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 2 & 3 Volume 10
Monday October 1, 2018

Panel 1:
Cora Morgan, First Nations Children’s Advocate Office
Sarah Clark, Executive Director, Arctic Children & Youth Foundation
Dr. Amy Bombay, Assistant Professor, School of Psychiatry, Dalhousie University

INTERNATIONAL REPORTING INC.
II

APPEARANCES

Animakee Wa Zhing #37 First Nation / Obashkaandagaang First Nation / Eagle Lake First Nation/Grassy Narrows First Nation / Ojibway Nation of Saugeen as a single collective party

Whitney Van Belleghem (Legal Counsel), Paloma Corrin (Legal Counsel)

Assembly of First Nations

Stuart Wuttke (Legal Counsel)

Assembly of Manitoba Chiefs

Joëlle Pastora Sala (Legal Counsel)

Association of Native Child & Family Service Agencies Ontario (ANCFSAO)

Katherine Hensel (Legal Counsel), Theresa Stevens (Representative)

Awo TAAN Healing Lodge Society

Darrin Blain (Legal Counsel)

Battered Women’s Support Services

Angela MacDougall, Viola Thomas, Brandy Kane, Summer-Rain Bentham (Representatives)

Canadian Association of Chiefs of Police (CACP)

Ashley Smith (Legal Counsel)

Congress of Aboriginal Peoples

Alisa Lombard (Legal Counsel)

Directeur des poursuites criminelles et pénales (Québec)

Anny Bernier (Legal Counsel)

Downtown Eastside Women Centre

Carol Martin, Reta Blind (Representatives)

Eastern Door Indigenous Women's Association

Natalie D. Clifford (Legal Counsel)

Government of Alberta

Kate Bridgett (Legal Counsel)

Government of Canada

Lucy Bell (Legal Counsel), Anne McConville (Legal Counsel)
## III
### APPEARANCES

| Government of British Columbia | Sara Pye (Legal Counsel)  
|                               | Jean Walters (Legal Counsel) |
| Government of Manitoba        | Coral Lang (Legal Counsel)  
|                               | Wendy Post (Legal Counsel)   |
| Government of New Brunswick   | Heather Hobart (Legal Counsel) |
| Government of Newfoundland and Labrador | Dr. Judith Lovas (Representative), Denise Spencer (Legal Counsel) |
| Government of the Northwest Territories | Brad Porter (Legal Counsel) |
| Government of Saskatchewan   | Barbara Mysko (Legal Counsel) |
| Independent First Nations    | Diane Maracle-Nadjiwon (Representative), Josephine de Whytell (Legal Counsel) |
| Inuit Tapiriit Kanatami (ITK) | Elizabeth Zarpa (Legal Counsel) |
| Liard Aboriginal Women’s Society | Carly Teillet (Legal Counsel) |
| Manitoba Keewatinowin Okimakanak (MKO) | Jessica Barlow (Legal Counsel) |
| Manitoba Moon Voices         | Tanis Wheeler & Alaya McIvor (Observers) |
| Mishkeegogamang First Nation | Paloma Corrin (Legal Counsel), Whitney Van Belleghem (Legal Counsel) |
IV
APPEARANCES

MMIWG Coalition Manitoba
Catherine Dunn (Legal Counsel)

Native Women’s Association of Canada
Virginia Lomax (Legal Counsel)

Native Women’s Association of Northwest Territories
Caroline Wawzonek (Legal Counsel)

NunatuKavut Community Council
Roy Stewart (Legal Counsel)

Ontario Federation of Indigenous Friendship Centres
Niki Hashie (Representative)

Pauktuutit Inuit Women of Canada, Saturviit Inuit Women’s Association, AnânauKatiget
Tumingit Regional Inuit Women’s Association, Ottawa Inuit
Children's Centre and Manitoba Inuit Association, as a collective single party
Rachel Dutton (Representative)

Regina Treaty Status Indian Services
Erica Beaudin (Representative)

Saskatchewan Association of Chiefs of Police
Katrina Swan (Legal Counsel)

Saskatchewan Aboriginal Women’s Circle
Kellie R. Wuttunee (Legal Counsel)

Treaty Alliance Northern Ontario - Nishnawbe Aski Nation/Grand Council Treaty #3
Krystyn Ordyniec (Legal Counsel)

Vancouver Sex Workers' Rights Collective
Carly Teillet (Legal Counsel)

Winnipeg Police Service
Kimberly D. Carswell (Legal Counsel)
Truth-Gathering Process Mixed Parts 2 & 3 Volume 10
Institutional & Expert / Knowledge-Keeper Hearings:
“Family & Child Welfare”

Panel 1: Cora Morgan, Sarah Clark & Dr. Amy Bombay
Chair: Meredith Porter, Commission Counsel

First Witness: Cora Morgan, First Nations Children’s Advocate Office
Counsel: Joëlle Pastora Sala, Assembly of Manitoba Chiefs

Second Witness: Sarah Clark, Executive Director, Arctic Children and Youth Foundation
Topic: “Family Supports & Domestic Violence”
Counsel: Lillian Lundrigan, Commission Counsel

Third Witness: Dr. Amy Bombay, Assistant Professor, School of Psychiatry, Dalhousie University
Topic: “Transgenerational Trauma and Resilience”
Counsel: Stuart Wuttke, Assembly of First Nations

Heard by Chief Commissioner Marion Buller & Commissioners Michèle Audette, Brian Eyolfson & Qajaq Robinson

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

Drummers: Jasmine Paul & Shannon Paul

Honour Song: Raymond Stevenson

Clerks: Maryiam Khoury & Gladys Wraight

Registrar: Bryan Zandberg
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Opening Ceremony

Winnipeg, Manitoba

--- The hearing starts on Monday, October 1, 2018 at 8:41

**MS. SHAUNA FONTAINE:** Good morning. Thank you and welcome for coming today, and joining us this week with the National Inquiry and our Knowledge Keeper and Institutional Hearings on Family and Child Welfare through our truth gathering process. First, I would like to welcome up Stan LaPierre and Thelma Morrisseau to open us up in a good way and provide us with a prayer.

**MS. THELMA MORRISSEAU:** (Speaking Anishnabe). I want to -- before I offer my prayer, I just would like to acknowledge today all of the families who are here, I say, chi-meegwetch. I want to acknowledge the elders and the knowledge keepers, and the community who are here. I want to, of course, acknowledge the Commissioners, meegwetch.

We had a -- we lifted our pipe this morning. Actually, there were four pipes that were lifted, so it is a good number, so I know things are going to be good. And, as in the way of our people, that is what we do. I am happy to welcome people here to this Treaty 1 Territory and the homeland of the Métis people. I come from Treaty 2 area. Did you want to say anything -- oh, okay. All right. So, with this tobacco that I hold in my hand, in a good way, I want to say (speaking in
Opening Ceremony

Indigenous language).

I am grateful, grandfather and grandmother, to stand here, to hold this tobacco, this most sacred medicine that has been given to our people. I want to give thanks for this day, give thanks that Grandfather has once again come over that eastern horizon, and give thanks that all of us could be here today, could witness this miracle of this life. I want to ask grandfathers and grandmothers who walked before us, seven generations, to look at us as we stand here, as we gather here in this place.

