dans notre passé, mais ça nous rappelle aussi comment nous sommes fortes, nous sommes belles, nous sommes résilientes et pour beaucoup d'entre nous, on a été capables de dire non à la violence. Alors, je félicite toutes ces femmes-là qui ont fait ce grand geste.

Je félicite aussi Ann Maje, qui est venue témoigner, un superbe témoignage; j'aurais tout donné mon temps du groupe Liar pour justement venir expliquer de l'importance des actions locales avec un spécialiste ou un

professionnel de la santé mentale, comme vous. Elle avait ces réponses, mais vous lui avez démontré que c'est elle qui avait les réponses et aujourd'hui, ce n'est pas une dépression et un système qui l'a rendue comme ça. Moi, j'ai trouvé ça vraiment puissant.

Vous avez travaillé localement, auprès d'une nation, mais je suis sûre que vous avez une idée ou une réflexion sur ce qui se passe à travers le Canada, que les gouvernements, d'un gouvernement à l'autre, va mettre des mesures ou des programmes pour contrer la violence faite auprès… envers les femmes autochtones. Et l'une des recommandations qu'on entend souvent, c'est un plan d'action national pour lutter contre la violence. Vous, vous travaillez sur le terrain ; est-ce que c'est quelque chose qui a un effet, un impact sur votre travail, ça, un plan national? Ou c'est trop loin, ça semble inatteignable?

DR. ALLAN WADE: Interesting question. I think it is very important to engage on a broad public level in raising important issues like this, and showing that the government and our public institutions are very, very concerned about it, regardless of the quality of the plan in a way, I think it is important.

I think there is a lot more local wisdom that can be incorporated on these levels. Sometimes I

wonder, how is it decided who contributes. And, I worry a little bit about the politics. But, I am not an insider to politics, so I do not actually know how that works. But, I know that some people are asked to contributed and some people are not, and -- so those are the things that I wonder about.

It is hard for me to assess whether or not the national action plan hits the ground in the communities that I am a part of. I can say however that Justice Canada, Status of Women Canada, you know, other organizations funded as a result of directing, you know, the national action plan, putting those funds directed to certain places, organizations that I have been connected with have been supported and have been able to obtain funding because of that. So, I think it is important on many levels, but it is hard for me to assess whether or not recommendations at that level hit the ground.

COMMISSIONER MICHÈLE AUDETTE: Okay. Lorsque les organisations reçoivent de l'argent de Condition féminine Canada ou du gouvernement fédéral ou du Yukon, est-ce que c'est du financement à court, moyen terme ou c'est du financement pour plusieurs années…

DR. ALLAN WADE: Right.

COMMISSIONER MICHÈLE AUDETTE: … plusieurs années?

DR. ALLAN WADE: Yes. I think -- I do not apply for funding. I receive no government funding, I do not apply for government funding. I would consider it an impediment, because then I am accountable to something that I do not want to be accountable to.

So, I depend on, for example, Ann and Liard Aboriginal Women's Society to obtain funding, and then I become a happy employee. So, they have to get this funding. And, it is short-term often -- am I right, Ann? Short-term a lot of the time, and so it is repeated applications, looking for pots of money, looking for pots of money. And, to me, that is a problem. I think we should be doing everything we possibly can to make extraordinary local organizations that many people here are from, who have come up and, you know, spoken, we should be doing everything possible to make that process much more streamlined and much easier, so that you do not have to put in -- constantly applying on a project basis for more and more funding.

I realize that there are reasons for that, but I am hoping we can do a lot more to -- because if you are -- you are insecure, it is unpredictable. And, unpredictability is one of the hallmark strategies of violence. It's kind of like, you know what, if you do not do what we want you to do, we are not going to give you

money. So, how are you supposed to make a long-term plan on that basis? How are you supposed to be there to, you know, work with kids in care? So -- and families.

So, I would like to see longer term funding as you are suggesting put in place, and that is -- so people can spend more of their time doing the work they want to do.

COMMISSIONER MICHÈLE AUDETTE: Seriez-vous d'accord de dire, dans ce cas-ci, que du financement à long terme, avec une approche diversifiée et non mur-à-mur et unique pour respecter la réalité des femmes du Nord et celle du Downtown eastside ou du centre nord de Winnipeg, que, comme recommandations, pour nous, les commissaires…

DR. ALLAN WADE: Absolutely. I think that is absolutely crucial. Yes. Yes.

