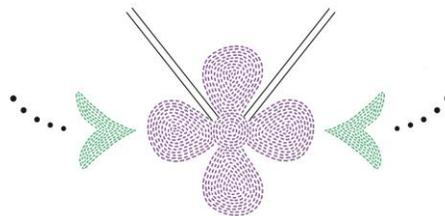


National Inquiry into
Missing and Murdered
Indigenous Women and Girls



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

**National Inquiry into Missing and Murdered
Indigenous Women and Girls
Truth-Gathering Process
Parts 2 & 3 Institutional & Expert/Knowledge-Keeper
“Child & Family Welfare”
Fort Garry Hotel, Grand Ballroom
Winnipeg, Manitoba**



PUBLIC

Mixed Part II & III Volume XIV

Friday October 5, 2018

Panel 5:

Dr. Allan Wade

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II

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Winnipeg Police Service	Kimberly D. Carswell (Legal Counsel)

V
TABLE OF CONTENTS

Truth-Gathering Process
Mixed Parts 2 & 3 Volume 14
Institutional & Expert / Knowledge-Keeper Hearings:
"Family & Child Welfare"

Panel 5: Dr. Allan Wade

Chair: Jennifer Cox, Commission Counsel

Heard by Chief Commissioner Marion Buller & Commissioners
Michèle Audette, Brian Eyolfson & Qajaq Robinson (via
livestream)

Grandmothers, Elders, Family Members & Knowledge-keepers:
Lorraine Clements (National Family Advisory Circle - NFAC),
Lesla Semmler (NFAC), Louise Haulli, Pénélope Guay, Leslie
Spillet, 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

Clerks: Maryiam Khoury & Gladys Wraight

Registrar: Bryan Zandberg

VI
TABLE OF CONTENTS

	PAGE
Opening Remarks	1
<u>Panel 5: Dr. Allan Wade</u>	
In-Chief Examination by MS. JENNIFER COX	5
CROSS-EXAMINATION OF PANEL 5 BY PARTIES WITH STANDING	
Cross-Examination by MS. CAROLINE WAWZONEK	97
Cross-Examination by MS. KATHERINE HENSEL	104
Cross-Examination by MS. BRANDY KANE	111
Cross-Examination by MS. KRISTYN ORDYNIEC	122
Cross-Examination by MS. BETH SYMES	127
Cross-Examination by MS. ANITA SOUTHALL	132
Cross-Examination by MS. ANN MAJE RAIDER/CARLY TEILLET	139
Cross-Examination by MS. AMANDA LEBLANC	151
Cross-Examination by MS. JOSEPHINE DE WHYTELL	156
Cross-Examination by MS. CARLY TEILLET	161
Cross-Examination by MS. CAROL MARTIN	164
Cross-Examination by MS. NATALIE CLIFFORD	174
Cross-Examination by MS. SUZAN FRASER	179
Re-Examination by MS. JENNIFER COX	186
QUESTIONS PUT TO PANEL 5 BY THE COMMISSIONERS	
Questions from Commissioner Eyolfson	192
Questions from Commissioner Audette	193
Questions from Chief Commissioner Buller	205
CLOSING REMARKS BY THE COMMISSIONERS	
Closing remarks by COMMISSIONER BRIAN EYOLFSON	211
Closing remarks by COMMISSIONER MICHÈLE AUDETTE	214
Closing remarks by CHIEF COMMISSIONER MARION BULLER	220

**VII
LIST OF EXHIBITS**

NO.	DESCRIPTION	PAGE
<u>Panel 5: Dr. Allan Wade</u>		
50	CV of Dr. Allan Wade (12 pages)	8
51	Powerpoint "Justice on the Land: Violence, Resistance and the Power in Language" (43 slides/pages)	28
52	"Language and Violence: Analysis of Four Discursive Operations," by Linda Coates & Allan Wade in <i>Journal of Family Violence</i> , Volume 22, 2007 (pp. 511-522)	65
53	"Becoming Better Helpers" (one page)	66
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)	118
55	"Creating Islands of Safety for Victims of Violence: A Critical Systems Approach," by Catherine Richardson/Kinewesquao, in <i>Systemic Therapy as Transformative Practice</i> (pp. 250-268)	119
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)	120
57	"Dignity Driven Practice," print date September 5, 2018 (25 pages)	121

1 Winnipeg, Manitoba

2 --- The hearing starts on Friday, October 5, 2018

3 at 8:26

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

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

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

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

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

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

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

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

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

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

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

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

10 (MUSICAL PRESENTATION)

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

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

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

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

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

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

5 **--- PRAYER IN INUKTITUT AND LIGHTING THE QULLIQ**

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

8 **MS. SHAUNA FONTAINE:** Thank you, Annie.

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

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

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

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

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

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

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

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

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

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

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

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

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

3 **DR. ALLAN WADE:** Correct.

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

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

11 **MS. JENNIFER COX:** Okay.

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

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

23 **CHIEF COMMISSIONER MARION BULLER:**

24 Certainly. The C.V. is marked as Exhibit 50, 5-0.

25 --- Exhibit No 50:

1 CV of Dr. Allan Wade (12 pages)

2 Witness: Dr. Allan Wade

3 Counsel: Jennifer Cox, Commission

4 Counsel

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

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

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

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

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

25 **DR. ALLAN WADE:** Good morning.

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

4 **DR. ALLAN WADE:** I do.

5 **DR. ALLAN WADE, Affirmed**

6 **MR. BRYAN ZANDBERG:** Thank you.

7 **DR. ALLAN WADE:** Thank you.

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

13 **DR. ALLAN WADE:** Sure. I was a -- 1979,
14 1980, 1981, I was a special education teacher in Prince
15 Rupert. All the kids in my class were Haida and
16 Tsimshian. They were all Indigenous kids. And, I
17 remember sitting around on -- we used to call it "Meet the
18 Creature Night". That's when the parents are supposed to
19 come in and meet the teacher. And, none of the parents of
20 the kids in my class were coming in.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 **DR. ALLAN WADE:** Yes.

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

25 And, I have a couple of questions to maybe

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

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

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

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

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

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

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

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

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

1 violence.

2 DR. ALLAN WADE: Right.

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

5 DR. ALLAN WADE: Yes.

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

10 DR. ALLAN WADE: Right.

11 MS. JENNIFER COX: --- in society?

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

14 MS. JENNIFER COX: Okay.

15 DR. ALLAN WADE: That might be easier.

16 But, essentially, interpersonal violence broadly defined
17 is without question the most serious problem of our times.
18 And so -- and child protection practice and the other
19 systems of professions we have are organized responses to
20 the problem of violence primarily. And so if we're going
21 to respond effectively, we need to begin with a really
22 clear and contextual understanding of what violence is,
23 how it works, how people respond, how it's described, how
24 professionals deal with it, how others around the people
25 who are harmed respond, and what that means going forward.

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

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

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

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

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

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

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

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

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

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

12 **DR. ALLAN WADE:** Yeah.

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

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

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

1 violence?

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

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

10 **DR. ALLAN WADE:** Yeah.

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

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

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

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

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

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

10 **DR. ALLAN WADE:** Right.

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

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

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

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

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

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

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

1 psychology.

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

5 **DR. ALLAN WADE:** Right.

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

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

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

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

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

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

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

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

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

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

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

25 **DR. ALLAN WADE:** Yeah. I mean, my

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

5 **MS. JENNIFER COX:** M'hm.

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

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

19 **DR. ALLAN WADE:** Yes.

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

24 **DR. ALLAN WADE:** Yes.

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

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

6 **DR. ALLAN WADE:** Sure. Right.

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

11 **DR. ALLAN WADE:** Right.

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

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

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

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

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

1 **CHIEF COMMISSIONER MARION BULLER:** Yes.

2 The PowerPoint is Exhibit 51.

3 **--- Exhibit No 51:**

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

10

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

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

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

1 No, if you can back up, please?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

17 **DR. ALLAN WADE:** Yes.

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

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

1 extractive industries and Indigenous peoples globally.

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

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

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

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

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

20 **DR. ALLAN WADE:** Right.

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

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

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

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

6 **MS. JENNIFER COX:** Okay.

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

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

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

4 So you're that woman, and you're living,
5 let's say in Ross River, and you know that it's going to
6 take police maybe 2 hours to get there. So when he climbs
7 on your body, after he's beaten you up, how do you respond
8 to him? If you kick him in the balls, and you push him
9 off you, and you scream and yell, and you run out of the
10 house, who's going to be there to protect you? If the
11 police are not going to be there for 2 hours, he's got
12 2 hours to track you down and rape you.

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

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

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

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

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

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

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

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

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

9 **DR. ALLAN WADE:** Right.

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

12 **DR. ALLAN WADE:** Right. This is basic
13 information.

14 **MS. JENNIFER COX:** Right.

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

21 **MS. JENNIFER COX:** But ---

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

25 So people are always hoping for positive

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

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

5 **DR. ALLAN WADE:** Yeah.

6
7 **MS. JENNIFER COX:** --- one of the things
8 that you're doing is assessing the community responses,
9 particularly?

10 **DR. ALLAN WADE:** Right. Right.

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

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

14 **MS. JENNIFER COX:** --- in addressing that
15 response?

16 **DR. ALLAN WADE:** Yes.

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

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

1 **MS. JENNIFER COX:** Okay.

2 **DR. ALLAN WADE:** Yeah. I've given a couple
3 of examples, but Jenna -- this is an Indigenous --
4 13-year-old Indigenous girl, who phoned police to report
5 that her father had been assaulting her mother.

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

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

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

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

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

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

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

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

23 **DR. ALLAN WADE:** Mental illness.

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

1 **DR. ALLAN WADE:** Yes.

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

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

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

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

19 **DR. ALLAN WADE:** The whole context.

20 **MS. JENNIFER COX:** Right.

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

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

4 **DR. ALLAN WADE:** Yeah.

5 **MS. JENNIFER COX:** --- from a colonial
6 perspective ---

7 **DR. ALLAN WADE:** Yeah.

8 **MS. JENNIFER COX:** --- looking at how
9 colonials ---

10 **DR. ALLAN WADE:** Yeah.

11 **MS. JENNIFER COX:** --- how the systems are
12 colonial ---

13 **DR. ALLAN WADE:** Yeah.

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

16 **DR. ALLAN WADE:** Yeah.

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

19 **DR. ALLAN WADE:** Yes. Correct. Yes.

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

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

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

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

4 And the -- Carolina asks her:

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

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

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

1 parents, to try to make the situation better.

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

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

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

1 DR. ALLAN WADE: Yes.

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

3 DR. ALLAN WADE: Yes.

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

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

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

20 MS. JENNIFER COX: And ---

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

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

1 **DR. ALLAN WADE:** Yes.

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

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

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

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

1 Camp.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 You will see this over and over again.

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

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

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

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

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

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

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

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

24 One more slide and then maybe we will ---

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

1 could just, sort of, go back to that.

2 **DR. ALLAN WADE:** Go back to that
3 previous ---

4 **MS. JENNIFER COX:** That slide.

5 **DR. ALLAN WADE:** Yes.

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

8 **DR. ALLAN WADE:** Right.

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

11 **DR. ALLAN WADE:** Right.

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

14 **DR. ALLAN WADE:** Those are lived realities,
15 yes.

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

18 **DR. ALLAN WADE:** Right.

19 **MS. JENNIFER COX:** --- to use the
20 psychological term ---

21 **DR. ALLAN WADE:** Yes.

22 **MS. JENNIFER COX:** --- for our Indigenous
23 communities?

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

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

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

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

14 **DR. ALLAN WADE:** Yes.

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

17 **DR. ALLAN WADE:** Right.

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

20 **DR. ALLAN WADE:** Right.

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

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

1 cognitive behavioural therapy.

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

10 **MS. JENNIFER COX:** Right.

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

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

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

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

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

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

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

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

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

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

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

1 the DSM system.

2 **DR. ALLAN WADE:** Yes.

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

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

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

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

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

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

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

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

23 Next slide.

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

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

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

9 **(LAUGHTER/RIRES)**

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

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

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

6 Next slide.

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

9 **DR. ALLAN WADE:** Yeah.

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

14 **DR. ALLAN WADE:** Yeah.

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

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

20 **MS. JENNIFER COX:** Okay.

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

24 **MS. JENNIFER COX:** Sure.

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

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

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

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

21 **(LAUGHTER/RIRES)**

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

25 Here's exactly the same statement applied

1 to abused women. This statement for me is the
2 intersection of colonialism and misogyny:
3 "The partners' characteristics hold them together. As
4 abused partners adapt and become more compliant the
5 partners' characteristics make them increasingly dependent
6 on one another. After prolonged abuse they develop
7 complementary characteristics: he's aggressive, she's
8 passive; he's demanding, she's compliant; he's blaming,
9 she's accepting guilt." (As read)

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

17 **LAUGHTER/RIRES)**

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

25 But as you can see, this way of thinking is

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

4 Next slide.

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

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

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

14 **DR. ALLAN WADE:** Yeah. Yeah.

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

16 **DR. ALLAN WADE:** Right.

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

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

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

25 **--- EXHIBIT NO. 52:**

1 "Language and Violence: Analysis of
2 Four Discursive Operations," by Linda
3 Coates & Allan Wade in Journal of
4 Family Violence, Volume 22, 2007 (pp.
5 511-522)

6 Witness: Dr. Allan Wade

7 Counsel: Jennifer Cox, Commission

8 Counsel

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

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

15 **MS. JENNIFER COX:** Sure.