And, knowing this week is -- it may be a hard week, it may be a challenging week for many of us. The issue of child welfare among our people is a painful history, so we ask you -- because we are only human, we are pitiful, we are asking you for your help, Creator, Grandfather, help us to choose our words wisely. Help us give us a little bit of wisdom, give us strength and courage, help us to speak with only honesty. Guide this process. Each and every one here is here for a purpose, and it is not by chance that we have ended up here, but we have been brought here.

So, in that way, all in the four directions, the sky, that most beautiful gunaduwin gay (phonetic) place, and the earth, I lift this tobacco in
honour, each and every one of you, and ask that you might be taken care of on this day. (Speaking in Indigenous language).

I have my niece here, Sarah; and Sarah wants to offer a song. So, if it is okay with the organizers -- is that okay? Yes? Okay. Sarah.

(MUSICAL PRESENTATION)

**MS. SHAUNA FONTAINE:** Meegwetch, Thelma, Stan and Sarah, for opening us up in a good way. I would now like to turn over to Annie Bowkett who is here to light the qulliq for us, which will guide us in a good way for the rest of this week. Annie.

**MS. LILLIAN LUNDRIGAN:** I will be translating for Annie as she needs me to.

**ELDER ANNIE BOWKETT:** (Speaking Inuktitut) for 10 days.

**MS. LILLIAN LUNDRIGAN:** Thank you for inviting me to be part of this opening ceremony. I just arrived back from Iqaluit, Nunavut the other day. I was up in Iqaluit for 10 days.

**ELDER ANNIE BOWKETT:** (Speaking Inuktitut).

**MS. LILLIAN LUNDRIGAN:** Thank you to the Commissioners for inviting me and allowing me to be here.

**ELDER ANNIE BOWKETT:** (Speaking Inuktitut).

**MS. LILLIAN LUNDRIGAN:** And, she just
thanked me for sitting here with her, to assist her as she
lights the qulliq. She speaks Inuktitut and English
fluently, but she is thankful that I am able to sit here
and assist her.

ELDER ANNIE BOWKETT: (Speaking Inuktitut).

MS. LILLIAN LUNDIRGAN: As she lights the
qulliq, she will be explaining the important use and
symbol of the Inuit qulliq.

ELDER ANNIE BOWKETT: (Speaking Inuktitut).

MS. LILLIAN LUNDIRGAN: I am a qulliq
lighter in training.

ELDER ANNIE BOWKETT: ((Speaking
Inuktitut).

MS. SHAUNA FONTAINE: The qulliq has been
part of our history and our tradition for thousands of
years, it has many uses, to -- one being to keep our
families warm in the igloo. It has been passed down from
generations, from our mothers and grandmothers, to keep
moving forward to our generations ahead of us.

ELDER ANNIE BOWKETT: (Speaking Inuktitut).

MS. JENNY LAY: There was a time in my life
that I lost the knowledge of traditions, such as lighting
the Qulliq, and the important, very useful aspects of our
Inuit traditional life due to having to leave home for TB
treatment, as well as residential schools. The trauma of
living those experiences unfortunately caused me to lose
some practices of our traditional way of life.

**MS. ANNIE BOWKETT:** (Speaking Inuktitut)

**MS. LILLIAN LUNDRIGAN:** I remember as a
child sitting in the igloo with my mother, watching her
sew, lighting the Qulliq in a very, very, very cold igloo.
She took care of the family, lighting the Qulliq, because
that was the woman's role, part of -- one of the woman's
role.

**MS. ANNIE BOWKETT:** (Speaking Inuktitut)

**MS. LILLIAN LUNDRIGAN:** The Qulliq is a
real thing for Inuit. It is not to be played with, it is
not a toy, it's a symbol. Each woman -- Inuk woman --
will have their own Qulliq, so the Qulliq will be to the
woman and speak to the woman that the Qulliq belongs to.

Annie mentioned this morning this is not
her personal Qulliq, so it's different for her to light
it. She's doing a wonderful job, but a Qulliq that
belongs to an Inuk woman is very personal to her, to her
being.

**MS. ANNIE BOWKETT:** (Speaking Inuktitut)

**MS. LILLIAN LUNDRIGAN:** In remembrance of
those before us and in the future ahead of us, and
acknowledging all the -- everyone that's travelled from
far away to be here, and her gratitude for being invited
to share this lighting of the Qulliq, she would also like to share a prayer in Inuktitut.

And we'll stand.

(PRAYER IN INUKTITUT)

MS. SHAUNA FONTAINE: Thank you, Annie, for lighting the Qulliq for us this week.

So good morning, Bonjour (Speaking Indigenous language), Sagkeeng and (Speaking Indigenous language). My name is Shauna Fontaine. I am from Sagkeeng First Nation here in Treaty 1 territory.

I'm proud to be here today to offer my support as master of ceremonies, MC, for the National Inquiry this week, and I want to acknowledge and welcome you all to Treaty 1 territory, which is the traditional territory of the Anishinaabeg, Cree, Oji-Cree, Dakota and Dene peoples, and the homeland of the Métis Nation.

So to start with, what we would like to do is we would like to offer as opening remarks from some local Indigenous women who are really strong and empowering. So I'd like to welcome up Jenny Lay and Isabel Daniels to come and share some opening remarks with us.

MS. JENNY LAY: Good morning, everyone. Tansi. My name is Jenny Lay. I'm from the Nisichawayasihk (ph) Cree Nation. First of all, I'd like
to acknowledge and welcome all the family members and survivors that are here today, as well as the Elders, those who are watching online, the Commissioners behind me, and everyone else who is a public.

As a family member, this has been a very long and hard year for me. From having to find the strength within to give testimony on my late mother and on my own personal journey, and then having to recover and heal from re-experiencing that trauma. It has been quite the journey.

But I am here today not only to welcome those who are attending this week's events but to offer my strength and understanding to other family members and survivors who are going through or who have gone through the exact same thing that I have.

For those who are giving testimony as witnesses today, I encourage you to share your truth and to do it in a respectful and a good way. The despair of losing someone so close to you can be overpowering. It reaches all of your being to the core, and it does not just go away, no matter how long ago the loss occurred.

I'd like to take the time to encourage all family members and survivors to practice self-care, to love yourself the way that you need to be loved in order to heal.

I would also like to thank those who work
or volunteer in positions that help family members and survivors to take care of their well-being and to heal from the trauma and losses, as well as those who advocate on their behalf for the changes in this country that are very much needed to keep Indigenous women safe.

I also would like to take the time to remind those who are in positions of power and authority, including the federal, provincial, and municipal governments in Canada, of the importance of implementing the recommendations that come from this Inquiry it should be the political will of those in power to implement these recommendations. Positive change does not happen by simply researching the problem. It is your duty as leaders to protect our women and girls from violence. All Indigenous women and girls deserve to live their lives free from violence. Thank you.

**MS. ISABELLA DANIELS:** Good morning.
(Speaking Indigenous language) and I am from the Sagkeeng First Nation, Treaty 1 Territory. I would like to welcome everybody here today who is taking part in this crucial and important event that is happening throughout our country. I also want to acknowledge the Anishinaabe and Métis nations as well.

I stand here, along with my daughter, this is Fatima (phonetic). She is 5-years-old. She is a
jingle dress in training -- jingle dress dancer in training. My comments and -- I will wish everybody will have a safe and -- safe journey throughout this week. I also want to touch on the child welfare system, because this is what we are here for this week.