COMMISSIONER MICHÈLE AUDETTE: Sur un autre point de vue, avec votre expertise dans les communautés, je comprends que les gouvernements ont une responsabilité, mais est-ce qu'encore, les femmes autochtones, c'est un enjeu, c'est une situation, c'est une tragédie qui est encore très taboue, de dénoncer la violence ou d'aller cogner à une porte pour chercher de l'aide?

DR. ALLAN WADE: Hm. I think it is extremely challenging in many communities to tell the truth. You know, if you tell the truth about, well, you

know, my daughter was sexually assaulted by this, you know, boy over here, and that boy happens to be connected to a pretty powerful family, then you can expect your kid is going to be sworn down at a grocery store, your mother is not going to get the house that she has been waiting for, your brother-in-law will not get the contract to grade the roads, you know, some of the people in the grocery store are not going to treat you properly, et cetera.

So, I think it is extremely unsafe for many people to come forward and talk about these things. And, in fact, until we address that social context, until we do things much more extensively to help people achieve safety in communities precisely by supporting organizations, like the people had spoken here from, to do more of that work, I think that is where we have to go, because it has to be local. People are only going to speak to people they know.

And so -- like, for example, what happens in small communities is, as you know -- you are assaulted by your partner, so you phone your sister because your sister works in the gas station and she knows which cops are working that night because they always come and hang out at the gas station. So, you ask your sister, which of the cops is working tonight? And, they go, oh, you know

that new guy, Bill, he used to be in New Westminster? Oh, yes, I really like him. Okay. I will phone the cops. But, if it is somebody else, you will not phone the cops.

So, people have to be extremely careful, tactical about who they choose to decide to talk to. And, I think we need to pay attention to the complexity of that and honour the decisions that people are making every day to manoeuvre through the kind of forest, that is the official system response system. It is incredibly challenging to deal with. You have to train mental health professionals and police to listen to you, and that takes time.

So, supporting local organizations, I think, is the most direct route. But, also, you know, we can do a lot better with the professional groups that are doing this work in local communities. That is one of the reasons I think we need to get -- for example, if you have a training -- a five-day training of all new RCMP members in Carcross Tagish First Nation and Liard First Nation, for example, they are going to build relationships, and they are going to learn things, and they are going to be told things, and it is going to -- you will get more people talking to more people from that alone. So, that is, I think, part of why that needs to happen.

COMMISSIONER MICHÈLE AUDETTE: You said

more training? I...

DR. ALLAN WADE: Yes, if you have local training initiatives like, for example, you know, say the Kaska women, they get to train the new professionals. So, things are going to get better just from that alone.

COMMISSIONER MICHÈLE AUDETTE: Oui. Oui, ça, c'est… c'est… vous nous avez mentionné que la GRC pouvait écouter un vidéo?

DR. ALLAN WADE: Right.

COMMISSIONER MICHÈLE AUDETTE: J'imagine c'était à leur discrétion. Alors, ça se pourrait que des gens de la GRC n'ont même pas écouté le vidéo.

DR. ALLAN WADE: Yes. Yes.

COMMISSIONER MICHÈLE AUDETTE: OK. Oui. On a eu des audiences à cet effet où y'a beaucoup, beaucoup de réflexions et de recommandations dans ce domaine-là. Ensuite de d'ça, on a déjà entendu aussi dans… depuis plusieurs années, les communautés dans le Nord – vous l'avez bien décrit –, c'est difficile de dénoncer parce que je dénonce, mais je vais me retrouver au dépanneur ou j'aurai pas la maison et ainsi de suite, donc y'a un impact social direct là – moi, j'appelle ça un procès social là dans mon vocabulaire. Mais est-ce que vous êtes d'accord de dire avec moi que le fait aussi qu'on n'aborde pas la question de façon holistique, la violence là? Les

services sociaux, protection à l'enfance, la santé, l'éducation, tout le monde a un rôle n'est-ce pas?

DR. ALLAN WADE: I agree. Absolutely.