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

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

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

7 **MS. JENNIFER COX:** Wilson, Smith?

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

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

12 **CHIEF COMMISSIONER MARION BULLER:** de Haan.

13 **DR. ALLAN WADE:** Yeah.

14 **CHIEF COMMISSIONER MARION BULLER:** Okay.

15 **DR. ALLAN WADE:** 2015, yeah.

16 **CHIEF COMMISSIONER MARION BULLER:** Sure.

17 Exhibit 53 is Becoming Better Helpers, by Wilson, Smith,
18 Tolmie, and de Haan, 2015.

19 **DR. ALLAN WADE:** Yeah.

20 **--- EXHIBIT NO. 53:**

21 "Becoming Better Helpers" (one page)

22 Witness: Dr. Allan Wade

23 Counsel: Jennifer Cox, Commission

24 Counsel

25 **DR. ALLAN WADE:** The other thing is that we

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

10 **MS. JENNIFER COX:** Okay.

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

13 **CHIEF COMMISSIONER MARION BULLER:** Yeah. A
14 15-minute break please.

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

17 **CHIEF COMMISSIONER MARION BULLER:** Thanks.

18 **MS. JENNIFER COX:** Thank you.

19 --- Upon recessing 10:04 a.m./L'audience est suspendue à
20 10h04

21 --- Upon resuming at 10:30 a.m./L'audience est reprise à
22 10h30

23 **ALLAN WADE, Resumed:**

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

25 Chief Commissioner, are we ready to resume?

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

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

7 **DR. ALLAN WADE:** Sure.

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

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

15 Now, keep in mind this is unilateral, this
16 is an attack by one person against another, two different
17 kinds of assaults. And the judge says:
18 "The appellant & his wife engaged in an argument." (As
19 read)

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

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

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

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

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

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

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

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

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

18 I'm sorry, did you have a question?

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

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

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

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

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

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

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

22 -

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

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

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

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

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

23 **DR. ALLAN WADE:** Impacts their healing?

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

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

6 **MS. JENNIFER COX:** Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 Everyone who has a sexual connection with a
23 child is liable to imprisonment for -- so, we've been
24 analyzing criminal codes internationally. So far, about
25 16 criminal codes internationally. They all do the same

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 and then..." and her voice trails off as she describes him
2 assaulting her.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 So, from that came, also, extraordinary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 family. They will never forget that.

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

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

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

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

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

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

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

22 **DR. ALLAN WADE:** Right. Yes.

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

25 **DR. ALLAN WADE:** Yes.

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

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

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

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

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

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

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

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

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

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

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

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

9 **CHIEF COMMISSIONER MARION BULLER:**
10 Certainly. Ten minutes. Thanks.

11 **MS. JENNIFER COX:** Ten minutes sharp,
12 please.

13 **DR. ALLAN WADE:** Thank you.

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

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

16 **PANEL V, PREVIOUSLY AFFIRMED**

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

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

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

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

7 **DR. ALLAN WADE:** Yeah.

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

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

15 **DR. ALLAN WADE:** Thank you.

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

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

23 **--- CROSS-EXAMINATION BY MS. CAROLINE WAWZONEK**

24 **MS. CAROLINE WAWZONEK:** Good morning,
25 Dr. Wade.

1 **DR. ALLAN WADE:** Good morning.

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

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

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

19 **DR. ALLAN WADE:** Yeah.

20 **MS. CAROLINE WAWZONEK:** --- definition of
21 violence.

22 **DR. ALLAN WADE:** Right.

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

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

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

5 **MS. CAROLINE WAWZONEK:** Okay.

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

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

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

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

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

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

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

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

15 **DR. ALLAN WADE:** Right.

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

18 **DR. ALLAN WADE:** Right.,

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

22 **DR. ALLAN WADE:** Right.

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

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

4 **MS. CAROLINE WAWZONEK:** Okay.

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

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

12 **DR. ALLAN WADE:** Right.

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

15 **DR. ALLAN WADE:** Right.

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

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

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

22 **DR. ALLAN WADE:** Right.

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

25 **DR. ALLAN WADE:** Right.

1 **MS. CAROLINE WAWZONEK:** --- tools she may
2 have ---

3 **DR. ALLAN WADE:** Right.

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

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

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

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

25 **MS. CAROLINE WAWZONEK:** One last question.

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

5 DR. ALLAN WADE: Yeah.

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

8 DR. ALLAN WADE: Yes. Right.

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

12 DR. ALLAN WADE: Right.

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

15 DR. ALLAN WADE: M'hm.

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

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

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

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

8 **DR. ALLAN WADE:** Thanks for asking. Yeah.

9 **MS. JENNIFER COX:** So the next party with
10 6 minutes is the Association of Native Child and Family
11 Services with Katherine Hensel.

12 **---CROSS-EXAMINATION BY MS. KATHERINE HENSEL**

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

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

24 That when I travel up North within
25 Secwepemcúlecw, particularly in the northern communities,

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

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

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

8 **DR. ALLAN WADE:** Okay.

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

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

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

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

1 So when I first started going, we --
2 20 years ago, we began sitting in circle. And of course
3 you know, circle operates in a particular kind of way, so
4 it was not a question and answer format. People would
5 move around the circle and share their experience and
6 raise issues that were important to them, and then we'd
7 have an opportunity to kind of respond.

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

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

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

23 **MS. KATHERINE HENSEL:** Yeah.

24 **DR. ALLAN WADE:** So ---

25 **MS. KATHERINE HENSEL:** It's a good sign

1 when people start teasing you, generally.

2 **DR. ALLAN WADE:** Totally.

3 **MS. KATHERINE HENSEL:** Yeah.

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

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

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

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

1 DR. ALLAN WADE: ---Yes.

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

7 DR. ALLAN WADE: M'hm.

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

10 DR. ALLAN WADE: Yes.

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

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

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

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

1 and talking about their own histories of resistance.

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

5 **MS. KATHERINE HENSEL:** And ---

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

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

18 **DR. ALLAN WADE:** Right.

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

22 **DR. ALLAN WADE:** Yeah.

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

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

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

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

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

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

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

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

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

12 **DR. ALLAN WADE:** Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

17 **MS. BRANDY KANE:** Thank you.

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

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

24 **MS. BRANDY KANE:** Yes.

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

1 yeah.

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

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

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

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

8 **MS. BRANDY KANE:** Thank you.

9 **DR. ALLAN WADE:** Thank you very much.

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

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

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

16 **MS. BRANDY KANE:** M'hm.

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

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

25 **MS. BRANDY KANE:** M'hm.

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

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

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

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

1 questions about the brain are not even being asked.

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

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

11 **(LAUGHTER/RIRES)**

12 **DR. ALLAN WADE:** Right?

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

15 **DR. ALLAN WADE:** Yeah. Thank you.

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

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

1 entered as exhibits.

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

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

13 **--- EXHIBIT NO. 54:**

14 "Indigenous Women, RCMP and Service
15 Providers Work Together for Justice: A
16 Response-based Safety Collaboration in
17 the Yukon," by Cathy Richardson,
18 University of Victoria, April 2013 (22
19 pages)

20 Witness: Dr. Allan Wade

21 Counsel: Jennifer Cox, Commission

22 Counsel

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

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

4 **CHIEF COMMISSIONER MARION BULLER:**

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

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

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

11 **CHIEF COMMISSIONER MARION BULLER:** Yeah.

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

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

16 **--- EXHIBIT NO. 55:**

17 "Creating Islands of Safety for
18 Victims of Violence: A Critical
19 Systems Approach," by Catherine
20 Richardson/Kinewesquao, in *Systemic
21 Therapy as Transformative Practice*
22 (pp. 250-268)

23 Witness: Dr. Allan Wade

24 Counsel: Jennifer Cox, Commission

25 Counsel

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

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

11 **--- EXHIBIT NO. 56:**

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

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

1 **CHIEF COMMISSIONER MARION BULLER:**

2 Exhibit 57 is Dignity-Driven Practice, and...

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

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

7 **--- EXHIBIT NO. 57:**

8 "Dignity Driven Practice," print date
9 September 5, 2018 (25 pages)

10 Witness: Dr. Allan Wade

11 Counsel: Jennifer Cox, Commission

12 Counsel

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

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

22 **MS. JENNIFER COX:** Thank you.

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

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

1 13h08

2 **DR. ALLAN WADE, Resumed:**

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

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

9 **---CROSS-EXAMINATION BY MS. ORDYNIIEC:**

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

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

19 **DR. ALLAN WADE:** Thank you.

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

24 **DR. ALLAN WADE:** Right.

25 **MS. KRYSTYN ORDYNIIEC:** And the sentiment

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

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

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

9 **MS. KRISTYN ORDYNIEC:** Just changing the
10 narrative in terms of how -- for example, in the
11 judiciary ---

12 **DR. ALLAN WADE:** Right.

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

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

1 you know, in the context of this society.

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

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

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

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

23 **DR. ALLAN WADE:** Right.

24 **MS. KRISTYN ORDYNIEC:** And, there would be
25 an original language spoken by, perhaps, one of the

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

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

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

1 about that people need to try to better understand.

2 **MS. KRISTYN ORDYNEC:** And, what would be
3 some of your recommendations? So, specifically in more
4 remote communities to ensure that the victims are
5 protected in circumstances like that?

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

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

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

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

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

15 **MS. KRISTYN ORDYNIEC:** Thank you for your
16 time.

17 **DR. ALLAN WADE:** Thank you very much.

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

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

21 **DR. ALLAN WADE:** Hi.

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

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

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

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

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

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

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

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

20 **DR. ALLAN WADE:** Right.

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

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

1 Yes.

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

6 **DR. ALLAN WADE:** That's correct.

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

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

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

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

1 to do.

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

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

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

16 **DR. ALLAN WADE:** Yes.

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

21 **DR. ALLAN WADE:** Yes. Yes, that is very
22 important. Yes.

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

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

4 DR. ALLAN WADE: Yes.

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

8 DR. ALLAN WADE: Sure.

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

13 DR. ALLAN WADE: Yes, absolutely.

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

16 DR. ALLAN WADE: Yes.

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

22 DR. ALLAN WADE: Yes.

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

25 DR. ALLAN WADE: I agree, yes.

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

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

11 **MS. BETH SYMES:** Oka
12 y. Thank you.

13 **DR. ALLAN WADE:** Thank you.

14 **MS. BETH SYMES:** Those are my questions.

15 **DR. ALLAN WADE:** Thank you.

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

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

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

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

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

14 **DR. ALLAN WADE:** Okay.

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

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

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

23 **DR. ALLAN WADE:** Yes.

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

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

3 **MS. ANITA SOUTHALL:** Pardon?

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

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

11 **DR. ALLAN WADE:** Yes.

12 **MS. ANITA SOUTHALL:** Do you agree with
13 that?

14 **DR. ALLAN WADE:** Yes, I do.

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

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

25 **DR. ALLAN WADE:** Mm-hmm.

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

4 **DR. ALLAN WADE:** Right.

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

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

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

23 **MS. ANITA SOUTHALL:** Okay.

24 **DR. ALLAN WADE:** I hope I addressed your
25 question.

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

3 **DR. ALLAN WADE:** Okay.

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

8 **DR. ALLAN WADE:** Right.

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

14 **DR. ALLAN WADE:** Right.

15 **MS. ANITA SOUTHALL:** --- in terms of
16 implementation?

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

25 **MS. ANITA SOUTHALL:** Sir, your experience

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

3 **DR. ALLAN WADE:** Right.

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

8 **DR. ALLAN WADE:** Absolutely.

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

11 **DR. ALLAN WADE:** Yes.

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

16 **DR. ALLAN WADE:** Yes.

17 **MS. ANITA SOUTHALL:** --- would be
18 important?

19 **DR. ALLAN WADE:** Yes.

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

22 **DR. ALLAN WADE:** Yes.

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

25 **DR. ALLAN WADE:** Yes.

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

3 **DR. ALLAN WADE:** Yes.

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

5 **DR. ALLAN WADE:** Yes.

6 **MS. ANITA SOUTHALL:** Isolation of a
7 community by ---

8 **DR. ALLAN WADE:** Yes.

9 **MS. ANITA SOUTHALL:** --- comparison would
10 impact?

11 **DR. ALLAN WADE:** Yes.

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

14 **DR. ALLAN WADE:** Yes.

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

17 **DR. ALLAN WADE:** Thank you.

18 **MS. ANITA SOUTHALL:** Thank you,
19 Commissioners.

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

23 **DR. ALLAN WADE:** Uh-oh.

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

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

1 **TEILLET:**

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

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

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

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

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

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

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

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

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

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

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

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

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

1 ends, and nothing gets rooted.

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

7 **DR. ALLAN WADE:** Yes.

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

11 **DR. ALLAN WADE:** Yes. Absolutely. Yes.

12 **MS. ANN MAJE RAIDER:** Thank you.

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

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

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

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

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

16 **DR. ALLAN WADE:** Right.