We know that CFS isn’t a system that works for our people. The system that is currently in place, the policies that are set out by the government do not work for people, and we know that because the amount of kids that we have in care and the amount of kids that are returning home.

We know that the system is also a breakdown after children are apprehended from the home. We know that housing is taken away. We also know that their EIA budget, if they are not working, is cut down to a single person, and then they are expected to rebuild their lives within six months, get their house back, get their kids back. These are things that don’t work for people that are not dealing with the systemic issues that our people are plagued with in this country.

We also know that there is a complete lack in services that when our families are entrenched in addiction or having other struggles, we know that the timeline for accessing treatment, accessing parenting courses can take longer than six months. So, if your kids
are in a six-month order, you have to go back to court, and you are still on a waiting list to access any type of service that is set out for you by your social worker, it looks like you are not doing your part as a parent. Kids are then taken away for another six months to a year, stuck in a system being transferred from foster home to foster home, sometimes even split up if they are siblings.

So, my hope for this week is that people understand that the system and the policies that are in play right now throughout this country do not work. We are dealing with a system that was created solely to take -- or not take, but to provide protection for a child. It was not designed to provide supports to parents.

We know that social workers are overwhelmed with the amount of cases that they have on their caseload. Parents are not receiving the support that they need to be able to reach that end goal, and that is to have their kids at home and to be able to parent in a healthy way. We need to take more action in terms of providing supports to parents once their kids go in care.

My hopeful outcome from this Inquiry would be that the recommendations that are -- an outcome, I guess, of this Inquiry would be that politicians and people that are in positions of power put these recommendations into action. Aboriginal people have had
enough inquiries. We have had enough research. We now need people to put these recommendations into action. We don’t want another 10,000-page Inquiry sitting on a shelf just to say that something was done in order to help our people.

We need action at this point in time. We need a better future for our kids and for our children. So, I would like to say meegwetch for having me speak today. I would like to say meegwetch to having my daughter who is always sharing love. She’s standing there like this; right? We always give hearts and love; right? So, meegwetch again for having us here. I hope you guys all enjoy your stay. Meegwetch.

**MS. SHAUNA FONTAINE:** Meegwetch. Thank you very much, Jenny and Isabelle and Fatima for sharing your love. Next, we would like to ask and invite up here two beautiful women who have amazing voices. They are going to sing a song for us. They live in Winnipeg, but they are both from the Northwest Angle 33 of Lake of the Woods, Ontario. Please welcome Jasmine and Shannon Paul up.

**MS. JASMINE PAUL:** Good morning. This song is called The First.

(MUSICAL PRESENTATION)

**MS. SHAUNA FONTAINE:** Thank you, Shannon and Jasmine for that. As part of the National Inquiry, we
have a very strong circle of internal advocates that work with us to provide the Commissioners and the Inquiry some advice and guidance in the work that they do, and they are called the National Family Advisory Circle. And so, we have a couple of their members here with us today, and I would like to welcome them up to come and provide some opening remarks. Lorraine Clements and Lesa Semmler please.

**MS. LORRAINE CLEMENTS:** Bonjour. (Speaks in Indigenous language). Fort William. My name is Lorraine Clements. I was offered tobacco to speak on behalf of the NFAC members, and some that couldn’t make it here today. So, I sent prayers to you, Myrna.

I’m honoured to be able to welcome you all to our territories today. I’d like to acknowledge our elders, our ceremonial people, our grandmothers, the family members here today, the survivors, our Commissioners, and all those that are working within this Inquiry.

The purpose of NFAC is to provide advice, lived experiences, and support the Commissioners in this very important work, and promote the work of the Inquiry to our communities and municipally, federally and provincially across Turtle Island.

Today, we are here to witness the knowledge
keepers who will provide us with the expert testimony in regards to the child welfare system. I thank you all for coming today, and I only wish and hope that those knowledge keepers, when they share today, that they share in that good, kind way, with spirit and good intent, for I am one of those survivors of the child welfare system.

Migwetch.

MS. SHAUNA FONTAINE: Thank you very much. Before I ask and call upon the Commissioners to provide some opening comments, I did want to just inform everybody of a couple of technical things that are here. So, first, there are some individuals in the room. They are wearing purple lanyards. Those with the purple lanyards are our health supports. They’re our social supports here.

So, if you feel that you need any kind of care or want to just talk to somebody, feel free. Please reach out to those individuals in the purple lanyards. You’ll see them all over, and that includes health supports and also those cultural supports as well.

Upstairs, there’s also an elders’ room. So, just straight up the stairs here, the Selkirk Ballroom. There are some traditional medicines in there for your use, as well as there will be access to some grandmothers in there.

We also have a family member, a local
family member, Gerry Pangman (phonetic) who is here, and
she is going to be set up in that room throughout the week
offering some beading for anybody who is wanting to do a
little bit of self-care.

We do have private rooms available as well
for anybody who wants to speak with a counsellor or
somebody one-on-one. So, in order to do that, just please
visit our registration table, and then they will be able
to book you that appointment to go and do that.

Every day we have a fire burning at the
Forks, at the monument for missing and murdered Indigenous
women and girls. So, that fire is burning. It should be
burning now from about 9:00 until sundown each day. There
is a shuttle or a bus that -- transportation that leaves
in front of the hotel every 30 minutes and will transport
you there. But, if you have any mobility issues, please
see one of the staff or the registration desk for support
in getting a ride there.

We have lunch served every day just outside
of the hearing room, and I just want to remind everybody
to please turn off your cell phones through this process.
And then the last thing is that we are going to have this
live streamed through our Facebook and our website via
CPAC. So, please encourage your friends and your families
and your colleagues to tune in or come on down. These
testimonies are public, and so people are more than welcome to come through the week. So, I encourage you to invite and share that on your social media.

So, I would now like to turn it over to our Commissioners to provide some opening remarks for us. So, first, I will call upon Commissioner Robinson.

**COMMISSIONER QAJAQ ROBINSON:** Bonjour.

Good morning. Ullaakuut. I would like to express my gratitude and acknowledge that we are in Treaty 1 territory, the homelands of the Anishinaabe, Cree, Oji-Cree, Dakota, Dene and the Métis peoples.

Manitoba has also become home to a number—a large population of Inuit who have had to leave the north, either for education or for health services, and I want to acknowledge that as well, because this is a reality in many cities across this country.

I’d like to acknowledge the families and survivors in the room, those watching on the live feed. I’d like to acknowledge the members of the National Family Advisory Circle, Lesa and Lorraine who are here with us today, Myrna who will, because of the weather—winter is coming—isn’t able to join us, unfortunately, but I have a feeling she’s watching, as are many of the other members of the National Family Advisory Circle, and many of the families and survivors who have shared with us and now
follow this process.

I want to thank Thelma and Stan for opening us and guiding us through ceremony this morning. I’d like to acknowledge and thank your helpers.

I want to thank Annie for lighting the qulliq, again, a source of light and warmth for all of us here in the room.

Jenny and Isabella, for your words. It’s wonderful to see you again. Jasmine and Sharon for the song; that was amazing. Thank you.

It’s really important that we be here and we talk about this. I think Lorraine hit the nail on the head when she talked about being a survivor of the child welfare system. This is what we’ve heard across the country. The child welfare system, social services, whatever acronym is used for it, when the states get involved in families, those that go through that see themselves as survivors. They don’t see themselves as supported. That is the problem. That is what we need to turn on its head.