COMMISSIONER MICHÈLE AUDETTE: Et que tous ces gens-là ont aussi besoin de… d'avoir le soutien et l'appui nécessaires pour mettre en place des stratégies durables. Êtes-vous d'accord avec ça?

DR. ALLAN WADE: Yes, I do.

COMMISSIONER MICHÈLE AUDETTE: Mm. Alors, j'imagine, en vous écoutant, oui, à un plan d'action national, c'est important pour les explications que vous nous avez données, mais surtout un plan d'action local, des stratégies locales et durable.

DR. ALLAN WADE: Yes.

COMMISSIONER MICHÈLE AUDETTE: Ben, je vous dis un gros merci. And, I'll try to speak English. I have to say thank you. Thank you very much. You've been in the north for how many years?

DR. ALLAN WADE: Twenty.

COMMISSIONER MICHÈLE AUDETTE: Twenty. It's a personal question. It can be just between you and me. Why it works with you? You stay there 20 years, and we've heard so many women telling us fly in, fly out, and after a couple of months, it's a new face. Fly in, fly out, after a couple of months.

DR. ALLAN WADE: Yes.

COMMISSIONER MICHÈLE AUDETTE: So, I have to repeat my story again and again.

DR. ALLAN WADE: Yes.

COMMISSIONER MICHÈLE AUDETTE: You, you stayed 20 years.

DR. ALLAN WADE: I know.

COMMISSIONER MICHÈLE AUDETTE: Why?

DR. ALLAN WADE: Well, number one, you know, they continue to have me. I mean, that's the main thing. If they changed their mind, it would be all over, wouldn't it? So...

But, the -- I have a fantastic partner. Kathy, my wife Kathy, we have five kids together. It's been a huge -- I've spent a great deal of time away from my family. So, my family is committed to this project as well, and since we're talking personally, I also think about my mom. My mom's ethics were very simple. Everybody is important; nobody is more important than anybody else.

So, you know, I just think when I met Linda MacDonald, and then Ann, and the other people up there, I just feel a responsibility, and I also feel that I have a great deal to learn, and a short time on the planet, so to speak. And, I just feel very personally involved in that

work, actually. Beyond that, I'm not quite sure how to explain it, but thank you for asking.

COMMISSIONER MICHÈLE AUDETTE: Merci. And, what would you say for the young people who are colleagues that accept a mandate in the north? What would you say to them?

DR. ALLAN WADE: You need to make sure you are well supported and that you think about sustainability over time, and that you discuss it openly with the people who are bringing you there, and that you recognize. The problem that you just mentioned, that people come and go and you get a new crew in, and they seem to take the position, "I love it here. I'm going to stay forever", and they're on -- two years, they're gone.

So, I've been fortunate to be able to go and then come home, and then go and then come home, you know what I mean? So, it's -- but I was one of those teachers many years ago, and I suppose that has something to do with it as well. Just coming to the realization that I really had no idea what I was doing, and the last thing I would want to do is repeat that.

COMMISSIONER MICHÈLE AUDETTE: I disagree with one thing you said.

DR. ALLAN WADE: Thank goodness.

COMMISSIONER MICHÈLE AUDETTE: I think you

would do an amazing politician. Just saying. Thank you.

DR. ALLAN WADE: Thank you very much.

--- QUESTIONS BY CHIEF COMMISSIONER MARION BULLER

CHIEF COMMISSIONER MARION BULLER: Well, now that it's not personal, everybody can listen now. I just want to make sure, Dr. Wade, I've got your concept of the colonial code correctly in the context of violence.

DR. ALLAN WADE: Right.

CHIEF COMMISSIONER MARION BULLER: And, is it correct to say that the colonial code is partly rested in or grounded in victim blaming?

DR. ALLAN WADE: Yes.

CHIEF COMMISSIONER MARION BULLER: So, how that would play out is me as the colonizer -- or you as the Indigenous person, the victim, if that's the right term, are making me do this to you because of shortcomings that you have.

DR. ALLAN WADE: Right.

CHIEF COMMISSIONER MARION BULLER: That you are responsible for and I'm not.

DR. ALLAN WADE: Yes. So, yes, I have to abduct and rape your children because, you know, you're non-Christian and I'm of superior race and intelligence. So, I get to do that to you. There's very -- the logic of, "You're wearing that dress so I get to rape you," it's

a very similar logic and it's applied in -- or, "You attract abusive men so you deserve what you get." That logic is replicated in many different kinds of ways.