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

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

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

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

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

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

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

5 **(APPLAUSE/APPLAUDISSEMENTS)**

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

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

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

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

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

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

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

22 **MS. ANN MAJE RAIDER:** I believe in
23 Australia ---

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

25 **MS. ANN MAJE RAIDER:** --- a psychologist

1 there had issued an apology to the ---

2 **DR. ALLAN WADE:** Oh, yeah.

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

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

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

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

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

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

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

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

8 **DR. ALLAN WADE:** Right.

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

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

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

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

1 about amending the *Criminal Code*.

2 DR. ALLAN WADE: Right.

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

5 DR. ALLAN WADE: Right.

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

8 DR. ALLAN WADE: Right.

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

11 DR. ALLAN WADE: M'hm.

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

16 DR. ALLAN WADE: Sure.

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

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

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

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

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

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

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

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

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

5 **MS. ANN MAJE RAIDER:** (Speaking Indigenous
6 language.)

7 **DR. ALLAN WADE:** (Speaking Indigenous
8 language.)

9 **MS. CARLY TEILLET:** Meegwetch.

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

13 **---CROSS-EXAMINATION BY MS. AMANDA LeBLANC**

14 **MS. AMANDA LeBLANC:** Hi. Good morning.

15 **DR. ALLAN WADE:** Good morning.

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

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

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

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

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

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

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

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

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

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

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

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

14 **DR. ALLAN WADE:** Yes.

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

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

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

10 **DR. ALLAN WADE:** Yes.

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

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

1 I need to know that?

2 DR. ALLAN WADE: Yes.

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

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

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

19 DR. ALLAN WADE: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

12 We have to address porn culture, violence -
13 - that is violence culture. If the numbers are right, 70,
14 80 percent of men view porn on a regular basis, depending
15 on where you are. Porn is associated with sexualized
16 aggression, there is no question of that. I currently see
17 boys in my private practice who have molested their
18 younger sisters after viewing porn. I think a
19 conversation about that would be -- is extremely
20 important. And, it is a very challenging question to have
21 in North America, because here, we are more likely to talk
22 about sex work and a lot of the violence in pornography is
23 sexualized.

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

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

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

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

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

25 **MS. JENNIFER COX:** So the next party with

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

3 (SHORT PAUSE)

4 **---CROSS-EXAMINATION BY MS. CARLY TEILLET**

5 **MS. CARLY TEILLET:** Taanishi, bonjour, and
6 good afternoon again.

7 I'd like to, because it's important to do
8 so, begin by expressing that it's been an honour to come
9 home and do this work on the territory of my family, and
10 on the Métis homeland, and on the traditional territory of
11 Treaty 1, and to acknowledge that the spirits of our women
12 and our girls are with us. The importance of their
13 families, the survivors, the Elders, the medicine, and the
14 sacred items that are helping us do our work in a good
15 way.

16 So, as mentioned, I'm Carly Teillet, and
17 I'm the great-granddaughter of Sara Riel, and she's the
18 niece of Louis Riel, and I'm Métis from St. Boniface.

19 And I have the honour of acting as counsel
20 for Indigenous women, LGBTQ, Two-Spirit, and gender-fluid
21 individuals who engage in sex work and trade in
22 Vancouver's downtown eastside.

23 Today you talked a lot about resisting, and
24 my clients talk a lot about choice.

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

1 **MS. CARLY TEILLET:** They've repeatedly
2 affirmed that they make choices, they act, and it's with
3 pride that they tell me, constantly, they are survivors.

4 They've shared stories of resisting
5 violence of the imposition of colonial gender roles and
6 heterosexuality by choosing to remove themselves from
7 violent situations, moving to Vancouver, and then choosing
8 a safe family in Vancouver.

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

10 **MS. CARLY TEILLET:** They've shared stories
11 about actively choosing to resist what they've been told
12 their whole lives about Indigenous women; that Indigenous
13 women aren't valuable, they have no worth.

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

15 **MS. CARLY TEILLET:** One woman shared that
16 she was taking back her body by getting to choose who she
17 had sex with, what that looked like, and that her body had
18 value because she could count it. And to quote, she said,
19 "I feel good when I'm doing it. I like how it makes me
20 feel."

21 She was resisting what she was told as a
22 youth, that she was worthless, and that she was told that
23 she had no power to decide what happened to her body.

24 **DR. ALLAN WADE:** Yeah.

25 **MS. CARLY TEILLET:** They shared stories

1 about resisting what Dr. Blackstock called "public service
2 discrimination", and what other people call "genocide";
3 being at times in incredibly difficult situations,
4 desperate situations, they've made the choice to sell or
5 trade sex to survive, and they've said, "Will you feed my
6 children? Will you pay for rent?"

7 This morning you described a response-based
8 practice treating someone with dignity as an
9 acknowledgement of what a person has tried to do to deal
10 with an unmanageable situation as best they could.

11 So would you recommend to the Commission
12 that they be mindful of their language in writing their
13 report and recommendations so that they don't erase the
14 choices and the resistance of Indigenous women?

15 **DR. ALLAN WADE:** Absolutely, yes.

16 **MS. CARLY TEILLET:** And along those lines
17 could you briefly discuss the harm of using the term or
18 the phrase, "She leads a high-risk lifestyle," ---

19 **DR. ALLAN WADE:** Right.

20 **MS. CARLY TEILLET:** --- what you've talked
21 about today.

22 **DR. ALLAN WADE:** Yeah, it's like the notion
23 of vulnerability that because you lead a high-risk
24 lifestyle, you're inviting violence or you're inviting
25 abuse or you're making poor decisions or you're wearing

1 the wrong things or whatever it might be. And so it
2 transfers responsibility for violence from the people who
3 commit violence to the people who are violated.

4 So we have a whole bunch of different ways
5 in which we do that from psychological attributions like,
6 you know, "Well, you picked these guys." "Sweetheart, I
7 would never let a man treat me like that." Because I'm
8 different from you, right; because women are unconsciously
9 attractive; traumatic bonding.

10 I mean, we have literally dozens of
11 concepts that do exactly the same thing. So I absolutely
12 agree that I think that we need to be very mindful of that
13 and place responsibility where it lies, which is the
14 people who choose to commit violence.

15 **MS. CARLY TEILLET:** Thank you very much.

16 **DR. ALLAN WADE:** Thank you.

17 **MS. CARLY TEILLET:** Those are my questions.

18 **MS. JENNIFER COX:** The next party is the
19 Downtown Eastside Women's Centre; with Carol Martin with
20 six minutes.

21 **MS. CAROL MARTIN:** Thank you.

22 **--- CROSS-EXAMINATION BY MS. CAROL MARTIN:**

23 **MS. CAROL MARTIN:** That was a heavy piece
24 of conversation she had about the Gladue; it hit me.

25 **DR. ALLAN WADE:** Yeah.

1 **MS. CAROL MARTIN:** I was ready to leave the
2 room.

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

4 **MS. CAROL MARTIN:** But I just wanted to
5 talk to you, I was quite intrigued by what you presented.
6 It made a lot of sense to why a lot of our issues and our
7 problems keep piling up, piling up; you know, just the
8 structure of the English language.

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

10 **MS. CAROL MARTIN:** I can see the layers of
11 conditioning, brainwashing, self-sabotaging, and it's all
12 implemented within this Canadian system, even in the
13 language.

14 **DR. ALLAN WADE:** Yeah.

15 **MS. CAROL MARTIN:** You know, the government
16 has done a lot of damage to us over the years; ---

17 **DR. ALLAN WADE:** Yeah.

18 **MS. CAROL MARTIN:** --- many, many years.
19 And so after doing all that, we've been studied and
20 researched to death.

21 **DR. ALLAN WADE:** Yeah.

22 **MS. CAROL MARTIN:** You know, I was thinking
23 about how the images that you had put on the poster with a
24 woman, and that's something I've seen ever since I've
25 started working for violence against women.

1 DR. ALLAN WADE: Yeah.

2 MS. CAROL MARTIN: And now I see why. You
3 know, there's so much of our issues to the point where
4 we've become a high-priority within this Canadian system.

5 Everybody wants to be a part of that change
6 when it comes to monetary -- money, when it comes to our
7 lives, whether we're alive or dead. But nothing seems to
8 change.

9 DR. ALLAN WADE: M'hm.

10 MS. CAROL MARTIN: So what you presented
11 today made a huge -- had a huge impact on how I see --
12 like, as you're speaking, it seemed like it was all
13 falling into place.

14 DR. ALLAN WADE: M'hm.

15 MS. CAROL MARTIN: The problems that we
16 have within the court systems; you know, the theft of our
17 children, theft of our land, it's the English words that
18 they use because it has too many meanings.

19 You know, I wanted to focus on the
20 residential school. You know, there was -- it was a good
21 strategy for the federal government and the churches to
22 bring all their children into one place where they were
23 subjected -- you know, they were sexually abused,
24 sodomized, everything possibly.

25 DR. ALLAN WADE: Yeah.

1 **MS. CAROL MARTIN:** So how can we make
2 changes within this Canadian system if the predators and
3 the paedophiles haven't been held accountable?

4 **DR. ALLAN WADE:** Yeah.

5 **MS. CAROL MARTIN:** What is your thoughts on
6 that? Because, you know what, I grew up with families and
7 friends who went to residential school. I couldn't
8 understand what was going on, why was there so much
9 violence? But I was so little.

10 **DR. ALLAN WADE:** Yeah.

11 **MS. CAROL MARTIN:** You know, being
12 subjected to sexual abuse by the very people who were
13 supposed to take care of me.

14 **DR. ALLAN WADE:** Yeah.

15 **MS. CAROL MARTIN:** And how am I supposed to
16 make those changes, change for my grandchildren and
17 children today ---

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

19 **MS. CAROL MARTIN:** --- when that very
20 foundation of this Canadian system is made up of that?

21 **DR. ALLAN WADE:** Right. The colonial
22 system of professions, the colonial system of oppression
23 will suppress our resistance. It's happening all the time.
24 Who gets to speak? Who gets to tell the truth? What gets
25 treated as newsworthy? What gets treated as valid and

1 valuable; what doctors say? What people in your
2 organization say, you know?

3 So we have all these kinds of layers of
4 sexism, classism, et cetera, built right into the fabric
5 of our society. I think we have to talk about it
6 publically and address it, and as you're doing.

7 **MS. CAROL MARTIN:** And not with just an
8 empty apology ---

9 **DR. ALLAN WADE:** No.

10 **MS. CAROL MARTIN:** --- from government and
11 the churches.

12 **DR. ALLAN WADE:** That was a non-apology
13 apology.

14 **MS. CAROL MARTIN:** I also think about the
15 social workers and how much power they're given within the
16 court system.

17 **DR. ALLAN WADE:** Yeah.

18 **MS. CAROL MARTIN:** And I followed -- like,
19 I fought against them for 30 years. I have five girls,
20 one boy, and I looked after my sister's three kids and
21 then I have my two grandchildren.

22 **DR. ALLAN WADE:** Right.

23 **MS. CAROL MARTIN:** But just during the
24 summertime I had four social workers and five policemen
25 show up at my house to try and apprehend my grandkids.

1 **DR. ALLAN WADE:** Yes.

2 **MS. CAROL MARTIN:** And, you know, they
3 write inaccurate reports, and these are presented in the
4 courtroom, because they said they removed the babies from
5 my daughter and placed them with me because they couldn't
6 find anywhere to place them, which was inaccurate.

7 They mislead in the courtrooms. They
8 misinform. They commit perjury and they get away with it.
9 The power of social workers, that needs to be looked at,
10 because I fought them outside the courtroom.

11 **DR. ALLAN WADE:** Right.

12 **MS. CAROL MARTIN:** And, I did tell them
13 that I was going to tell the judge this, everything that I
14 mentioned, because I had notes, taken notes and
15 everything.

16 **DR. ALLAN WADE:** Sure. Yes.

17 **MS. CAROL MARTIN:** And, a week before they
18 were going to go to court, they actually withdrew from
19 court. But, you know, I keep thinking about protection
20 orders. We're always talking about protection orders. If
21 I were to think of a protection order against this
22 occupied land they call Canada, who would I send an SOS
23 out to? Because everything they've done to us, you know,
24 they incarceration, the homelessness, their diseases, the
25 theft of our land, theft of our children. And, as you

1 know, we work within a circle.

2 **DR. ALLAN WADE:** Yes.

3 **MS. CAROL MARTIN:** And, women are very
4 strongly connected to Mother Earth. So, you keep trying
5 to kill us off to have more access to our land, now you're
6 targeting our children. Who would I go for a protection
7 order against this occupied land they call Canada?

8 **DR. ALLAN WADE:** That's a great question.

9 **MS. CAROL MARTIN:** I would like an answer.
10 Just give me some ideas.

11 **DR. ALLAN WADE:** If I had an answer, I
12 would give it to you. Believe me.

13 **MS. CAROL MARTIN:** And, you know, our First
14 Nations women were stripped of a lot of our status within
15 our families and our communities.

16 **DR. ALLAN WADE:** Yes.

17 **MS. CAROL MARTIN:** And, there's not a lot
18 of weight to put to our voices, but I'm thinking about all
19 the women from downtown. I work down there with all the
20 women. I helped coordinate the Feb 14 Memorial March.
21 Our list of women gets longer and longer. You know, a lot
22 of those women couldn't get into shelters and to
23 transition houses, and they get treated really badly down
24 there. How do I know? Because they come and talk to me.