We heard and learned here in Winnipeg when we were here last August for the knowledge keeper hearing on Indigenous laws the importance of families, and the importance of how we raise our children, and the importance of grandmothers and grandfathers and aunties
and uncles in those processes.

We have heard from families how when they’ve gone to the system, there were no services to help them for the help that they needed. That they faced racism, that it was a form of policing, that they were punished for their poverty, punished for the challenges that they faced that they desperately were seeking help to overcome. None more significant than the disruption and intergenerational trauma many families have experienced from the residential schools, from the Sixties Scoop, from the past system, from -- you name it. The list can go on, and it does.

We also heard from the children; the children who when they aged out after being separated from their families and disconnected from their communities had nothing, nothing but the streets, and we wonder why.

So, this week is going to be very important. We must honour the truth that the families and survivors have shared with us, and I’m looking forward to hearing from our witnesses on how we are going to turn this system on its head and how we are going to help support children and families and communities do what they’ve always done, which we heard from the elders in August of last year, is how to raise happy, healthy, thriving Indigenous women and girls.
So, I thank you all for being here. I’m very eager to start learning, so I’m going to stop talking and listen to the words of Thelma, “Time to listen”. Nakurmiik.

**COMMISSIONER BRIAN EYOLFSON:** Aning (phonetic), good morning, bonjour. I would like to first acknowledge that we are on the Treaty 1 territory and also the homeland of the Métis. And, I want to start by, as a guest, thanking the people of this traditional territory and homeland for welcoming us here as the National Inquiry.

I am a member of Couchiching First Nation, which is in nearby Treaty 3, and I grew up in Fort Frances, Ontario, which is not really too far from here. And, I have Anishinaabe and Métis ancestry, and also Icelandic Canadian ancestry. My father grew up in a small town on Lake Manitoba, and then later grew up in Winnipeg, so it is always a pleasure to be here. I spend a lot of time in Winnipeg, in the surrounding area, growing up because I have so many relatives from both sides of my family here. So, it is really nice to be back.

I would like to start by acknowledging the family members and survivors, and the others that have joined us to honour the lives of missing and murdered Indigenous women and girls. And, we are honoured this
week to join the families and communities uniting this Thursday, October 4th, for Manitoba’s Missing and Murdered Indigenous Women and Girls Honouring Awareness Day, as well as for vigils across the country.

And, before I go too far, I just also want to acknowledge and thank our respected elders and grandmothers who provide us with guidance and support. I want to thank Thelma Morriseau and Stan LaPierre for their -- getting us started in a good way with their prayers and ceremony. And, also Annie Bowkett for the lighting of the qulliq.

I also want to recognize the contributions of our National Family Advisory Circle who are committed to working with us and advising us on our work as we move forward, and I want to thank our members, Lorraine Clements and Lesa Semmler who are here this week with us. And, also Jenny Lay and Isabel Daniels, thank you very much for your thoughtful words this morning. And, I also want to say thank you of the beautiful songs that we heard from Jasmine and Shannon Paul, and also from Sarah this morning.

So, I would like to thank everybody who is here as well, who has joined us to learn with us, whether in-person or by webcast. And, I also want to thank, again, the many parties with standing who are here again
and will contribute to the work of the National Inquiry as they have done on an ongoing basis.

So, over the next few days, we are going to hear testimony on the topic of family and child welfare, family supports, or lack thereof, and domestic violence. And, these are topics that have been identified as issues that are significant to Indigenous families and -- in Manitoba and throughout all of Turtle Island. So, we are going to learn valuable information again this week on the impacts of these issues, including child welfare systems and how this affects the lives of Indigenous women and girls, and their families. This will also add to the important information and recommendations that we have already heard from, from many family members and survivors in our community hearings and through statements that we have gathered that my colleague, Commissioner Robinson, already touched on.

So, we will continue to learn how these systems and these issues impact traditional family structure and we will learn about further concrete recommendations that can be included in the Inquiry’s final report to support and increase the safety of Indigenous women and girls, and 2SLGBTQ people and to make our communities more safe across the country.

So, thank you, I look forward to all the
work we are going to do this week together. Chi meegwetch, thank you, merci.

**MS. SHAUNA FONTAINE:** Thank you. Next, we are going to call upon Commissioner Michèle Audette.

**COMMISSIONER MICHÈLE AUDETTE:** I gave them coffee to do that this morning. No, just kidding. Alors, un gros merci à nos grand-mères, nos grands-pères pour les belles prières de ce matin. Merci au Traité no. 1 du Manitoba, le peuple Métis de nous accueillir sur votre territoire, un territoire qui a beaucoup, beaucoup d’histoire, qui a beaucoup de souffrances aussi, mais qui a beaucoup, beaucoup de résilience, et je vous dirais de solutions.

French 101, what I was saying, I want to say thank you, like my colleague said, to the people of this land. And, I learned this morning that we call the center of the universe or center of the island. So, I am on the east side. And, I was very proud to feel the love since last night, the warmth from the people from here, the Métis, First Nation, Treaty 1, friends, old friends and new friends.

And, when I left my family yesterday on a Sunday, usually I leave on Mondays so I don’t take away time from my kids and my partner, they were all happy, all happy to see me happy to come here. But, behind the
happiness, I was hiding the frustration and the anger, because all of you, we know what is going on in our communities, we know what is going on in our cities. This is not my city, but where we live, where so many times the system failed us or still today in 2018. And, that anger, I do not want that to take control of my life and that it affect my family, so ceremony is very important. Laughing, hugging and learning is very important. So, this morning, the water ceremony, the pipe ceremony help me to stay where I am supposed to be, calm, and accepting your truth, and that is my favourite part, of course.

And, from that, I do not want to repeat the beautiful words of my colleagues, but I have a big favour, a favour from friends who came from B.C., Vancouver, over there, Carol, friends that I met here, that I love a lot, that have a special place in my heart, and colleagues, and you people from government who are here. And, of course, the people who represent a party with standing.

Let’s make this one different, because your words were so powerful, same with Jen Lay this morning. They said it all. They are the example that how the system failed them and us -- it is either we are witnessing -- and I do not want to be a witness, to become an accomplice and say, aw, I will put a recommendation.
All of us here has the power. All of us. I do not know which pair of moccasin I will wear after the Inquiry, but one thing I know that all of us, even if we are not a leader — I will be frank with you — even if we are not in a position where we hold power, we have that power. We have it and we have to honour that.

And, this week, my big favour for all of you here, is that we do not put this on the hand of just the government, but of the citizen of Mother Earth, as a woman, a man, a grandmother, a sister, brother. Who we are, let’s make this one different, that we are all accountable. And, when this journey is over, I do not think it is over, but the mandate of this Inquiry, believe me, that it is not only a few people, but all of us that have to make sure that we will implement those recommendations. Thank you so much.

MS. SHAUNA FONTAINE: Thank you very much, Commissioner Audette. We would like to call upon Chief Commissioner Marion Buller.

CHIEF COMMISSIONER MARION BULLER: Good morning, everyone. I want to start by sharing a little story of how you learn from elders. A long time ago it seems, although it really wasn’t, the Commissioners and I were in Saskatoon just to learn from some elders as we were starting out very early on. And, as elders often do,
I was corrected in a very not-too-gentle way. The elder told me that it was important to always acknowledge the land that you are on and the people who live there. He said to me, “If you really are sincere about honouring the spirits of missing and murdered Indigenous women, you say that before you acknowledge the land.” I haven’t forgotten that because, really, that is first and foremost in the work that we do.