CHIEF COMMISSIONER MARION BULLER: Well, I think it's even more subtle than that, or maybe subtle isn't the right word. It isn't that "I get to do this to you," it's "You're making me do this to you."

DR. ALLAN WADE: Right. Yes. Yes.

CHIEF COMMISSIONER MARION BULLER: Is that correct?

DR. ALLAN WADE: Yes. "You push my buttons and what am I going to do?" And, you know, "You triggered me." So, yes, I agree. The victim becomes the perpetrator of their own misfortunes, and the perpetrator becomes the victim of forces they don't understand and can't control. Yes, that's what Nick Todd said a long time ago, that this language, the colonial code reverses the position of victim and perpetrator. Yes.

CHIEF COMMISSIONER MARION BULLER: So, an example of that would be on the West Coast that we're familiar with, that people who are protesting the pipeline, for example, because they are doing what they are doing, me as government has no choice but to do certain things. You, people doing what you are doing making me, government, do what I feel I have to do.

DR. ALLAN WADE: Yes.

CHIEF COMMISSIONER MARION BULLER: Would that be a fair ---

DR. ALLAN WADE: That's an interesting link. I don't know. Is that a context of violence?

CHIEF COMMISSIONER MARION BULLER: You're the expert.

DR. ALLAN WADE: You asked the question. No, that's an interesting question. I don't know. I'd have to think about that. I think it depends a lot on what government decides to do; right? How heavy-handed government decides to get. How respectful of democratic rights for free speech and free association government is. Yes.

CHIEF COMMISSIONER MARION BULLER: Okay. Well, I've learned more than anything this afternoon, Dr. Wade, to watch my words and context. I have no further questions for you. All I have left are profound thanks ---

DR. ALLAN WADE: Thank you very much.

CHIEF COMMISSIONER MARION BULLER: --- for your wisdom and for your time with us, and I'm left with questions, too, that I'm going to have to mull over.

DR. ALLAN WADE: Yes.

CHIEF COMMISSIONER MARION BULLER: Because

you've given the gifts of your knowledge and your time, your experience and your humour, I might add, we have a very small gift to give you in return, and that's an eagle feather. I know that you've been well-educated about the significance of an eagle feather. So, we hope that this eagle feather can hold you up on those days when you need some lifting, because I know you have those days. And, of course, to help you fly higher on those days when you are ready to.

So, on behalf of all of us here, thank you very much for sharing with us today and what you have done has made a tremendous difference to the work that we are doing. So, thank you.

DR. ALLAN WADE: Thank you. And, I appreciate that. Thank you very much.

CHIEF COMMISSIONER MARION BULLER: And, having said that, this hearing in Winnipeg is adjourned until we meet again in St. John's. Thank you.

(GIFT PRESENTATION)

MS. JENNIFER COX: Parties with standing and those in the audience, Commissioners, we are going to take a five-minute break before the closing ceremonies.

--- Upon recessing at 15:02

--- Upon resuming at 15:20

MS. SHAUNA FONTAINE: So, we would like to

thank everybody for joining us this week here in Winnipeg to hear testimony in relation to the family and child welfare. To begin with, for our closing ceremonies, we would like to invite our NFAC members, that is our National Family Advisory Circle, who join us by providing advice and guidance to the work that we do within the Inquiry. So, I would like to call up Lorraine Clements and Lesa Semmler to provide us with a few words.

MS. LORRAINE CLEMENTS: (Speaking in Indigenous language). My name is Lorraine Clements and I am a survivor of the child welfare system, I am also an NFAC member.

First and foremost, I would like to say chi-meegwetch for the opportunity to stand here before you and speak on behalf of the NFAC members. I would like to thank the families, the survivors, the spirit of our sisters and all those left behind, who every day have that hope and look for justice for their loved ones.

I would also like to thank our grandmothers, those that lift us in the morning with those prayers and those pipes, those shkabes (phonetic) at that fire, the bundle behind us, Annie keeping the qulliq, the Commissioners, all of those that have been participating here, the singers, the drummers, the supports. Those at the hotel who have given of themselves as well, to make

sure that we are fed and taken care of.