25 **DR. ALLAN WADE:** Sure.

1 **MS. CAROL MARTIN:** But, there was a really
2 good core group of elders that I worked with and I had the
3 honour of being part of. Bernie Williams is part of that,
4 and Rita Blind, the elder I'm with, we took over the
5 women's centre and we created a shelter in that women's
6 centre, and now we have -- we're going to be having a 24-
7 hour shelter. A lot of what you talk about, Let's Awaken
8 on the Land, that needs to be also part of the
9 reconciliation. Canada has not done anything to reconcile
10 with the First Nations people, Indigenous people, Inuit of
11 this Turtle Island.

12 **DR. ALLAN WADE:** Yes.

13 **MS. CAROL MARTIN:** So, do you have any
14 recommendations of any books that I could read or any
15 reports that I could read? I want to think just like you.

16 **DR. ALLAN WADE:** No, you don't.

17 **MS. CAROL MARTIN:** So, I can best
18 effectively help my people.

19 **DR. ALLAN WADE:** I think -- I don't know
20 about you, but I don't think there's any substitute for
21 working together as allies, people in different positions
22 who have different things, who bring different things to
23 the table. If we were going to work together, that would
24 be my hope that we could do that.

25 I'd be the last person to suggest that you

1 ought to read any books. Believe me. It's part of my
2 cultural practice; right? I'm an academic.

3 **MS. CAROL MARTIN:** Well, what you presented
4 was a real eye-opener to me ---

5 **DR. ALLAN WADE:** Thank you.

6 **MS. CAROL MARTIN:** --- in understanding
7 where a lot of the issues and problems are from, and it's
8 from the very fact that this English word, it's just -- I
9 just liked your presentation so much.

10 **DR. ALLAN WADE:** Thank you.

11 **MS. CAROL MARTIN:** I'll give you my phone
12 number, my email ---

13 **DR. ALLAN WADE:** Good.

14 **MS. CAROL MARTIN:** --- my Facebook.

15 **DR. ALLAN WADE:** Done deal. Done deal.

16 **MS. CAROL MARTIN:** I really enjoyed your --
17 -

18 **DR. ALLAN WADE:** Thank you.

19 **MS. CAROL MARTIN:** Like, you just made it
20 so clear.

21 **DR. ALLAN WADE:** Thank you. Well, I've
22 been listening to Leta Jules (phonetic) and Ann Maje
23 Raider. I've been listening to a lot of Indigenous women
24 for a long period of time trying to pay attention and pick
25 up what they're putting down. So, I'm happy some of that

1 comes through.

2 **MS. CAROL MARTIN:** Thank you very much.

3 **DR. ALLAN WADE:** One comment I will make,
4 reconciliation, there should be -- there are quite a
5 number of French speakers in the room, I imagine. I'm not
6 one. But does it not come from the French, yes, meaning
7 to return to wholeness that which was once whole,
8 something like that? Okay.

9 **MS. CAROL MARTIN:** I think we as Indigenous
10 people need to return -- do that with non-Natives in order
11 to come full circle.

12 **DR. ALLAN WADE:** Yes. So, for the colonial
13 government to use the metaphor "reconciliation", to me,
14 contributes to the lie that it was once okay, and we're
15 going to just return. So, for me, reconciliation is the
16 wrong metaphor. Reparation, restoration, those are better
17 metaphors.

18 **MS. CAROL MARTIN:** Are you guys making
19 notations of this?

20 **DR. ALLAN WADE:** Do you know what I'm
21 saying?

22 **MS. CAROL MARTIN:** True. Yes.

23 **DR. ALLAN WADE:** So, what was the wholeness
24 that we once had, do you know what I mean? We had
25 invasion and domination. So, where is the wholeness that

1 we can return to? I think reconciliation is a very
2 romantic, lovely sounding idea, and I think it's a
3 testament to the strength and spirit of Indigenous people
4 that you have been able to gain ground through that, but
5 that ground has not been given. You've had to fight for
6 it, and I think we need to be more accurate about the kind
7 of processes we're putting in place and having, kind of,
8 fuzzy romantic sounding names to cover it all.

9 **MS. CAROL MARTIN:** Well, what I'm going to
10 say, stop the war on our Indigenous women and girls.

11 **DR. ALLAN WADE:** Right.

12 **MS. CAROL MARTIN:** Stop the theft of our
13 land and stop the theft of our children.

14 **DR. ALLAN WADE:** Thank you.

15 **MS. CAROL MARTIN:** Thank you.

16 **MS. JENNIFER COX:** The next party is
17 Eastern Door Indigenous Women's Association with six
18 minutes.

19 **--- CROSS-EXAMINATION BY MS. NATALIE CLIFFORD:**

20 **MS. NATALIE CLIFFORD:** Good afternoon.
21 Natalie Clifford with Eastern Door Indigenous Women's
22 Association, and thank you to Ms. Martin, my colleague,
23 for a nice -- every time she gets up here, it kind of
24 leaves a mark. So, I can't promise I'll be as exciting.

25 We represent the interests of Mi'kmaw and

1 Maliseet people in Atlantic Canada, and specifically,
2 women. And, on our board are the Native women's
3 associations for the four Atlantic provinces.

4 So, I just wanted to touch briefly on in
5 Mi'kmaw, we don't necessarily -- or we found we didn't
6 have a word that matched "pain" in English. And so, there
7 was a -- there have been a number of studies done. In
8 particular, in a community in Nova Scotia, researchers
9 talked to elders, parents and children as well as
10 healthcare providers to sort of gauge how pain was
11 discussed in this context. So, I just wanted to read a
12 couple of the comments to you and then get your response.

13 So, for health care professionals, one
14 said, "They kind of turn away. Like, for children
15 anyways, there isn't -- there's a kind of shyness and they
16 don't want anyone to be near them when asked about pain."

17 Another one said, "I do find Native kids a
18 little bit more stoic. They won't tell you anything."
19 The word stoic in reference to Indigenous children is used
20 frequently throughout the report.

21 So, I wondered if you find those two
22 accounts from health care professionals dealing directly
23 with Indigenous children problematic from a dignified
24 approach?

25 **DR. ALLAN WADE:** Yes, I do. I mean, there

1 are many reasons that people communicate the way they do.
2 It always has to be understood in context; right? And,
3 children often communicate through their behaviour, not
4 through words so much, and through their posture and what
5 they do and what they don't do. So, yes, absolutely.

6 **MS. NATALIE CLIFFORD:** So, do you think
7 that these two comments are indicative of a failure to
8 properly interpret these children? And, based on the
9 western approach of the helping professions, would you say
10 that that's what we're seeing here?

11 **DR. ALLAN WADE:** I would have to know more
12 about the document to put in context, just like I would
13 want to put anything else in context. I'd be really
14 concerned about somehow implying that Indigenous kids are
15 less good communicators, or don't know how to talk about
16 their feelings, or those kinds of things, and I think
17 that's a problem.

18 And, even, actually, the understanding of
19 what an emotion is, is very cultural, you know, in
20 context. Europeans have certain ways of talking about
21 emotions, and even ideas that we should talk about
22 emotions. But, my experience of children is normally they
23 would prefer to talk about activities, concrete realities.
24 It's difficult for kids to talk about -- of all kinds to
25 talk about emotions, because for young children in

1 particular, it's quite abstract to ask about an emotion.

2 **MS. NATALIE CLIFFORD:** And so, in order to
3 further inform the understanding of how pain is
4 communicated, two elders were asked about how pain is
5 communicated and one responded that we paint a picture.
6 And, another one said, we are storytellers, we describe in
7 detail and then they do not believe us. And, in response
8 to that, a health care professional said, I mean
9 separately in an interview, sometimes I ask about pain and
10 then take it with a grain of salt.

11 So, is this interaction and this kind of
12 response, is that in line with the problems with a western
13 trained professional not considering the context?

14 **DR. ALLAN WADE:** Again, I do not know the
15 context, but sometimes I ask and I take it with a grain of
16 salt meaning they are not necessarily believable to me or
17 -- yes, I find that really problematic.

18 **MS. NATALIE CLIFFORD:** Okay. So, I would
19 just like to switch gears a little bit.

20 **DR. ALLAN WADE:** Sure.

21 **MS. NATALIE CLIFFORD:** You talked about the
22 judge's remarks and sexualized assaults, and you are
23 advocating for -- I mean, from what I understand, across
24 the board and across agencies. So, we are talking about -
25 - when I talk about this, I am talking about from social

1 workers to police, lawyers, and ultimately to how all of
2 that get translated into a judge's comments, for example.

3 **DR. ALLAN WADE:** Yes.

4 **MS. NATALIE CLIFFORD:** So, you are
5 advocating for, sort of, a more to the point way of
6 describing what happens to people?

7 **DR. ALLAN WADE:** Accurate.

8 **MS. NATALIE CLIFFORD:** Accurate, okay. And
9 so, we are looking to name and blame the perpetrator that
10 is behind that ---

11 **DR. ALLAN WADE:** No. We are looking to be
12 descriptive of the perpetrator's actions.

13 **MS. NATALIE CLIFFORD:** Okay. So, my ---

14 **DR. ALLAN WADE:** And, actually, what I
15 think it is important to say is that, when you focus on
16 how people actually perpetrate violence, generally
17 speaking, you find a lot more deliberation, and control
18 and choice making. So, although -- actually, what happens
19 is, the opposite of blaming, we end up treating people who
20 perpetrate violence as people who make choices, and
21 decisions and are capable of acting non-violently before
22 you ever meet them.

23 The standard approach to construct
24 perpetrators of violence, particularly men, is to
25 construct them as hydraulic machines. You know, we call

1 it the Coca Cola Theory of Male Psychology. You shake him
2 up, he has got to go off. You wear the wrong dress, he
3 has got to ejaculate. You push his buttons, he has got to
4 explode. Half the human race is constructed in these
5 hydraulic metaphors. It is incredibly offensive to men
6 and, ironically, it also protects men from responsibility.

7 So, I am actually talking about a much more
8 dignified approach that recognizes the pre-existing
9 ability of men to act respectfully. That is not blaming;
10 right? That is according dignity and being accurate at
11 the same time. That is what we are aiming for.

12 **MS. NATALIE CLIFFORD:** Thank you.

13 **DR. ALLAN WADE:** Thank you.

14 **MS. JENNIFER COX:** And, the last party is
15 Families for Justice with Suzan Fraser for six minutes.

16 **--- CROSS-EXAMINATION BY MS. SUZAN FRASER:**

17 **MS. SUZAN FRASER:** Good afternoon,
18 Commissioners. Sir, my name is Suzan Fraser, I am here on
19 behalf of a number of families. I want to pick up on some
20 of the themes that Ms. Teillet raised with you when she
21 was asking her latest set of questions. And,
22 Commissioners, I am focusing on Tab D, or what is given to
23 us as Schedule D, which is the Together for Justice
24 report.

25 **DR. ALLAN WADE:** Right.

1 **MS. SUZAN FRASER:** I am on pages 14 and 15,
2 in terms of the principles and understandings of the
3 framework of that.

4 **DR. ALLAN WADE:** Okay.

5 **MS. SUZAN FRASER:** Okay. So, what I
6 understand is that the quality of social responses are
7 going to be the best predictor of individual and community
8 outcomes in cases of violence and other forms of
9 adversity?

10 **DR. ALLAN WADE:** Yes. There is about 45,
11 50 years of research that points to that.

12 **MS. SUZAN FRASER:** Right.

13 **DR. ALLAN WADE:** Yes.

14 **MS. SUZAN FRASER:** And so, it is our
15 response ---

16 **DR. ALLAN WADE:** Yes.

17 **MS. SUZAN FRASER:** --- a society's response
18 to the problems that they are understanding, that will
19 actually predict how both the community and the person
20 being on the adverse side of an experience will recover?

21 **DR. ALLAN WADE:** Sure. And, the same is
22 true, by the way, across many different forms of violence
23 and adversity. How people do in the long run, for
24 example, after a natural disaster ---

25 **MS. SUZAN FRASER:** Yes.

1 **DR. ALLAN WADE:** --- depends crucially on
2 the quality of the response they receive.

3 **MS. SUZAN FRASER:** Okay.

4 **DR. ALLAN WADE:** Are they made safe and
5 accorded dignity? And, the same thing is true for, you
6 know, unaccompanied refugee children. The best predictor
7 of how well they would do in the long run is how they are
8 received ---

9 **MS. SUZAN FRASER:** Right.

10 **DR. ALLAN WADE:** --- not the severity of
11 the violence they have left.

12 **MS. SUZAN FRASER:** Okay. They have already
13 experienced the violence ---

14 **DR. ALLAN WADE:** Yes.

15 **MS. SUZAN FRASER:** --- and they have
16 already had the most traumatic ---

17 **DR. ALLAN WADE:** Yes.

18 **MS. SUZAN FRASER:** --- thing happen to
19 them. So, what -- how the society and the people around
20 them receive them will be the best predictor. Okay. And,
21 does it follow then, that a community that has had adverse
22 experiences must be given some agency to develop and
23 enhance the quality of those social responses?

24 **DR. ALLAN WADE:** Yes.

25 **MS. SUZAN FRASER:** Okay. And so, it has to

1 be a recommendation of this Inquiry that communities be
2 given that sense of agency and the tools to exercise their
3 agency in order to be able to best predict outcomes for
4 their people?