So, as the elder reminded me, in a very not-too-gentle way, I want to start, as I always do, by acknowledging the spirits of the missing and murdered Indigenous women and girls, and I welcome them. I welcome all of their spirits to join us during the hearings this week. So, Elder, thank you for that lesson.

So, good morning, again. Bonjour. Tansi. I want to acknowledge, now, that we are on Treaty 1 Territory. And, this is of course the traditional homeland of the Anishinaabe, the Cree, Oji-Cree, Dakota and Dené peoples. It is also the treasured homeland of the Métis Nation.

Thank you, everyone, for joining us. We, of course, start this journey this week in a good way. And so, thank you, elders; thank you, speakers, fire keepers and singers for starting us in the way that we need to. Also, thank you to grandmothers; and also,
Annie, thank you, always, for keeping us warm and with the light on. Thank you to the members of the National Family Advisory Circle who are joining us this week. We will call on them to help us, because we always need their help, also from the grandmothers.

Welcome, honoured witnesses and also welcome, parties. Again, very happy to see you all. Families and survivors who are joining us, either in person or electronically, welcome as well. We are always happy to see you.

Of course, we are here to examine even further issues raised by families and survivors. All across Canada, families and survivors who have shared their truths with us have told us about the experiences that they have had, either as children or as parents with the family welfare system, again, whatever name it is called, because it has various names across Canada, but we all know what it is. It is about policing, as one of my colleagues said, and it is about oppression. It is about colonization and racism. Let’s name it.

Families and survivors, I want you to know that we have heard you and the issues that you have raised, and we have moved forward to looking in greater detail into the issues that you have raised with us. What I have learned personally, as we have heard from families
and survivors, and other witnesses who have talked about family welfare issues, child welfare issues, that it is -- the answer is in all of us. We all have the strength, love and wisdom to know what to do to raise our children in a good way.

So, now, the challenge for the Commissioners and I is to capture that strength, wisdom and love, and put those qualities into recommendations in our final report, because we know what is all there, we know it is in our hearts, and we know we have the strength and courage to move forward in a good way, because that is what we have to do for our children. So, thank you all. Let’s proceed, let’s learn, let’s open our hearts, let’s open our minds, let’s open our ears so we can learn more about how we are going to do it right with strength, love and wisdom. Thank you all, let’s move forward in a good way.

MS. SHAUNA FONTAINE: Thank you. Thank you, Commissioners. We have two more things to do before we start the testimonies today. So, first, what we are going to do is I am going to call up little Fatima, Fatima there. She is going to come up. She is going to do a jingle dress for us and Ray “Coco” Stevenson, who, in this area, really needs no introduction. You can often hear his voice and his drumming at various powwows and
different events, and he emcee’s quite a number of events throughout Winnipeg and Manitoba. He is going to provide them with a song as she sings. And then Coco is also going to provide us with an honour song following that. He is going to do a song in honour of all of the missing and murdered Indigenous women and girls, and all of those that have testified to date. So, thank you.

(MUSICAL PRESENTATION)

MR. RAYMOND STEVENSON: They were cute. You know, for those of you that don’t know, that originally comes from Lake of the Woods area and it was given to the Anishinaabe in a way of a dream, and it was used for healing purposes when we needed that extra help, and it came through a vision.

So, I was kind of -- a little lost at what kind of song I wanted to sing. You know, I was going to sing called The Ancestor Song, because when we have a really hard time in life, a really hard time understanding why things happen to us when they do, we need that extra power, that higher power of our ancestors to ask us and give us that extra strength that we need to overcome some of these obstacles that we have in life.

I composed this song, oh, man, I don’t even know how many years ago. But, you know, one of the things that we are taught in our traditional way of life is life
here on Earth is short, but it can be really tough. But, there is going to come a time for us as Anishinaabe, as a people, where we are going to be in that other place, which we call the Spirit World. And, for us, there is no way in any of the languages on Turtle Island to say “good bye”. It is always “until we meet again”. And, one day, we will meet up with our loved ones again.

And, that is probably what I leaned more towards as a song that I wanted to sing because, you know, compared to eternity, life here is short, but it really is difficult. And, with the families that are dealing with this situation that we are in right now in this crisis, you know, there is hope that one day you will meet up with your loved one. If it is not here, it will be at that other place.

(MUSICAL PRESENTATION)

MR. RAYMOND STEVENSON: Meegwetch.

MS. SHAUNA FONTAINE: Meegwetch. Thank you very much for the beautiful song and the dance from Fatima.

Can I propose we take a 5-minute break? So, if we can take a 5-minute break so that our panelists can get ready? We are going to start our morning with panelists called by Assembly of Manitoba Chiefs Cora Morgan, as well as Sarah Clark and Dr. Amy Bombay. So,
I’ll give you about five minutes, and then we’ll get all ready here. Thank you.

--- Upon resuming at 9:46 a.m.

--- Upon resuming at 10:04 a.m.

**MS. SHAUNA FONTAINE:** Okay, can everyone please have a seat? We’re going to get started.

**MS. MEREDITH PORTER:** Good morning. Good morning, Chief Commissioner Buller, Commissioner Audette, Commissioner Eyolfson and Commissioner Robinson. I am Meredith Porter, and I am Anishinaabe from the Long Plain First Nation here in Treaty 1 Territory, and I am Commission counsel that will be leading the panel here today.

And, it is the intention of Commission counsel to call three witnesses. The witnesses will include Cora Morgan, who is the First Nations Family Advocate of the First Nations Advocate Office of the Assembly of Manitoba Chiefs. She will -- her evidence -- on your consent, we have requested that her evidence be led by Counsel Joëlle Pastora Sala, who is counsel for the Assembly of Manitoba Chiefs.

And, Ms. Morgan will be speaking about the work of the First Nations Family Advocate Office to address the overrepresentation of children in care here in Manitoba. And, she will also speak about some of the
direct links between systems, including the justice system and the child welfare system, and its impacts on missing and murdered Indigenous women and girls.

The second witness we intend to call is Sarah Clark. And, Sarah Clark -- Ms. Clark is the Executive Director of the Arctic Children and Youth Foundation. She -- her evidence will be led by Commission Counsel Lillian Lundrigan. And, Ms. Clark will be speaking about child and family services from an Inuit perspective. She will also speak about the work of the Arctic Children and Youth Foundation and the Child Advocacy Centre.

The third witness we will be calling is Dr. Amy Bombay. And, Ms. Bombay is the Associate Professor of Social Work at Dalhousie University. We are requesting that her evidence be led by Commission -- or counsel for the Assembly of First Nations, Stuart Wuttke. And, Ms. Bombay intends to speak about some of the intergenerational trauma that has resulted from the Indian residential school system, from the Sixties Scoop and from the child welfare system.

So, at this time, I will ask that -- the request of Commission counsel to have the evidence of the two witnesses, Ms. Morgan and Ms. Bombay, be led by the two counsel as mentioned.
Certainly, that’s fine.

MS. MEREDITH PORTER: Thanks so much. At this time then, I will ask that Ms. Morgan be promised in.