I have a few words from another NFAC member who could not be here with us today. Myrna Laplante has sent along a thank you to all the experts who testified this week, she also sends along her love and she would like to say, Canada needs to hear these testimonies and we need to continue to share and do the hard work.

I am going to call up Grandma Mary Crate to participate with me. It has been a very emotional week of testimony from the experts. And, my hope is that we continue to grow and implement the recommendations that have been suggested. These suggestions should not just be suggestions at this point, as far along as we have come on these journeys of taking care of our young ones, but they should be implemented today.

I cannot speak very much, but what I will do is share a song. And, we sung this song last night at the vigil, as everyone was leaving and going home to their loved ones and travelling back to the hotel. So, I am going to get Grandma Mary to talk about this song.

MS. MARY CRATE: The song is, Creator Song, giving our thanks to Creator for all that we receive each day, every breath of life, every sunrise, every new beginning. I should say that word that was on -- "beninging". I do not know how many of you have seen that

on Facebook. It was somebody trying to say "the beginning", but it -- he said "beninging".

But, anyway. This song is our way, it is a song of how we are grateful to the Creator, to our ancestors for all that we receive that is good in our lives and that we continue to receive all of the good that we receive from Creator. Those negative things that we receive in our lives do not come from the Creator, it comes from human being.

It is sad that some human beings can be so cruel. Creator did not create us that way. Where this cruelty and ugliness came from, that I cannot answer. But, I will say that we can all be kind and loving, we can all learn that. That said, I am going to allow this song to be shared here. I will allow you. Yes. Okay.

(MUSICAL PRESENTATION)

MS. SHAUNA FONTAINE: Meegwetch. Thank you very much. Next, we would like to call upon our Commissioners and Chief Commissioner to provide some closing remarks. So, to begin with, I'm going to call up Commissioner Brian Eyolfson.

--- CLOSING REMARKS BY COMMISSIONER BRIAN EYOLFSON:

COMMISSIONER BRIAN EYOLFSON: Thank you for that beautiful song. I'd like to start by offering my gratitude to the people of Treaty 1 and the Métis Nation

for welcoming us this week to their homelands. Chi-meegwetch. Thank you. Merci.

It's been a wonderful week. It's been a very fulsome week. I'm very grateful for very interesting, very important, powerful evidence, I think, that we heard this week. So, I'm thankful for that. And, I want to say some thank you's for so many people that supported us all and for working together with us this week.

I'd like to acknowledge the support and guidance provided this week by the elders and the knowledge keepers. I'd like to thank Thelma Morrisseau, and Stan LaPierre, and all of their helpers for getting us started in a good way every morning with ceremony, and for the prayers that were offered throughout the day. And, I want to thank some of the other elders as well, Velma Orvis and Agnes Spence, Mary Crate, Annie Bowkett for lighting the qulliq and attending to the qulliq for us all week.

I also want to thank our grandmothers and our women warriors, Blu-Waters, Bernie Williams, Louise Haulli, Penelope Guay. And, of course, members of our National Family Advisor Circle who are here with us this week, Lorraine Clements and Lesa Semmler. Thank you so much. Our firekeepers, Dave McPherson and Benjamin

Morrisseau, and also, Sarah Dallarand, Tasha Spillet, Shannon Paul, Jasmine Paul, Ray Stevenson for sharing their songs and prayers with us this week. Also, Jenny Lay, Isabelle Daniels and Brielle Beardy-Linklater for providing us with their words of strength and resiliency this week. So, each of your contributions has lifted and cared for our spirits this week.

I also want to thank and acknowledge the families and the survivors for your courage and trust. Special thanks to Alaya McIvor for your presence and support in the hearing room all week, to all of you here who bore witness to the testimonies. Thank you also to Gerry Pangman for offering support and self-care through beadwork. The red dresses that many of you are wearing are quite beautiful.

I also wanted to recognize, again, the important contributions made by the witnesses who shared their knowledge and recommendations with us this week. It has helped us more fully understand the issues concerning the safety and the wellness of Indigenous women and girls and 2S LGBTQ people in Canada.

Thank you for the parties with standing who have helped us more fully understand the issues concerning the safety and wellness of Indigenous women and girls through their very thoughtful questions throughout the

weeks. Thank you very much.