5 **DR. ALLAN WADE:** Yes. In my opinion, yes.

6 **MS. SUZAN FRASER:** Okay. And so, equally
7 in terms of your principles that you have set out, in
8 terms of accurate information -- looking at the second
9 principle. Accurate information and accurate descriptions
10 are the first indispensable step in forming effective
11 social responses?

12 **DR. ALLAN WADE:** Yes.

13 **MS. SUZAN FRASER:** Right? We have to tell
14 things as they are?

15 **DR. ALLAN WADE:** We have to look at the
16 social realities on the ground as directly and baldly as
17 possible, yes.

18 **MS. SUZAN FRASER:** Okay. And so, looking
19 at what you have talked to us about today in terms of the
20 way that we describe violence ---

21 **DR. ALLAN WADE:** Yes.

22 **MS. SUZAN FRASER:** --- applying that to the
23 task of the Inquiry, which has heard incredible tales --
24 not tales. I say that -- the truth of hundreds of people.

25 **DR. ALLAN WADE:** Right.

1 **MS. SUZAN FRASER:** Hundreds of families who
2 have had the bravery to come forward.

3 **DR. ALLAN WADE:** Mm-hmm.

4 **MS. SUZAN FRASER:** You would recommend, I
5 take it, that these Commissioners look deeply at what they
6 have heard, to the language that was used, and to find the
7 stories, find the evidence of the resilience and the
8 resistance ---

9 **DR. ALLAN WADE:** Yes.

10 **MS. SUZAN FRASER:** --- of those people?

11 **DR. ALLAN WADE:** Yes, absolutely I would.
12 And, in a certain sense, the primary function of this
13 Inquiry is to provide dignified response to the family
14 members of loved ones and communities of the missing and
15 murdered Indigenous girls and women.

16 **MS. SUZAN FRASER:** And, these
17 Commissioners, if they have good writers helping them, and
18 if they instruct their writers and the people who are
19 summarizing the evidence for them, they can -- you can
20 look within the stories of violence to find those -- that
21 is an equally important component in telling what had
22 happened?

23 **DR. ALLAN WADE:** Yes.

24 **MS. SUZAN FRASER:** Okay.

25 **DR. ALLAN WADE:** How you go about that ---

1 **MS. SUZAN FRASER:** Yes.

2 **DR. ALLAN WADE:** --- is really crucial, but
3 yes.

4 **MS. SUZAN FRASER:** Okay. And, are there
5 tools -- so in terms of shifting from a framework, this is
6 a legal process -- one of the kinds of legal processes
7 that you have criticized for ---

8 **DR. ALLAN WADE:** Yes.

9 **MS. SUZAN FRASER:** --- telling these
10 stories in a way that does not reflect the capacity.

11 **DR. ALLAN WADE:** Mm-hmm.

12 **MS. SUZAN FRASER:** What are the tools that
13 the Commissioners need to do this job properly?

14 **DR. ALLAN WADE:** Well, first, you need to
15 have an idea that it is important -- I will give you an
16 example of a process that is happening in Australia.

17 There is an organization there who are
18 contacting women -- it will not be only women, there will
19 be men too. But, they have been contacting women who have
20 been subjected to violence and who have been service users
21 for many years.

22 And so, they are getting back to some of
23 those women and they are asking about their experience of
24 the social responses they have received over time and
25 their responses to those things. And, discussing with the

1 women also the kinds of experiences they had, how they
2 responded to them and then reflecting back to them, you
3 know, what responses that may be understandable as
4 different forms of resistance, seeing if those
5 descriptions fit for those women, if that makes sense to
6 them.

7 There is actually quite good evidence from
8 other studies that show that -- and our own independent
9 research on our work as well, that shows that when you
10 begin to acknowledge that people respond and resist,
11 people tend to feel less pathological, stronger, more
12 dignified and more capable of addressing the concerns they
13 have in their lives.

14 **MS. SUZAN FRASER:** Okay. And, is that why,
15 on page 15, you say, complete analysis must take into
16 account the nature of the perpetrator's actions and
17 context, the victim's responses and resistance to those
18 actions, social responses to the perpetrator and the
19 victim, and perpetrator and victim responses?

20 **DR. ALLAN WADE:** Yes.

21 **MS. SUZAN FRASER:** Social responses?

22 **DR. ALLAN WADE:** Exactly. Yes.

23 **MS. SUZAN FRASER:** Thank you.

24 **DR. ALLAN WADE:** Thank you.

25 **MS. JENNIFER COX:** Chief Commissioner and

1 Commissioners, that is the end of the cross-examination.
2 I do have one question on redirect.

3 **CHIEF COMMISSIONER MARION BULLER:** Go
4 ahead.

5 **--- RE-EXAMINATION BY MS. JENNIFER COX:**

6 **MS. JENNIFER COX:** Dr. Wade, there was a
7 question from one of the parties with respect to -- and
8 you made mention of the child protection process in
9 Sweden, where there is outside supervision?

10 **DR. ALLAN WADE:** Mm-hmm.

11 **MS. JENNIFER COX:** And, I am wondering if
12 you can explain that in a little bit more detail so that
13 we have a good understanding of what you mean by outside
14 supervision or what that actually looks like?

15 **DR. ALLAN WADE:** Sure. Well, if you
16 imagine, you're a young person who's gone into become a
17 social worker, and then there's a job becomes available in
18 Whitehorse, and you haven't had a lot of background
19 understanding the kinds of issues we've been talking
20 about. You've had maybe some training in anti-oppressive
21 social work practice, but you haven't necessarily had an
22 in-depth training in understanding violence, resistance,
23 et cetera, et cetera, the colonial context, so you become
24 a child protection worker.

25 And you know, you're 26-years-old, you want

1 to do good in the world. That's why you're there. You
2 want the world to be a better place.

3 So you show up in Whitehorse, and then you
4 get involved in some cases, let's say of paternal
5 violence, and the position of the team lead is that, you
6 know, she keeps going back to him. You know, why is that?
7 She needs to better take care of her kids. She's not
8 protecting her kids. And you know, you're instructed to
9 tell the mother that she needs to do a better job of
10 protecting her kids, that she's failed to protect them, et
11 cetera.

12 You're 27-years-old, and now you're telling
13 an Indigenous women in the Yukon that she's failed to be a
14 good mother, you're going to possibly remove her children,
15 and you tell her that she actually has to move and find
16 another place to live. There's a zero percent vacancy
17 rate in Whitehorse. She has nowhere to go. She doesn't
18 have the money.

19 So you recognize that you are now doing
20 colonialism. And you're 27-years-old and you're shocked
21 at the circumstances you're in, and you're in pain, and
22 you don't know what to do about it; who you're going to
23 talk to. Are you going to talk to the team leader that
24 instructed you to do that? Because that's who social
25 workers normally would get supervision from, a team

1 leader.

2 Where do you go with that kind of spiritual
3 pain? Who do you talk to about having to practice in that
4 kind of way, now realizing the nature of the organization
5 that you're a part of? You need an external person. You
6 need a person who is not part of the organization, a
7 person that it's safe enough for you to talk to because it
8 may not be safe enough for you to talk with anyone in the
9 organization.

10 In addition to that, you need to have
11 probably 3 hours per week of group supervision so you and
12 your colleagues can talk about these challenging cases to
13 make sense of them, so that you can hold each other up,
14 support one another, and try to do better work, and make
15 some decisions about how possibly to try to change the
16 organization you're in. So you need different types of
17 supervision for different reasons.

18 Removing children from their loved ones is
19 an enormously complex task for any human to engage in. I
20 think we're doing -- young people who -- wanting to come
21 out of university as social workers to do good work, I
22 think we're doing them an immense disservice. The system
23 itself is the problem, not the young people coming out to
24 do the work. They're not the problem, with very few
25 exceptions. We need to support them.

1 And it's the same thing with police
2 officers.

3 **MS. JENNIFER COX:** So -- but in Sweden, was
4 there ---

5 **DR. ALLAN WADE:** Yeah.

6 **MS. JENNIFER COX:** --- a specific -- is
7 there a specific practice that they use to provide that
8 outside supervision?

9 **DR. ALLAN WADE:** They have different people
10 doing it, but very experienced mental health
11 professionals, therapists who understand child protection,
12 and they provide the supervision from, well let's say a
13 very collaborative kind of methodology. So it's done in
14 different ways in different places.

15 We can -- we could do that next week, it's
16 easy to do, we have lots of people to do it and who would
17 do a really good job of it. We simply have to -- the
18 authorities who run the system simply have to take the
19 decision to do it.

20 So there should also be -- in context of
21 the Yukon, for example, there should be culturally-
22 appropriate supervision. That is, they should be getting
23 supervision from organizations like the Liard Aboriginal
24 Women's Society. They should be accountable -- if we're
25 doing child protection practice, we need to have an

1 ongoing accountability practice. So that needs to be put
2 in place.

3 **MS. JENNIFER COX:** So those are all my
4 questions, Commissioners.

5 **DR. ALLAN WADE:** I -- can I -- I want to
6 finish about the police, if I could. Sorry.

7 **MS. JENNIFER COX:** Sure. Go ahead.

8 **DR. ALLAN WADE:** You know, we're also
9 getting young people who are wanting to become police
10 officers, and you know, they get in there -- many people
11 get in there because they want to make the world a better
12 place. They've had horrible experiences in their own
13 lives, and they want to do something better.

14 So imagine, you get into an organization
15 that doesn't adequately train you, then sends you up to
16 the Northern part of Canada, and you watch a DVD and
17 that's supposed to be your training on understanding First
18 Nations issues Indigenous issues. Then you're put out
19 into a context where you're supposed to know what to do,
20 and you don't know what to do, and you know you don't know
21 what to do, and the people you're working for, they know
22 that you don't know what you're supposed to do.

23 I think we're putting people who are coming
24 into this kind of work in an impossible situation, and we
25 actually need to be a lot more accountable for that. We

1 need to be accountable for reviewing in-depth RCMP
2 training practices.

3 Ann Maje Raider -- who, by the way, last
4 year was awarded the Polar Prize for inspired leadership
5 in the North of Canada -- sorry to embarrass you there,
6 Ann, but there it is -- asked the superintendent of the
7 RCMP in the Yukon, "Could we please have a copy of the
8 training you use to train your new recruits in depo about
9 how to respond to sexual assault and domestic and family
10 violence"? The answer was no.

11 Why would that be the case? I mean, why
12 would you do that? Just -- to me, that's profoundly
13 unethical and problematic.

14 So we need to be reviewing those materials;
15 right? We're taxpayers. They work for us. We get to
16 look at those -- now, there's obviously confidential
17 materials that we don't get to look at, but understanding
18 their basic training in these issues, it's important that
19 we all see it. Thank you.

20 **MS. JENNIFER COX:** So Commissioners, before
21 we move on to your questions, I have one housekeeping
22 matter, and that is as a result of the materials going to
23 the parties with standing, and being complex materials in
24 rather short notice, we are proposing, if Dr. Wade is
25 available, that Commission counsel will collect questions

1 from the parties, if they have time to review the
2 materials later, and have further questions of Dr. Wade,
3 submit the questions in writing to Commission counsel, and
4 that we will then in turn submit them to Dr. Wade for a
5 written response.

6 And we're proposing that should Dr. Wade be
7 agreeable to this process that we would collect the
8 questions. So Dr. -- sorry -- Christa Big Canoe will be
9 sending out an email communication with respect to this if
10 everybody's in agreement with this process. Just to allow
11 them an opportunity, if there's lingering questions after
12 they have a better chance to review the materials, that
13 they be permitted to engage in that.

14 **DR. ALLAN WADE:** Are you asking me?

15 **CHIEF COMMISSIONER MARION BULLER:** Yes,
16 that's agreeable.

17 **DR. ALLAN WADE:** I'm agreeable.

18 **MS. JENNIFER COX:** Thank you.

19 So Commissioners, take it away.

20 **--- QUESTIONS BY COMMISSIONER BRIAN EYOLFSON**

21 **COMMISSIONER BRIAN EYOLFSON:** Dr. Wade,
22 thank you very much for coming here today and sharing your
23 evidence with us, and especially for talking to us about
24 dignity-driven practices, and what you shared with us
25 about the use of language. You've certainly given us lots

1 to think about.

2 And I don't have any specific questions for
3 you about aspects of your presentation. But I just want
4 to ask you if you have any additional or further
5 recommendations for us? As you know, we have to make
6 recommendations after ---

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

8 **COMMISSIONER BRIAN EYOLFSON:** --- in this
9 process, so you know, in terms of recommendations we might
10 make or how we go about making those recommendations, if
11 you have any -- anything further you'd like to add?

12 **DR. ALLAN WADE:** I think I've stated at
13 different parts during the day several kind of ideas,
14 several thoughts. I don't think I have anything to add to
15 that at this point in time. Thank you.

16 **COMMISSIONER BRIAN EYOLFSON:** Okay. Thank
17 you very much.

18 **DR. ALLAN WADE:** Thank you.

19 **--- QUESTIONS BY COMMISSIONER MICHÈLE AUDETTE**

20 **COMMISSIONER MICHÈLE AUDETTE:** Merci, mon
21 ami Brian! Merci, Me Big Canoe!