MS. JOËLLE PASTORA SALA: Bonjour. Good morning. Bon matin, Chief Commissioner, Commissioners, family members and survivors who are here today, the elders who are in the room. My name is Joëlle Pastora Sala. I am counsel to the Assembly of Manitoba Chiefs, and I would just like, before we affirm Ms. Cora Morgan, to of course begin by acknowledging that we are gathered here today in Treaty 1 Territory, the homeland of the Métis Nation, acknowledge the sacred items that are in the room. I thank the elders for the prayer, as well as the dances and the songs this morning.

So, Ms. Morgan has been asked to be affirmed, and I would ask Mr. Registrar to do that at this time.

MR. BRYAN ZANDBERG: Good morning. Ms. Morgan, do you promise to tell your truth in a good way today?

MS. CORA MORGAN: I do.

CORA MORGAN, Affirmed:

MR. BRYAN ZANDBERG: Thank you.

--- EXAMINATION IN-CHIEF BY MS. JOËLLE PASTORA SALA:
MS. JOËLLE PASTORA SALA: Ms. Morgan, would it be all right with you if I refer to you as Cora for the rest of this morning?

MS. CORA MORGAN: Yes.

MS. JOËLLE PASTORA SALA: Cora, are you able to tell -- to introduce yourself for the Commissioners and members of the audience?

MS. CORA MORGAN: My spirit name is White Wolf Moon Woman, and I am from the Turtle Clan, Sagkeeng First Nation. I am also known as Cora Morgan, and I am a mother, and the First Nations Family Advocate.

MS. JOËLLE PASTORA SALA: And, before being the First Nations Family Advocate, you were the Executive Director of Onashowewin Justice Circle; is that correct?

MS. CORA MORGAN: Yes, that’s correct. Prior to my role as the First Nations Family Advocate, I was the Executive Director of Onashowewin, which was a restorative justice program here in Winnipeg. And, my role there is what prompted me to want to do the work of advocacy for children and the child welfare system, because I could see that our children had lost value for life and I wanted to be able to do something greater to be able to address issues.

MS. JOËLLE PASTORA SALA: And, in your role as the First Nations Family Advocate, you have worked with
over 800 -- or over 900 families involved in the CFS system; is that correct?

**MS. CORA MORGAN:** That’s correct.

**MS. JOËLLE PASTORA SALA:** Is there any other element of your employment experience at the First Nations Family Advocate Office or otherwise that you would like to highlight?

**MS. CORA MORGAN:** Not at this time.

**MS. JOËLLE PASTORA SALA:** In terms of your formal education, you graduated in 1999 with a B.A. in Native Studies; correct?

**MS. CORA MORGAN:** I attended the University of Manitoba for those years, and I continued on after that as well working towards -- my original goal was in Community Economic Development.

**MS. JOËLLE PASTORA SALA:** And, in addition to graduating with your B.A., you have also received a number of different certificates and training since then?

**MS. CORA MORGAN:** I have. Yes, I have numerous different programs that I have been a part of over time. Yes.

**MS. JOËLLE PASTORA SALA:** And, that includes a Fire Inside Youth At Risk Cultural Program?

**MS. CORA MORGAN:** That’s correct.

**MS. JOËLLE PASTORA SALA:** And, the Early
Childhood Education Training?

**MS. CORA MORGAN:** Yes.

**MS. JOËLLE PASTORA SALA:** In addition to the information that you outlined in your C.V., would it be fair to say that you have done several media interviews, as well as a number of presentations on the topic of First Nation children and families in Manitoba?

**MS. CORA MORGAN:** That’s correct.

**MS. JOËLLE PASTORA SALA:** And, I would like to just briefly describe your -- the knowledge area relating to the hearings -- or your knowledge area relating to these hearings today. So, that would be the work of the Assembly of Manitoba Chiefs relating to child welfare, as well as the work of the First Nations Family Advocate Office relating to the overrepresentation of First Nation children in the CFS system in Manitoba?

**MS. CORA MORGAN:** Yes.

**MS. JOËLLE PASTORA SALA:** As well as the impact on First Nation children, their families and communities?

**MS. CORA MORGAN:** Yes.

**MS. JOËLLE PASTORA SALA:** As well as your knowledge relating to First Nation approaches to bringing First Nation children home in Manitoba?

**MS. CORA MORGAN:** Yes.
MS. JOËLLE PASTORA SALA: And, your knowledge also relates to the direct link between systems, such as the justice system and the child welfare system, and the increased vulnerability of First Nation women and girls?

MS. CORA MORGAN: Yes.

MS. JOËLLE PASTORA SALA: At this time, Chief Commissioner, I would like to request that Cora Morgan’s C.V. be entered as an exhibit.

CHIEF COMMISSIONER MARION BULLER: Yes, pages 1 to 3 only of her C.V. will be marked as Exhibit 1, please.

--- Exhibit 1:

CV of Cora Morgan (four pages)

MS. JOËLLE PASTORA SALA: May I ask as well that her personal address and phone number and contact information be removed from the C.V.?

CHIEF COMMISSIONER MARION BULLER: We have received redacted copies.

MS. JOËLLE PASTORA SALA: Okay. Thank you, Chief Commissioner. So, Cora, before we begin in speaking about -- to the substance of your testimony today, you chose this morning to affirm to tell the truth on baby moccasins and I see you are holding them. Are you able to briefly explain why you chose to affirm on baby moccasins
here today?

**MS. CORA MORGAN:** Baby moccasins have become quite important at the First Nations Family Advocate Office. In the early days of the opening of the First Nations Family Advocate Office, we had the opportunity to attend a ceremony in Serpent River First Nation. And, at the time, we had shared what our office was attempting to do and the work that we were doing with our families, and it was, kind of, the first of its kind in Canada.

And, when we attended that ceremony, there was probably over 200 people there, and there was about 100 women. And, when I shared about the work of the First Nations Family Advocate Office, the women all stood up in support. And, it was a ceremony with Isaac Murdoch and Christi Belcourt. And, it was a very powerful moment, that all of these women wanted to see something different for the children and families, and had this -- showed this unconditional love and support.

Coincidentally, or not coincidentally, in Serpent River, they have petroglyphs. And, there is a man with serpent arms, one arm is said to be government and one arm is said to be church, and later on in the story, or the petroglyph, there is a baby with feathers in their hair, and it was said that any time a baby has feathers in
their hair, they will always return home.

And so, after the ceremony, and we were
getting ready to leave back to Winnipeg, a woman came to
me and she was asking about the office. And, you know, in
the early days of the office, it was really overwhelming
because every single day we would have mothers, and
fathers and grandmothers desperate to get their children
back. So, it was really tough in those days.

Anyways. There was moments of hopelessness
because it was so overwhelming at times. And, I said to
that lady that day, I said, at minimum, all we can do is
offer feathers for babies, then that is what we will do.
Anyways. That lady was Nancy Rowe and she was from New
Credit, Ontario. And, four days later, our office had
decided that we were going to -- and our office was two
staff, myself and an assistant advocate. We decided that
we were going to fast for four days and get direction on
what we needed to do. And, as we were preparing for that,
and four days after, returning from Serpent River, Nancy
Rowe drove over 21 hours to bring me -- bring us and bring
the babies eagle feathers. And so, that was, sort of, the
start.