I think the testimony that we heard over the last few days has provided us with some critical information concerning family and child welfare, in particular, and we will be able to reflect on that and incorporate that helpful evidence into our work as we move forward in formulating recommendations in our final report. So, I'm very grateful again for that very strong evidence we received this week.

And, I want to thank all the families and survivors and the witnesses who shared their truths with us, not only in these institutional expert hearings, but throughout Part 1 community hearings and through statement gatherings. And, I think that the evidence that we heard from family members and survivors is the real expert evidence that the evidence we heard this week will just build upon and help us as we move forward and create our recommendations.

So, I just wish you all safe travels back to your home fires, and I look forward to seeing many of you in St. John's as we continue with our next hearing in a couple of weeks. Thank you very much. Chi-meegwetch. (Indigenous word).

COMMISSIONER MICHÈLE AUDETTE: Bonjour. She was ready to say a few words. The youngest

commissioner. She's going to change everything. Well, before you go, can I say something to you, Fatima? Oui? Yes? Or to him? Tell Fatima that there's many of us that care for her, and that we're working very hard all over, all across Canada, to make sure that you're safe. Tell her that. Oh, thank you. My new friend. Merci, Fatima. Thank you.

Thank you for all of you. Thank you for the people of this land.

Merci infiniment de nous avoir accueillis ici encore une fois pour une cinquième fois. Les gens du Traité numéro 1, le peuple Métis, et toutes les autres Nations qui sont ici, encore et encore et encore, merci.

Merci aux ainés, aux femmes, à la sagesse, à nos grands-mères de nous avoir guidés tout au long de cette semaine, une semaine remplie d'informations, une semaine remplie de preuves.

Merci beaucoup à nos sœurs du NFAC -- you know that word, so you know I'm talking about you -- d'avoir été ici -- this is where you do this -- d'avoir été ici toute la semaine, vous aussi vous nous avez guidés.

Les témoins, d'une grande qualité, vraiment, la plupart autochtones, alors je suis vraiment fière d'avoir entendu toute cette belle richesse.

Merci aux gens de la santé, à nos avocates de travailler très fort, votre contribution puis votre savoir est très important dans le cadre des travaux…

…de travailler très fort, votre contribution puis votre savoir est très important dans le cadre des travaux de cette enquête.

Thank you so much. I'm not going to repeat all the beautiful lists or what my colleague, Brian, said, but it's, you know, us, we have to say, merci to Treaty No. 1, Métis people, merci, merci, and of course, all the other nations that lives here that make Manitoba their home and Winnipeg their home.

It's been probably the fifth time that we're coming here. We came here each time with an open mind, open heart, with the hope, of course, to learn, and believe me, we did learn each time we came here.

I was saying thank you to our grandmothers, but also to my sisters from the NFAC. Thank you very much for your wisdom.

Thank you also for the people who received us, welcomed us at night. Every night, we did something. Either visit a transition house, a shelter, or we went on the street sharing pizza with people, but we went as much as we could to meet the real people, the real expert. So they're not in the room, but I'm sending this to their

spirit, thank you for their warm welcome. Thank you also for sharing the hard truth of what you're going through.

This week is another week, of course, but a week where we've heard evidence that will help me and help my colleagues to work on that report. A report that will be presented sometime after Christmas in April. But my hope was that we have proper time. You say in English "broken record", I don't know how we translate that in English -- in French, but I think we had an historical opportunity.

When we listen, 1,700 people, women, women and men that had the courage to come and share their truth the way they wanted to share their truth, we saw more than 100 systemic causes that was always coming back; close to 200, I would say. Some emerging, some that we all know. And with this time that was allotted to us, we are able to examine less than 10.

So many of us deserve -- when this Inquiry is finishing its work, we deserve to find a way to make sure that there is no forgotten in this journey. That's my biggest fear. My other biggest fear is that, yes, we are here right now with a mandate, but that people will say, I'll wait for the report to do an action, or do something for the women and the men across Canada.

Like I said to your premier, I bumped to

your premier this week by accident, yes, by accident, where on October 4th, yesterday, we were invited to go to the Manitoba Assembly, Legislative, and the Minister of Aboriginal Affairs, if it's what we say here in English, was very pleased that some of us from the Inquiry was in that room. And right after, the premier -- I didn't know he was tall -- came to the room. And we were able to share a few words.