22 **DR. ALLAN WADE:** Louder.

23 **COMMISSIONER MICHÈLE AUDETTE:** No.
24 Frencher.

25 **DR. ALLAN WADE:** Oh.

1 **COMMISSIONER MICHÈLE AUDETTE:** I don't know
2 if it exists, but more French. Bon. I don't know if my
3 voice is a woman or a man, but I know I'm a woman.

4 **(LAUGHTER/RIRES)**

5 **DR. ALLAN WADE:** I haven't heard the voice
6 yet. Hang on I'll tell you.

7 **COMMISSIONER MICHÈLE AUDETTE:** Okay.
8 Bonjour, test 2, test 3!

9 **DR. ALLAN WADE:** It's a woman.

10 **COMMISSIONER MICHÈLE AUDETTE:** Phew. Thank
11 you. Merci. Alors, un gros merci pour cette
12 présentation, de vulgariser ... parfois froidement et
13 parfois avec humour et parfois avec émotion ce que nous,
14 les femmes autochtones, on vit au niveau de la violence
15 économique, sexuelle, physique, spirituelle et ainsi de
16 suite. Et ça nous fait faire des voyages personnels dans
17 notre passé, mais ça nous rappelle aussi comment nous
18 sommes fortes, nous sommes belles, nous sommes
19 résilientes et pour beaucoup d'entre nous, on a été
20 capables de dire non à la violence. Alors, je félicite
21 toutes ces femmes-là qui ont fait ce grand geste.

22 Je félicite aussi Ann Maje, qui est venue
23 témoigner, un superbe témoignage; j'aurais tout donné mon
24 temps du groupe Liar pour justement venir expliquer de
25 l'importance des actions locales avec un spécialiste ou un

1 professionnel de la santé mentale, comme vous. Elle avait
2 ces réponses, mais vous lui avez démontré que c'est elle
3 qui avait les réponses et aujourd'hui, ce n'est pas une
4 dépression et un système qui l'a rendue comme ça. Moi,
5 j'ai trouvé ça vraiment puissant.

6 Vous avez travaillé localement, auprès
7 d'une nation, mais je suis sûre que vous avez une idée ou
8 une réflexion sur ce qui se passe à travers le Canada, que
9 les gouvernements, d'un gouvernement à l'autre, va mettre
10 des mesures ou des programmes pour contrer la violence
11 faite auprès... envers les femmes autochtones. Et l'une des
12 recommandations qu'on entend souvent, c'est un plan
13 d'action national pour lutter contre la violence. Vous,
14 vous travaillez sur le terrain ; est-ce que c'est quelque
15 chose qui a un effet, un impact sur votre travail, ça, un
16 plan national? Ou c'est trop loin, ça semble
17 inatteignable?

18 **DR. ALLAN WADE:** Interesting question. I
19 think it is very important to engage on a broad public
20 level in raising important issues like this, and showing
21 that the government and our public institutions are very,
22 very concerned about it, regardless of the quality of the
23 plan in a way, I think it is important.

24 I think there is a lot more local wisdom
25 that can be incorporated on these levels. Sometimes I

1 wonder, how is it decided who contributes. And, I worry a
2 little bit about the politics. But, I am not an insider
3 to politics, so I do not actually know how that works.
4 But, I know that some people are asked to contribute and
5 some people are not, and -- so those are the things that I
6 wonder about.

7 It is hard for me to assess whether or not
8 the national action plan hits the ground in the
9 communities that I am a part of. I can say however that
10 Justice Canada, Status of Women Canada, you know, other
11 organizations funded as a result of directing, you know,
12 the national action plan, putting those funds directed to
13 certain places, organizations that I have been connected
14 with have been supported and have been able to obtain
15 funding because of that. So, I think it is important on
16 many levels, but it is hard for me to assess whether or
17 not recommendations at that level hit the ground.

18 **COMMISSIONER MICHÈLE AUDETTE:** Okay.
19 Lorsque les organisations reçoivent de l'argent de
20 Condition féminine Canada ou du gouvernement fédéral ou du
21 Yukon, est-ce que c'est du financement à court, moyen
22 terme ou c'est du financement pour plusieurs années...

23 **DR. ALLAN WADE:** Right.

24 **COMMISSIONER MICHÈLE AUDETTE:** ... plusieurs
25 années?

1 **DR. ALLAN WADE:** Yes. I think -- I do not
2 apply for funding. I receive no government funding, I do
3 not apply for government funding. I would consider it an
4 impediment, because then I am accountable to something
5 that I do not want to be accountable to.

6 So, I depend on, for example, Ann and Liard
7 Aboriginal Women's Society to obtain funding, and then I
8 become a happy employee. So, they have to get this
9 funding. And, it is short-term often -- am I right, Ann?
10 Short-term a lot of the time, and so it is repeated
11 applications, looking for pots of money, looking for pots
12 of money. And, to me, that is a problem. I think we
13 should be doing everything we possibly can to make
14 extraordinary local organizations that many people here
15 are from, who have come up and, you know, spoken, we
16 should be doing everything possible to make that process
17 much more streamlined and much easier, so that you do not
18 have to put in -- constantly applying on a project basis
19 for more and more funding.

20 I realize that there are reasons for that,
21 but I am hoping we can do a lot more to -- because if you
22 are -- you are insecure, it is unpredictable. And,
23 unpredictability is one of the hallmark strategies of
24 violence. It's kind of like, you know what, if you do not
25 do what we want you to do, we are not going to give you

1 money. So, how are you supposed to make a long-term plan
2 on that basis? How are you supposed to be there to, you
3 know, work with kids in care? So -- and families.

4 So, I would like to see longer term funding
5 as you are suggesting put in place, and that is -- so
6 people can spend more of their time doing the work they
7 want to do.

8 **COMMISSIONER MICHÈLE AUDETTE:** Seriez-vous
9 d'accord de dire, dans ce cas-ci, que du financement à
10 long terme, avec une approche diversifiée et non mur-à-mur
11 et unique pour respecter la réalité des femmes du Nord et
12 celle du Downtown eastside ou du centre nord de Winnipeg,
13 que, comme recommandations, pour nous, les commissaires...

14 **DR. ALLAN WADE:** Absolutely. I think that
15 is absolutely crucial. Yes. Yes.

16 **COMMISSIONER MICHÈLE AUDETTE:** Sur un autre
17 point de vue, avec votre expertise dans les communautés,
18 je comprends que les gouvernements ont une responsabilité,
19 mais est-ce qu'encore, les femmes autochtones, c'est un
20 enjeu, c'est une situation, c'est une tragédie qui est
21 encore très taboue, de dénoncer la violence ou d'aller
22 cogner à une porte pour chercher de l'aide?

23 **DR. ALLAN WADE:** Hm. I think it is
24 extremely challenging in many communities to tell the
25 truth. You know, if you tell the truth about, well, you

1 know, my daughter was sexually assaulted by this, you
2 know, boy over here, and that boy happens to be connected
3 to a pretty powerful family, then you can expect your kid
4 is going to be sworn down at a grocery store, your mother
5 is not going to get the house that she has been waiting
6 for, your brother-in-law will not get the contract to
7 grade the roads, you know, some of the people in the
8 grocery store are not going to treat you properly, et
9 cetera.

10 So, I think it is extremely unsafe for many
11 people to come forward and talk about these things. And,
12 in fact, until we address that social context, until we do
13 things much more extensively to help people achieve safety
14 in communities precisely by supporting organizations, like
15 the people had spoken here from, to do more of that work,
16 I think that is where we have to go, because it has to be
17 local. People are only going to speak to people they
18 know.

19 And so -- like, for example, what happens
20 in small communities is, as you know -- you are assaulted
21 by your partner, so you phone your sister because your
22 sister works in the gas station and she knows which cops
23 are working that night because they always come and hang
24 out at the gas station. So, you ask your sister, which of
25 the cops is working tonight? And, they go, oh, you know

1 that new guy, Bill, he used to be in New Westminster? Oh,
2 yes, I really like him. Okay. I will phone the cops.
3 But, if it is somebody else, you will not phone the cops.

4 So, people have to be extremely careful,
5 tactical about who they choose to decide to talk to. And,
6 I think we need to pay attention to the complexity of that
7 and honour the decisions that people are making every day
8 to manoeuvre through the kind of forest, that is the
9 official system response system. It is incredibly
10 challenging to deal with. You have to train mental health
11 professionals and police to listen to you, and that takes
12 time.

13 So, supporting local organizations, I
14 think, is the most direct route. But, also, you know, we
15 can do a lot better with the professional groups that are
16 doing this work in local communities. That is one of the
17 reasons I think we need to get -- for example, if you have
18 a training -- a five-day training of all new RCMP members
19 in Carcross Tagish First Nation and Liard First Nation,
20 for example, they are going to build relationships, and
21 they are going to learn things, and they are going to be
22 told things, and it is going to -- you will get more
23 people talking to more people from that alone. So, that
24 is, I think, part of why that needs to happen.

25 **COMMISSIONER MICHÈLE AUDETTE:** You said

1 more training? I...

2 **DR. ALLAN WADE:** Yes, if you have local
3 training initiatives like, for example, you know, say the
4 Kaska women, they get to train the new professionals. So,
5 things are going to get better just from that alone.

6 **COMMISSIONER MICHÈLE AUDETTE:** Oui. Oui,
7 ça, c'est... c'est... vous nous avez mentionné que la GRC
8 pouvait écouter un vidéo?

9 **DR. ALLAN WADE:** Right.

10 **COMMISSIONER MICHÈLE AUDETTE:** J'imagine
11 c'était à leur discrétion. Alors, ça se pourrait que des
12 gens de la GRC n'ont même pas écouté le vidéo.

13 **DR. ALLAN WADE:** Yes. Yes.

14 **COMMISSIONER MICHÈLE AUDETTE:** OK. Oui. On
15 a eu des audiences à cet effet où y'a beaucoup, beaucoup
16 de réflexions et de recommandations dans ce domaine-là.
17 Ensuite de d'ça, on a déjà entendu aussi dans... depuis
18 plusieurs années, les communautés dans le Nord - vous
19 l'avez bien décrit -, c'est difficile de dénoncer parce
20 que je dénonce, mais je vais me retrouver au dépanneur ou
21 j'aurai pas la maison et ainsi de suite, donc y'a un
22 impact social direct là - moi, j'appelle ça un procès
23 social là dans mon vocabulaire. Mais est-ce que vous êtes
24 d'accord de dire avec moi que le fait aussi qu'on n'aborde
25 pas la question de façon holistique, la violence là? Les

1 services sociaux, protection à l'enfance, la santé,
2 l'éducation, tout le monde a un rôle n'est-ce pas?

3 **DR. ALLAN WADE:** I agree. Absolutely.

4 **COMMISSIONER MICHÈLE AUDETTE:** Et que tous
5 ces gens-là ont aussi besoin de... d'avoir le soutien et
6 l'appui nécessaires pour mettre en place des stratégies
7 durables. Êtes-vous d'accord avec ça?

8 **DR. ALLAN WADE:** Yes, I do.

9 **COMMISSIONER MICHÈLE AUDETTE:** Mm. Alors,
10 j'imagine, en vous écoutant, oui, à un plan d'action
11 national, c'est important pour les explications que vous
12 nous avez données, mais surtout un plan d'action local,
13 des stratégies locales et durable.

14 **DR. ALLAN WADE:** Yes.

15 **COMMISSIONER MICHÈLE AUDETTE:** Ben, je vous
16 dis un gros merci. And, I'll try to speak English. I have
17 to say thank you. Thank you very much. You've been in
18 the north for how many years?

19 **DR. ALLAN WADE:** Twenty.

20 **COMMISSIONER MICHÈLE AUDETTE:** Twenty.

21 It's a personal question. It can be just between you and
22 me. Why it works with you? You stay there 20 years, and
23 we've heard so many women telling us fly in, fly out, and
24 after a couple of months, it's a new face. Fly in, fly
25 out, after a couple of months.

1 DR. ALLAN WADE: Yes.

2 COMMISSIONER MICHÈLE AUDETTE: So, I have
3 to repeat my story again and again.

4 DR. ALLAN WADE: Yes.

5 COMMISSIONER MICHÈLE AUDETTE: You, you
6 stayed 20 years.

7 DR. ALLAN WADE: I know.

8 COMMISSIONER MICHÈLE AUDETTE: Why?

9 DR. ALLAN WADE: Well, number one, you
10 know, they continue to have me. I mean, that's the main
11 thing. If they changed their mind, it would be all over,
12 wouldn't it? So...

13 But, the -- I have a fantastic partner.
14 Kathy, my wife Kathy, we have five kids together. It's
15 been a huge -- I've spent a great deal of time away from
16 my family. So, my family is committed to this project as
17 well, and since we're talking personally, I also think
18 about my mom. My mom's ethics were very simple.
19 Everybody is important; nobody is more important than
20 anybody else.

21 So, you know, I just think when I met Linda
22 MacDonald, and then Ann, and the other people up there, I
23 just feel a responsibility, and I also feel that I have a
24 great deal to learn, and a short time on the planet, so to
25 speak. And, I just feel very personally involved in that

1 work, actually. Beyond that, I'm not quite sure how to
2 explain it, but thank you for asking.