And then what she continued to do was she
was working in classrooms with other teachers and they
started making baby moccasins. And so, they started so
they can go home, and they have brought us, our office, hundreds of baby moccasins. And, every time there is a mom whose baby is going to be taken at birth, we respond to the hospital with baby moccasins. And, when we have expecting moms in our office, we also provide those mothers with baby moccasins and we start working on their bundles. So, that is why I brought the moccasins today and I would love to leave them with -- the bundle for the Inquiry as well, once I am done here tomorrow.

I know that was a long explanation, but it was important.

**MS. JOËLLE PASTORA SALA:** Thank you, Cora.

In preparation for your oral testimony today, you prepared a summary of your anticipated evidence, as well as your recommendations for the Commissioners; is that correct?

**MS. CORA MORGAN:** That is correct.

**MS. JOËLLE PASTORA SALA:** And, we will come back to the recommendations of Cora Morgan at the end of her testimony, but for now, I would like the document to be entered as an exhibit, Chief Commissioner.

**CHIEF COMMISSIONER MARION BULLER:** Okay. The recommendations?

**MS. JOËLLE PASTORA SALA:** The can say, as well as the recommendations, please. It is one document. Okay. Then, just the recommendations, please.
CHIEF COMMISSIONER MARION BULLER: Maybe Commission counsel can help. I don’t have a copy of the recommendations.

MS. MEREDITH PORTER: Okay. Actually, the recommendations that counsel is referring to is actually on the last page of the can say document. So, I believe the request of counsel is that that -- from the recommendations and the last page down be entered.

CHIEF COMMISSIONER MARION BULLER: Yes. The recommendations on page 3 of the anticipated evidence will be Exhibit 2, please.

--- Exhibit 2:

Recommendations taken from the can-say of Cora Morgan (one page)

MS. JOËLLE PASTORA SALA: Thank you. So, Cora, as you indicated earlier, you are the First Nations Family Advocate at the First Nations Family Advocate Office of the Assembly of Manitoba Chiefs; correct?

MS. CORA MORGAN: Correct.

MS. JOËLLE PASTORA SALA: Before we talk about the First Nations Family Advocate Office, which I will refer to as the FNFAO, can you please briefly describe the work of the Assembly of Manitoba Chiefs affecting First Nations children and families in Manitoba prior to the creation of the FNFAO?
MS. CORA MORGAN: The Assembly of Manitoba Chiefs has been in existence -- celebrating 30 years this year. And, during this time, there is several, several resolutions over time where our First Nations leadership have moved to having the ability to assert jurisdiction over children and families. There has been a number of resolutions where they have worked towards having more of a say over the child welfare system, leading up to the Bringing Our Children Home report.

MS. JOËLLE PASTORA SALA: And, have there been other reports such as -- relating to missing and murdered Indigenous women and girls?

MS. CORA MORGAN: So, additionally, the Assembly of Manitoba Chiefs spent a couple of years engaging with families all over the province on the issue of missing and murdered Indigenous women and girls, it precipitated a report, the Families First report, which led to the creation of the Family First Foundation.

MS. JOËLLE PASTORA SALA: Thank you. Before I ask you little bit to describe the FNFAO, are you able to confirm whether or not the Families First report contains recommendations relating to child welfare?

MS. CORA MORGAN: It does.

MS. JOËLLE PASTORA SALA: Thank you. At this time, I would ask the Families First report, as well
as the appendices, to be entered as exhibit, please.

CHIEF COMMISSIONER MARION BULLER: Yes.

The Families First report and the appendices will be Exhibit 3, please.

--- Exhibit 3:

“Families First: A Manitoba Indigenous Approach to Addressing the Issue of Missing and Murdered Indigenous Women and Girls,” prepared for the Assembly of Manitoba Chiefs by Joëlle Pastora Sala & Byron Williams / Public Interest Law Centre, July 21, 2015 (85 pages)

“Appendix A: Questions for Families, MMIWG Coalition, One-on-One Interviews” (three pages)

“Appendix B: Acknowledging Past Research and Initiatives” (13 pages)

“Appendix C: Who is Calling for What?” (two pages)

“Appendix D: Overview of Other Process Recommendations” (60 pages)

“Appendix H (sic): Summary of Selected Processes” (four pages)

“Appendix F: Overview of Existing
In-Ch (PASTORA SALA)

Processes” (five pages)
Appendix G: Other Legal Tools (13 pages)
Appendix H: Relevant International Law Sources (12 pages)
Families First Foundation article of incorporation (three pages)

MS. JOËLLE PASTORA SALA: Thank you, Chief Commissioner. Cora, are you able to describe for me the reasons for the creation of the FNFAO and provide a little bit of background about the context within which the office was created?

MS. CORA MORGAN: In May 2014, the Assembly of Manitoba Chiefs offered forums in Winnipeg and in Thompson, Manitoba; and those were opportunities for mothers, fathers, grandparents, children who had aged out of the child welfare system or were currently in the child welfare system to come forward and talk about their concerns with the child welfare system.

At that time, I was the Executive Director of Onashowewin and I attended, on that day, in order to be able to bring forward the messages that we have been hearing from the youth that we worked with at Onashowewin. So, those would be young people that were currently in the child welfare system and had outstanding charges with the
justice system. And so, in our office, we were finding that close to 85 percent of the young people that we were working with were children in care, and we started telling that and looking at the types of charges that young people were faced with, and a lot of those charges were that of group homes. And, the commonality amongst a lot of these young people were that they had lost value for life, and that there was a strong sense of hopelessness and being -- and feeling like they have no control over their lives while living under the child welfare system.

And so, on that day when the Assembly of Manitoba Chiefs hosted that forum, I wanted, along with the elders of our organization, we thought it was important that we go there and speak to make sure that the youth’s voice was reflected in that engagement session.

Once those engagement happened in Winnipeg and in Thompson, it generated the Bringing Our Children Home report. There is 10 recommendations that were made, and one of them was the need for advocacy. And so, not even a year later, the Assembly of Manitoba Chiefs had posted for a First Nations Family Advocate role, and at the time, I was really satisfied with my role at Onashowewin. But, the staff, when we saw the media release and the story in the Winnipeg Free Press, what we said, we felt that there was some hope for our young
people. And, the staff of the organization asked me to pursue that role and I’m in that role now.

**MS. JÖELLE PASTORA SALA:** And, you’ve been the Executive Director of FNFAO since its creation?

**MS. SARAH CLARK:** My title is First Nations Family Advocate.

**MS. JÖELLE PASTORA SALA:** Thank you. At this time, I would like to enter as the next exhibit the Bring Our Children Home report which is found at Schedule B, for the Commissioners.

**CHIEF COMMISSIONER MARION BULLER:**

Certainly. Bringing Our Children Home, report and recommendations, June 2014, is Exhibit 4, please.

--- **Exhibit 4:**

“Bringing Our Children Home:
Report and Recommendations,”
Assembly of Manitoba Chiefs, June 2014 (17 pages)

**MS. JÖELLE PASTORA SALA:** Thank you, Chief Commissioner. Cora, are you able to explain for us the mandate and activities of the FNFAO?

**MS. CORA MORGAN:** Yes. Our office opened June 1st, 2015. When we started with the office, we opened -- we started in ceremony. There wasn’t a frame of reference in the beginning. We were just there to be able
to support families. By starting out in ceremony, we were
gifted a name, “Abinoojiyak Bigiiwewag”, meaning “our
children are coming home”. And, from that moment, one of
the main instructions that I was given when I first
started was that our role was not to empower the current
system, that we were to work outside of the system,
preventing children from going into the system, and
wherever possible, to be able to take children out of the
system.