And I remember, because it was on the spot, and probably it's always the best message when it's on the spot, very spontaneous, I told them the same thing. You don't need the Inquiry and the report and the recommendation to make a difference, to change things. And the best way to do it, it's to involve the families, to involve the survivors, to involve our leadership, us, people. So you will have less and less demonstrations on those march, you know. I see the news. I follow the news and I see Manitoba, you're very active on those March.

So even if he was tall, I wasn't intimidated. Even my grandmothers.

(APPLAUSE/APPLAUDISSEMENTS)

COMMISSIONER MICHÈLE AUDETTE: I did that with a big smile but very, very firm to say that something needs to change and they have the answer. You work with them -- for them; it's supposed to be the democracy, but

something is missing. The system is failing all of us across Canada, and you are the system.

So hopefully, the message is there, but I have to commend the people that have been pushing, pushing for many, many decades to remind the governments that they have a responsibility.

So we will leave tomorrow morning. I have to stay one night here in Winnipeg, and I'll enjoy my night with a family member, with a survivor, again, just to stay connected. But also, my dream is that -- everybody talks about the report, is it going to end on the shelf. And I'll repeat that again, and again, and again, it's one of my biggest fears that it does.

So I ask you in Quebec City, I think, I asked you many times, let's make this a collective responsibility, making sure that the government, the people, any institutions or milieux, the private sector, media, everywhere, grab those recommendations and say yeah, I want to be part of that change.

And before I finish and go, I want to ask -- only if you want, only if you want -- the family members that are here. I remember the first hearings with the families, it was very close to the family, the way I felt. No table was separating me with you. Now, it's very square or very table.

But I know you're in the room, and I would like to see you. If you want to stand and I want to look at you and say, I have love for you, I care for you, and many of us at the Inquiry, we care for you. So if you could stand so I can send you that love. I know you're consulting with your neighbour, if you do. Merci. Thank you. There's so many of you. So many of you.

(APPLAUSE/APPLAUDISSEMENTS)

COMMISSIONER MICHÈLE AUDETTE: You know me. Don't be afraid. Messenger me. Facebook me. If we go off the track, if you see that we're falling or I need to be lift up, I love your heart when you're sending me your heart. It's helping me to do what I have to do with you and for you. Merci.

(APPLAUSE/APPLAUDISSEMENTS)

MS. SHAUNA FONTAINE: We would now like to call up Chief Commissioner Marion Buller, please.

CHIEF COMMISSIONER MARION BULLER: Wow. Thank you, everyone. This was a -- I don't know how to describe this week. I will in a moment.

But I want to, as I always do, start by acknowledging the spirits of the missing and murdered Indigenous women and girls, including members of the 2SLGBTQQIA community. Their spirits were with us and still are, I can feel them, and I'm grateful that they're

with us this week to guide us.

Thank you also to the families and survivors who just stood so we could thank you. Thank you very much for being here. Your presence inspires us to do our work and to do our work better.

Also, thank you to the families and survivors, the over 1,700 family members and survivors who have shared their truths with us. As I've said before, you're rewriting Canadian history with each one of your stories and each one of your truths. It's a history that has to be rewritten.

Thank you to our warm and gracious hosts in Treaty 1 Territory and also the homeland of the Métis Nation. You have been wonderful hosts yet again to all of us.

Thank you, sincerely, to our respected elders, Mary Crate, Velma Orvis and Agnes Spencer. Thank you Thelma, Stan. We couldn’t get through this without you. Donis Kennedy, thank you and thank you for your little son. And, also, thank you all who started the day off right with us in our prayers and sunrise ceremonies. We can’t do this work without you, without your support, without your prayers and your songs.

Thank you also to Sarah DeLaronde. Thank you also, nakurmiik, to Annie Bowkett for keeping the

qulliq going, for keeping us with light and warmth every day. Thank you also to the fire keepers, Dave McPherson and Benjamin Morrisseau. They, too, provide us with light and warmth.

Thank you to our grandmothers, all of them, who keep us on the straight and narrow; our traditional knowledge keepers, our health and support team and members of the National Family Advisory Circle who are here in person today, Lorraine Clements and Lisa Semmler. And, also thank you, electronically, for the wise words of Myrna Laplante. Merci, Myrna.