3 **COMMISSIONER MICHÈLE AUDETTE:** Merci. And,
4 what would you say for the young people who are colleagues
5 that accept a mandate in the north? What would you say to
6 them?

7 **DR. ALLAN WADE:** You need to make sure you
8 are well supported and that you think about sustainability
9 over time, and that you discuss it openly with the people
10 who are bringing you there, and that you recognize. The
11 problem that you just mentioned, that people come and go
12 and you get a new crew in, and they seem to take the
13 position, "I love it here. I'm going to stay forever",
14 and they're on -- two years, they're gone.

15 So, I've been fortunate to be able to go
16 and then come home, and then go and then come home, you
17 know what I mean? So, it's -- but I was one of those
18 teachers many years ago, and I suppose that has something
19 to do with it as well. Just coming to the realization
20 that I really had no idea what I was doing, and the last
21 thing I would want to do is repeat that.

22 **COMMISSIONER MICHÈLE AUDETTE:** I disagree
23 with one thing you said.

24 **DR. ALLAN WADE:** Thank goodness.

25 **COMMISSIONER MICHÈLE AUDETTE:** I think you

1 would do an amazing politician. Just saying. Thank you.

2 DR. ALLAN WADE: Thank you very much.

3 --- QUESTIONS BY CHIEF COMMISSIONER MARION BULLER

4 CHIEF COMMISSIONER MARION BULLER: Well,
5 now that it's not personal, everybody can listen now. I
6 just want to make sure, Dr. Wade, I've got your concept of
7 the colonial code correctly in the context of violence.

8 DR. ALLAN WADE: Right.

9 CHIEF COMMISSIONER MARION BULLER: And, is
10 it correct to say that the colonial code is partly rested
11 in or grounded in victim blaming?

12 DR. ALLAN WADE: Yes.

13 CHIEF COMMISSIONER MARION BULLER: So, how
14 that would play out is me as the colonizer -- or you as
15 the Indigenous person, the victim, if that's the right
16 term, are making me do this to you because of shortcomings
17 that you have.

18 DR. ALLAN WADE: Right.

19 CHIEF COMMISSIONER MARION BULLER: That you
20 are responsible for and I'm not.

21 DR. ALLAN WADE: Yes. So, yes, I have to
22 abduct and rape your children because, you know, you're
23 non-Christian and I'm of superior race and intelligence.
24 So, I get to do that to you. There's very -- the logic
25 of, "You're wearing that dress so I get to rape you," it's

1 a very similar logic and it's applied in -- or, "You
2 attract abusive men so you deserve what you get." That
3 logic is replicated in many different kinds of ways.

4 **CHIEF COMMISSIONER MARION BULLER:** Well, I
5 think it's even more subtle than that, or maybe subtle
6 isn't the right word. It isn't that "I get to do this to
7 you," it's "You're making me do this to you."

8 **DR. ALLAN WADE:** Right. Yes. Yes.

9 **CHIEF COMMISSIONER MARION BULLER:** Is that
10 correct?

11 **DR. ALLAN WADE:** Yes. "You push my buttons
12 and what am I going to do?" And, you know, "You triggered
13 me." So, yes, I agree. The victim becomes the
14 perpetrator of their own misfortunes, and the perpetrator
15 becomes the victim of forces they don't understand and
16 can't control. Yes, that's what Nick Todd said a long
17 time ago, that this language, the colonial code reverses
18 the position of victim and perpetrator. Yes.

19 **CHIEF COMMISSIONER MARION BULLER:** So, an
20 example of that would be on the West Coast that we're
21 familiar with, that people who are protesting the
22 pipeline, for example, because they are doing what they
23 are doing, me as government has no choice but to do
24 certain things. You, people doing what you are doing
25 making me, government, do what I feel I have to do.

1 DR. ALLAN WADE: Yes.

2 CHIEF COMMISSIONER MARION BULLER: Would
3 that be a fair ---

4 DR. ALLAN WADE: That's an interesting
5 link. I don't know. Is that a context of violence?

6 CHIEF COMMISSIONER MARION BULLER: You're
7 the expert.

8 DR. ALLAN WADE: You asked the question.
9 No, that's an interesting question. I don't know. I'd
10 have to think about that. I think it depends a lot on
11 what government decides to do; right? How heavy-handed
12 government decides to get. How respectful of democratic
13 rights for free speech and free association government is.
14 Yes.

15 CHIEF COMMISSIONER MARION BULLER: Okay.
16 Well, I've learned more than anything this afternoon, Dr.
17 Wade, to watch my words and context. I have no further
18 questions for you. All I have left are profound thanks --
19 -

20 DR. ALLAN WADE: Thank you very much.

21 CHIEF COMMISSIONER MARION BULLER: --- for
22 your wisdom and for your time with us, and I'm left with
23 questions, too, that I'm going to have to mull over.

24 DR. ALLAN WADE: Yes.

25 CHIEF COMMISSIONER MARION BULLER: Because

1 you've given the gifts of your knowledge and your time,
2 your experience and your humour, I might add, we have a
3 very small gift to give you in return, and that's an eagle
4 feather. I know that you've been well-educated about the
5 significance of an eagle feather. So, we hope that this
6 eagle feather can hold you up on those days when you need
7 some lifting, because I know you have those days. And, of
8 course, to help you fly higher on those days when you are
9 ready to.

10 So, on behalf of all of us here, thank you
11 very much for sharing with us today and what you have done
12 has made a tremendous difference to the work that we are
13 doing. So, thank you.

14 **DR. ALLAN WADE:** Thank you. And, I
15 appreciate that. Thank you very much.

16 **CHIEF COMMISSIONER MARION BULLER:** And,
17 having said that, this hearing in Winnipeg is adjourned
18 until we meet again in St. John's. Thank you.

19 (GIFT PRESENTATION)

20 **MS. JENNIFER COX:** Parties with standing
21 and those in the audience, Commissioners, we are going to
22 take a five-minute break before the closing ceremonies.

23 --- Upon recessing at 15:02

24 --- Upon resuming at 15:20

25 **MS. SHAUNA FONTAINE:** So, we would like to

1 thank everybody for joining us this week here in Winnipeg
2 to hear testimony in relation to the family and child
3 welfare. To begin with, for our closing ceremonies, we
4 would like to invite our NFAC members, that is our
5 National Family Advisory Circle, who join us by providing
6 advice and guidance to the work that we do within the
7 Inquiry. So, I would like to call up Lorraine Clements
8 and Lesa Semmler to provide us with a few words.

9 **MS. LORRAINE CLEMENTS:** (Speaking in
10 Indigenous language). My name is Lorraine Clements and I
11 am a survivor of the child welfare system, I am also an
12 NFAC member.

13 First and foremost, I would like to say
14 chi-meegwetch for the opportunity to stand here before you
15 and speak on behalf of the NFAC members. I would like to
16 thank the families, the survivors, the spirit of our
17 sisters and all those left behind, who every day have that
18 hope and look for justice for their loved ones.

19 I would also like to thank our
20 grandmothers, those that lift us in the morning with those
21 prayers and those pipes, those shkabes (phonetic) at that
22 fire, the bundle behind us, Annie keeping the qulliq, the
23 Commissioners, all of those that have been participating
24 here, the singers, the drummers, the supports. Those at
25 the hotel who have given of themselves as well, to make

1 sure that we are fed and taken care of.

2 I have a few words from another NFAC member
3 who could not be here with us today. Myrna Laplante has
4 sent along a thank you to all the experts who testified
5 this week, she also sends along her love and she would
6 like to say, Canada needs to hear these testimonies and we
7 need to continue to share and do the hard work.

8 I am going to call up Grandma Mary Crate to
9 participate with me. It has been a very emotional week of
10 testimony from the experts. And, my hope is that we
11 continue to grow and implement the recommendations that
12 have been suggested. These suggestions should not just be
13 suggestions at this point, as far along as we have come on
14 these journeys of taking care of our young ones, but they
15 should be implemented today.

16 I cannot speak very much, but what I will
17 do is share a song. And, we sung this song last night at
18 the vigil, as everyone was leaving and going home to their
19 loved ones and travelling back to the hotel. So, I am
20 going to get Grandma Mary to talk about this song.

21 **MS. MARY CRATE:** The song is, Creator Song,
22 giving our thanks to Creator for all that we receive each
23 day, every breath of life, every sunrise, every new
24 beginning. I should say that word that was on --
25 "beninging". I do not know how many of you have seen that

1 on Facebook. It was somebody trying to say "the
2 beginning", but it -- he said "beninging".

3 But, anyway. This song is our way, it is a
4 song of how we are grateful to the Creator, to our
5 ancestors for all that we receive that is good in our
6 lives and that we continue to receive all of the good that
7 we receive from Creator. Those negative things that we
8 receive in our lives do not come from the Creator, it
9 comes from human being.

10 It is sad that some human beings can be so
11 cruel. Creator did not create us that way. Where this
12 cruelty and ugliness came from, that I cannot answer.
13 But, I will say that we can all be kind and loving, we can
14 all learn that. That said, I am going to allow this song
15 to be shared here. I will allow you. Yes. Okay.

16 (MUSICAL PRESENTATION)

17 **MS. SHAUNA FONTAINE:** Meegwetch. Thank you
18 very much. Next, we would like to call upon our
19 Commissioners and Chief Commissioner to provide some
20 closing remarks. So, to begin with, I'm going to call up
21 Commissioner Brian Eyolfson.

22 **--- CLOSING REMARKS BY COMMISSIONER BRIAN EYOLFSON:**

23 **COMMISSIONER BRIAN EYOLFSON:** Thank you for
24 that beautiful song. I'd like to start by offering my
25 gratitude to the people of Treaty 1 and the Métis Nation

1 for welcoming us this week to their homelands. Chi-
2 meegwetch. Thank you. Merci.

3 It's been a wonderful week. It's been a
4 very fulsome week. I'm very grateful for very
5 interesting, very important, powerful evidence, I think,
6 that we heard this week. So, I'm thankful for that. And,
7 I want to say some thank you's for so many people that
8 supported us all and for working together with us this
9 week.

10 I'd like to acknowledge the support and
11 guidance provided this week by the elders and the
12 knowledge keepers. I'd like to thank Thelma Morrisseau,
13 and Stan LaPierre, and all of their helpers for getting us
14 started in a good way every morning with ceremony, and for
15 the prayers that were offered throughout the day. And, I
16 want to thank some of the other elders as well, Velma
17 Orvis and Agnes Spence, Mary Crate, Annie Bowkett for
18 lighting the qulliq and attending to the qulliq for us all
19 week.

20 I also want to thank our grandmothers and
21 our women warriors, Blu-Waters, Bernie Williams, Louise
22 Haulli, Penelope Guay. And, of course, members of our
23 National Family Advisor Circle who are here with us this
24 week, Lorraine Clements and Lesa Semmler. Thank you so
25 much. Our firekeepers, Dave McPherson and Benjamin

1 Morriseau, and also, Sarah Dallarand, Tasha Spillet,
2 Shannon Paul, Jasmine Paul, Ray Stevenson for sharing
3 their songs and prayers with us this week. Also, Jenny
4 Lay, Isabelle Daniels and Brielle Beardy-Linklater for
5 providing us with their words of strength and resiliency
6 this week. So, each of your contributions has lifted and
7 cared for our spirits this week.

8 I also want to thank and acknowledge the
9 families and the survivors for your courage and trust.
10 Special thanks to Alaya McIvor for your presence and
11 support in the hearing room all week, to all of you here
12 who bore witness to the testimonies. Thank you also to
13 Gerry Pangman for offering support and self-care through
14 beadwork. The red dresses that many of you are wearing
15 are quite beautiful.

16 I also wanted to recognize, again, the
17 important contributions made by the witnesses who shared
18 their knowledge and recommendations with us this week. It
19 has helped us more fully understand the issues concerning
20 the safety and the wellness of Indigenous women and girls
21 and 2S LGBTQ people in Canada.

22 Thank you for the parties with standing who
23 have helped us more fully understand the issues concerning
24 the safety and wellness of Indigenous women and girls
25 through their very thoughtful questions throughout the

1 weeks. Thank you very much.

2 I think the testimony that we heard over
3 the last few days has provided us with some critical
4 information concerning family and child welfare, in
5 particular, and we will be able to reflect on that and
6 incorporate that helpful evidence into our work as we move
7 forward in formulating recommendations in our final
8 report. So, I'm very grateful again for that very strong
9 evidence we received this week.

10 And, I want to thank all the families and
11 survivors and the witnesses who shared their truths with
12 us, not only in these institutional expert hearings, but
13 throughout Part 1 community hearings and through statement
14 gatherings. And, I think that the evidence that we heard
15 from family members and survivors is the real expert
16 evidence that the evidence we heard this week will just
17 build upon and help us as we move forward and create our
18 recommendations.

19 So, I just wish you all safe travels back
20 to your home fires, and I look forward to seeing many of
21 you in St. John's as we continue with our next hearing in
22 a couple of weeks. Thank you very much. Chi-meegwetch.
23 (Indigenous word).

24 **COMMISSIONER MICHÈLE AUDETTE:** Bonjour.