I also want to acknowledge Jenny Lay, Isabelle Daniels and Brielle Beardy-Linklater for offering words of hope and encouragement. Again, we couldn't do this important work without you. Thank you Shannon Paul, Jasmine Paul, Tasha Spillett, Ray "Coco" Stevenson for your beautiful songs that inspire us and keep us going. And, thank you, thank you Fatima Daniels for your beautiful dancing and for reminding us why we are all here today. Thank you also to the Manitoba Coalition for helping us and partnering with us to make this week happen here in Winnipeg.

I also want to take a moment and thank the most amazing, most dedicated, most hard working National Inquiry staff who make the magic happen every day for us.

Thank you. No, thank you.

(APPLAUSE)

CHIEF COMMISSIONER MARION BULLER: And, parties with standing, I am getting to know all of you. And, if I haven't found out how many kids and grandkids you have, I will before we leave St. John's, so thank you for joining us in this important journey. Witnesses who have come this week, my goodness, what a pleasure it has been to hear you and at least start to understand what you have been teaching us.

You know, this week and many other weeks are like spending time with elders who tell you stories that you don't quite entirely understand, but you know there is a lesson or lessons there someplace. And so, at the end of this week, like most weeks, I am left with perhaps more questions than I have of answers. And, I am reminded of what some of the witnesses said, and these are questions that I am going to carry with me, and they are questions that all Canadians need to ask themselves.

Cora Morgan described being asked this question. Fill in the blanks. Our children will be living in dignity and respect when? I don't have all the answers yet, and if you have them, please tell me. We will be working on it. We will be working on it together.

Cindy Blackstock asked us, and I am

paraphrasing, learning what Dr. Wade taught us today, I hope, why is it that Canadians tolerate Indigenous people in their own country living in Third World conditions? Why do Canadians tolerate that?

(APPLAUSE)

CHIEF COMMISSIONER MARION BULLER: And, Dr. Blackstock also asked, how morally courageous are we? That is a test. Are we willing to walk the walk and talk the talk? So, all Canadians, I ask you, how morally courageous are you to stand up and defend the values that we believe in? Equality, dignity, fairness, how willing are you to defend those values and others?

So, those are just some of the questions I am left with, and I am leaving with you as well. I have more questions, but I won't bore you with them. We have to stand up and defend what we believe in. No one is going to do it for us. We have to make it happen. So, I thank you and I ask you to join us all help each other. Let's make it happen.

We will continue in two weeks' time in St. John's, Newfoundland, way at the other end of the country, where I know they are going to give us a warm Newfoundland welcome. It is not that we are leaving Manitoba and Winnipeg behind, we are carrying you with us all the way to St. John's. So, for those of you who celebrate

Thanksgiving, have a wonderful turkey dinner. Think of me. It is my favourite. Hug your family, hug your friends, and remember that we all need a safe journey. Thank you.

(APPLAUSE)

MS. SHAUNA FONTAINE: Thank you very much. I would now like to call upon Shannon Paul and Jasmine Paul who are going to provide us with a drum song.

MS. JASMINE PAUL: This is a travelling song.

(MUSICAL PRESENTATION)

MS. SHAUNA FONTAINE: Thank you very much, Shannon and Jasmine. On behalf of the Commissioners and the staff at the Inquiry, we would like to pass you a couple of gifts.

(GIFT PRESENTATION)

MS. SHAUNA FONTAINE: We would now like to ask up singer and songwriter Leonard Sumner to come and share a song and a video with us.

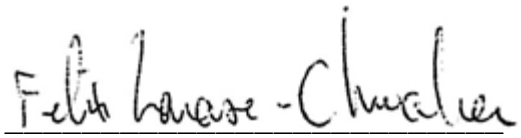
(MUSICAL PRESENTATION)

(VIDEO PRESENTATION)

--- Upon adjourning at 4:09 p.m.

LEGAL DICTA-TYPIST'S CERTIFICATE

I, Félix Larose-Chevalier, Court Transcriber, hereby certify that I have transcribed the foregoing and it is a true and accurate transcript of the digital audio provided in this matter.



Félix Larose-Chevalier

Oct 5, 2018