25 She was ready to say a few words. The youngest

1 commissioner. She's going to change everything. Well,
2 before you go, can I say something to you, Fatima? Oui?
3 Yes? Or to him? Tell Fatima that there's many of us that
4 care for her, and that we're working very hard all over,
5 all across Canada, to make sure that you're safe. Tell
6 her that. Oh, thank you. My new friend. Merci, Fatima.
7 Thank you.

8 Thank you for all of you. Thank you for
9 the people of this land.

10 Merci infiniment de nous avoir accueillis
11 ici encore une fois pour une cinquième fois. Les gens du
12 Traité numéro 1, le peuple Métis, et toutes les autres
13 Nations qui sont ici, encore et encore et encore, merci.

14 Merci aux aînés, aux femmes, à la sagesse,
15 à nos grands-mères de nous avoir guidés tout au long de
16 cette semaine, une semaine remplie d'informations, une
17 semaine remplie de preuves.

18 Merci beaucoup à nos sœurs du NFAC -- you
19 know that word, so you know I'm talking about you --
20 d'avoir été ici -- this is where you do this -- d'avoir
21 été ici toute la semaine, vous aussi vous nous avez
22 guidés.

23 Les témoins, d'une grande qualité,
24 vraiment, la plupart autochtones, alors je suis vraiment
25 fière d'avoir entendu toute cette belle richesse.

1 Merci aux gens de la santé, à nos avocates
2 de travailler très fort, votre contribution puis votre
3 savoir est très important dans le cadre des travaux..
4 ...de travailler très fort, votre contribution puis votre
5 savoir est très important dans le cadre des travaux de
6 cette enquête.

7 Thank you so much. I'm not going to repeat
8 all the beautiful lists or what my colleague, Brian, said,
9 but it's, you know, us, we have to say, merci to Treaty
10 No. 1, Métis people, merci, merci, and of course, all the
11 other nations that lives here that make Manitoba their
12 home and Winnipeg their home.

13 It's been probably the fifth time that
14 we're coming here. We came here each time with an open
15 mind, open heart, with the hope, of course, to learn, and
16 believe me, we did learn each time we came here.

17 I was saying thank you to our grandmothers,
18 but also to my sisters from the NFAC. Thank you very much
19 for your wisdom.

20 Thank you also for the people who received
21 us, welcomed us at night. Every night, we did something.
22 Either visit a transition house, a shelter, or we went on
23 the street sharing pizza with people, but we went as much
24 as we could to meet the real people, the real expert. So
25 they're not in the room, but I'm sending this to their

1 spirit, thank you for their warm welcome. Thank you also
2 for sharing the hard truth of what you're going through.

3 This week is another week, of course, but a
4 week where we've heard evidence that will help me and help
5 my colleagues to work on that report. A report that will
6 be presented sometime after Christmas in April. But my
7 hope was that we have proper time. You say in English
8 "broken record", I don't know how we translate that in
9 English -- in French, but I think we had an historical
10 opportunity.

11 When we listen, 1,700 people, women, women
12 and men that had the courage to come and share their truth
13 the way they wanted to share their truth, we saw more than
14 100 systemic causes that was always coming back; close to
15 200, I would say. Some emerging, some that we all know.
16 And with this time that was allotted to us, we are able to
17 examine less than 10.

18 So many of us deserve -- when this Inquiry
19 is finishing its work, we deserve to find a way to make
20 sure that there is no forgotten in this journey. That's
21 my biggest fear. My other biggest fear is that, yes, we
22 are here right now with a mandate, but that people will
23 say, I'll wait for the report to do an action, or do
24 something for the women and the men across Canada.

25 Like I said to your premier, I bumped to

1 your premier this week by accident, yes, by accident,
2 where on October 4th, yesterday, we were invited to go to
3 the Manitoba Assembly, Legislative, and the Minister of
4 Aboriginal Affairs, if it's what we say here in English,
5 was very pleased that some of us from the Inquiry was in
6 that room. And right after, the premier -- I didn't know
7 he was tall -- came to the room. And we were able to
8 share a few words.

9 And I remember, because it was on the spot,
10 and probably it's always the best message when it's on the
11 spot, very spontaneous, I told them the same thing. You
12 don't need the Inquiry and the report and the
13 recommendation to make a difference, to change things.
14 And the best way to do it, it's to involve the families,
15 to involve the survivors, to involve our leadership, us,
16 people. So you will have less and less demonstrations on
17 those march, you know. I see the news. I follow the news
18 and I see Manitoba, you're very active on those March.

19 So even if he was tall, I wasn't
20 intimidated. Even my grandmothers.

21 **(APPLAUSE/APPLAUDISSEMENTS)**

22 **COMMISSIONER MICHÈLE AUDETTE:** I did that
23 with a big smile but very, very firm to say that something
24 needs to change and they have the answer. You work with
25 them -- for them; it's supposed to be the democracy, but

1 something is missing. The system is failing all of us
2 across Canada, and you are the system.

3 So hopefully, the message is there, but I
4 have to commend the people that have been pushing, pushing
5 for many, many decades to remind the governments that they
6 have a responsibility.

7 So we will leave tomorrow morning. I have
8 to stay one night here in Winnipeg, and I'll enjoy my
9 night with a family member, with a survivor, again, just
10 to stay connected. But also, my dream is that --
11 everybody talks about the report, is it going to end on
12 the shelf. And I'll repeat that again, and again, and
13 again, it's one of my biggest fears that it does.

14 So I ask you in Quebec City, I think, I
15 asked you many times, let's make this a collective
16 responsibility, making sure that the government, the
17 people, any institutions or milieux, the private sector,
18 media, everywhere, grab those recommendations and say
19 yeah, I want to be part of that change.

20 And before I finish and go, I want to ask -
21 - only if you want, only if you want -- the family members
22 that are here. I remember the first hearings with the
23 families, it was very close to the family, the way I felt.
24 No table was separating me with you. Now, it's very
25 square or very table.

1 But I know you're in the room, and I would
2 like to see you. If you want to stand and I want to look
3 at you and say, I have love for you, I care for you, and
4 many of us at the Inquiry, we care for you. So if you
5 could stand so I can send you that love. I know you're
6 consulting with your neighbour, if you do. Merci. Thank
7 you. There's so many of you. So many of you.

8 **(APPLAUSE/APPLAUDISSEMENTS)**

9 **COMMISSIONER MICHÈLE AUDETTE:** You know me.
10 Don't be afraid. Messenger me. Facebook me. If we go
11 off the track, if you see that we're falling or I need to
12 be lift up, I love your heart when you're sending me your
13 heart. It's helping me to do what I have to do with you
14 and for you. Merci.

15 **(APPLAUSE/APPLAUDISSEMENTS)**

16 **MS. SHAUNA FONTAINE:** We would now like to
17 call up Chief Commissioner Marion Buller, please.

18 **CHIEF COMMISSIONER MARION BULLER:** Wow.
19 Thank you, everyone. This was a -- I don't know how to
20 describe this week. I will in a moment.

21 But I want to, as I always do, start by
22 acknowledging the spirits of the missing and murdered
23 Indigenous women and girls, including members of the
24 2SLGBTQQIA community. Their spirits were with us and
25 still are, I can feel them, and I'm grateful that they're

1 with us this week to guide us.

2 Thank you also to the families and
3 survivors who just stood so we could thank you. Thank you
4 very much for being here. Your presence inspires us to do
5 our work and to do our work better.

6 Also, thank you to the families and
7 survivors, the over 1,700 family members and survivors who
8 have shared their truths with us. As I've said before,
9 you're rewriting Canadian history with each one of your
10 stories and each one of your truths. It's a history that
11 has to be rewritten.

12 Thank you to our warm and gracious hosts in
13 Treaty 1 Territory and also the homeland of the Métis
14 Nation. You have been wonderful hosts yet again to all of
15 us.

16 Thank you, sincerely, to our respected
17 elders, Mary Crate, Velma Orvis and Agnes Spencer. Thank
18 you Thelma, Stan. We couldn't get through this without
19 you. Donis Kennedy, thank you and thank you for your
20 little son. And, also, thank you all who started the day
21 off right with us in our prayers and sunrise ceremonies.
22 We can't do this work without you, without your support,
23 without your prayers and your songs.

24 Thank you also to Sarah DeLaronde. Thank
25 you also, nakurmiik, to Annie Bowkett for keeping the

1 qulliq going, for keeping us with light and warmth every
2 day. Thank you also to the fire keepers, Dave McPherson
3 and Benjamin Morrissette. They, too, provide us with light
4 and warmth.

5 Thank you to our grandmothers, all of them,
6 who keep us on the straight and narrow; our traditional
7 knowledge keepers, our health and support team and members
8 of the National Family Advisory Circle who are here in
9 person today, Lorraine Clements and Lisa Semmler. And,
10 also thank you, electronically, for the wise words of
11 Myrna Laplante. Merci, Myrna.

12 I also want to acknowledge Jenny Lay,
13 Isabelle Daniels and Brielle Beardy-Linklater for offering
14 words of hope and encouragement. Again, we couldn't do
15 this important work without you. Thank you Shannon Paul,
16 Jasmine Paul, Tasha Spillett, Ray "Coco" Stevenson for
17 your beautiful songs that inspire us and keep us going.
18 And, thank you, thank you Fatima Daniels for your
19 beautiful dancing and for reminding us why we are all here
20 today. Thank you also to the Manitoba Coalition for
21 helping us and partnering with us to make this week happen
22 here in Winnipeg.

23 I also want to take a moment and thank the
24 most amazing, most dedicated, most hard working National
25 Inquiry staff who make the magic happen every day for us.

1 Thank you. No, thank you.

2 (APPLAUSE)

3 **CHIEF COMMISSIONER MARION BULLER:** And,
4 parties with standing, I am getting to know all of you.
5 And, if I haven't found out how many kids and grandkids
6 you have, I will before we leave St. John's, so thank you
7 for joining us in this important journey. Witnesses who
8 have come this week, my goodness, what a pleasure it has
9 been to hear you and at least start to understand what you
10 have been teaching us.

11 You know, this week and many other weeks
12 are like spending time with elders who tell you stories
13 that you don't quite entirely understand, but you know
14 there is a lesson or lessons there someplace. And so, at
15 the end of this week, like most weeks, I am left with
16 perhaps more questions than I have of answers. And, I am
17 reminded of what some of the witnesses said, and these are
18 questions that I am going to carry with me, and they are
19 questions that all Canadians need to ask themselves.

20 Cora Morgan described being asked this
21 question. Fill in the blanks. Our children will be
22 living in dignity and respect when? I don't have all the
23 answers yet, and if you have them, please tell me. We
24 will be working on it. We will be working on it together.

25 Cindy Blackstock asked us, and I am

1 paraphrasing, learning what Dr. Wade taught us today, I
2 hope, why is it that Canadians tolerate Indigenous people
3 in their own country living in Third World conditions?

4 Why do Canadians tolerate that?

5 (APPLAUSE)

6 **CHIEF COMMISSIONER MARION BULLER:** And, Dr.
7 Blackstock also asked, how morally courageous are we?
8 That is a test. Are we willing to walk the walk and talk
9 the talk? So, all Canadians, I ask you, how morally
10 courageous are you to stand up and defend the values that
11 we believe in? Equality, dignity, fairness, how willing
12 are you to defend those values and others?

13 So, those are just some of the questions I
14 am left with, and I am leaving with you as well. I have
15 more questions, but I won't bore you with them. We have
16 to stand up and defend what we believe in. No one is
17 going to do it for us. We have to make it happen. So, I
18 thank you and I ask you to join us all help each other.
19 Let's make it happen.

20 We will continue in two weeks' time in St.
21 John's, Newfoundland, way at the other end of the country,
22 where I know they are going to give us a warm Newfoundland
23 welcome. It is not that we are leaving Manitoba and
24 Winnipeg behind, we are carrying you with us all the way
25 to St. John's. So, for those of you who celebrate

1 Thanksgiving, have a wonderful turkey dinner. Think of
2 me. It is my favourite. Hug your family, hug your
3 friends, and remember that we all need a safe journey.
4 Thank you.

5 (APPLAUSE)

6 **MS. SHAUNA FONTAINE:** Thank you very much.
7 I would now like to call upon Shannon Paul and Jasmine
8 Paul who are going to provide us with a drum song.

9 **MS. JASMINE PAUL:** This is a travelling
10 song.

11 (MUSICAL PRESENTATION)

12 **MS. SHAUNA FONTAINE:** Thank you very much,
13 Shannon and Jasmine. On behalf of the Commissioners and
14 the staff at the Inquiry, we would like to pass you a
15 couple of gifts.

16 (GIFT PRESENTATION)

17 **MS. SHAUNA FONTAINE:** We would now like to
18 ask up singer and songwriter Leonard Sumner to come and
19 share a song and a video with us.

20 (MUSICAL PRESENTATION)

21 (VIDEO PRESENTATION)

22 --- Upon adjourning at 4:09 p.m.

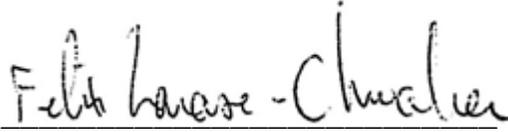
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LEGAL DICTA-TYPIST'S CERTIFICATE

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.

A handwritten signature in cursive script that reads "Félix Larose-Chevalier". The signature is written in black ink and is positioned above a horizontal line.

Félix Larose-Chevalier

Oct 5, 2018