And so, the moment our doors opened, we
were flooded with predominantly mothers coming for
support. And so, we had about -- in those days, we were
getting about 1,200 calls a week, and there was myself and
an assistant advocate doing the work. So, all day long,
it was moms who now had some mechanism of support to be
able to fight for their children that never existed
before.

And so, it was advocacy of all different
kinds on a daily basis. It was getting visits so mothers
could see their children. Sometimes they hadn’t seen
their children for almost 10 years, and it was advocacy
too if they were treated unfairly or their children were
wrongfully apprehended, then we were listening and doing
what we could.

And, newborn babies, we were getting calls
from moms who, upon the discharge of their babies, they were going to be apprehended. So, we started responding at the hospital to try and prevent babies from being taken.

And then we started trying to offer more. We soon had the ability to offer moccasins, and over time, our office has grown. We have -- I think the last count was 30 staff working in our office, because for the first two-and-a-half years, we -- there was only two of us working at the advocate office, and now we have approximately 20 staff working in the advocate office, and then we have other staff that are working on reform for the Assembly of Manitoba Chiefs.

**MS. JÖELLE PASTORA SALA:** Can you talk a little bit about the prevention work that some of the staff does in your office?

**MS. CORA MORGAN:** Now that we have a larger team since last October, we have a prenatal support team. And so, our prenatal support team works with expecting moms or moms with babies, helps advocate if there’s birth alerts. They are there to work with moms and offer -- and fathers -- traditional parenting programs. They also have a Sacred Babies workshop, and they work with families to build bundles for their family.

And then we also offer the Red Road to
Healing for women who have experienced violence more recently, and that is a 10-week program that offers ceremony teachings and ways for women to address things that they’ve been carrying with them, and for healing.

We also have a grandmother’s circle and grandparents. We have a men’s sharing circle as well. We have the advocacy that we still offer through two -- three assistant advocates. We have grandmothers that work with our families for -- when women are struggling and sometimes in order to be able to move forward, they need to have -- to be able to have someone to talk to, and our grandmothers contribute to all of the different workshops that we offer.

We also have a unit that is working in the largest agency in Canada right now, and it is a team of five people that are helping to look at files within the agencies that are ready for reunification. At present, there’s children that are sitting in the system because of the onerous administrative requirements within the agencies. And so, those are some of the things that we offer on a daily basis.

We also offer child-minding. So, everyday, we also have children in our office that are being cared for by our staff to ensure that the families have the opportunity to participate in well being. And, these are
-- our door is open to everyone, and everyone is able to
come and participate in our workshops and supports.

**MS. JÖELLE PASTORA SALA:** And, can you tell
me a little bit about some of the research or reports that
your office has produced?

**MS. CORA MORGAN:** We have -- in our first
year of the advocate office, we had the opportunity to
host Lifting Up Children, and that was a forum so that we
could hear about concerns of the current system. We had a
panel of youth who shared their experiences, and we had
several elders who came forward and spoke about the
connection between the current child welfare system and
the residential school. As well, we had Dr. Cindy
Blackstock and Negan Sinclair (phonetic) who came and
brought messages to the forum as well.

We have also, in 2017, there was an
opportunity from Canada to do engagement on child welfare
reform, and so we took -- the Assembly of Manitoba Chiefs
took the lead and we did the Keewaywin Engagement. We
utilized tools from the First Nations Caring Society, The
Touchstones of Hope, to do engagement.

And so we visited 23 of the 63 First
Nations in Manitoba, and we used the methods of The Path
and The Touchstones of Hope to engage with community
members in 23 First Nations. We also hosted four town
hall sessions. We hosted a grandmother and grandfather gathering at the Turtle Lodge. We also met with youth in a youth engagement as well.

And when we met with all of those individuals, we posed the question: "Our children will be living in dignity and respect when?" And then our communities had the opportunity to identify what was needed in order to be able to restore some of what's been lost over time. And so a number of recommendations were made, and one of the strong recommendations was for the need of prevention services in our First Nation communities.

MS. JOËLLE PASTORA SALA: And would it be fair to say that you've also produced a report relating to Jordan's Principle?

MS. CORA MORGAN: Yes. When we originally pursued resources to do the engagement, it was our intention to look at child welfare reform as well as Jordan's Principle because they're so interconnected. And one of the real challenges we have, particularly in Manitoba, is that for children who have extra medical needs and require extra supports, for the most part, many of them are required to be put into the child welfare system in order to address or get the supports that they need.
And so when we were doing that engagement,
we were told that we could only do engagement on child
welfare reform. And so we went to Health Canada to get
added resources to be able to talk about Jordan's Principle
in these engagements as well.

And so originally, we were given resources
to only visit four communities, and we just kind of
stretched, and we made two budgets work to cover a broader
amount of people. And so while we -- when we talk and
when we asked, "Children will be living in dignity and
respect when?", it wasn't just to answer the issues with
child welfare, but it was to identify all the deficiencies
when it came to Jordan's Principle at the community level.

So in our -- in those recommendations,
there was a need for prevention and accessibility and
education, and there's a number of recommendations that
were made in that report, and there was a lot of
commonality. So although we have -- they are both named
to Keewaywin, which means "our way home", and our way home
was in order to bring our children home through Jordan's
Principle, in order to bring our children home through the
child welfare system.

**MS. JOËLLE PASTORA SALA:** Would it be fair
to say that one of the commonalities in those reports was
the importance of working outside of the systems?
MS. CORA MORGAN: And I think -- yes, it would be fair to say that.

MS. JOËLLE PASTORA SALA: Can you explain that a little bit?

MS. CORA MORGAN: Yes. For the most part, many of the services and/or lack thereof service are continually imposed upon us, and so there's always the imposition of people believing what is best for our communities, and very rarely do we have the resources to do what we think are the priorities. And then there's a hopefulness that with the Canadian Human Rights Tribunal and all the work that has been done, this Inquiry and the Truth and Reconciliation Report, that there's that hope that we can do things our way and that we have the answers.

And what was really important about the Keewaywin Engagement, it wasn't just about going into our communities and deriving information from them. It was reminding our communities that there's things that we can do right now that don't cost any money; we just have to think differently, we have to reorganize and find our voices because a lot of things have been lost.

MS. JOËLLE PASTORA SALA: At this time, Chief Commissioner, I'd like to enter a few different reports as exhibits.
So the first one is Schedule D, which is the Grandmother’s Council Statement of Action on Child Welfare.

**CHIEF COMMISSIONER MARION BULLER:**

--- **Exhibit 5:**

“Grandmothers Counsel Statement of Action on Child Welfare” (one page)

**MS. JOËLLE PASTORA SALA:** The Keewaywin Engagement Manitoba First Nations Child and Family Services Report of 2017, which is Schedule E.

**CHIEF COMMISSIONER MARION BULLER:** Yes. Exhibit 6 is Keewayin: Our Way Home, Manitoba First Nations Engagement Report 2018.

--- **Exhibit 6:**


**MS. JOËLLE PASTORA SALA:** The Lifting Up
Children, Manitoba First Nations Open Forum on Child Welfare Report, which is Schedule C.

**CHIEF COMMISSIONER MARION BULLER:** And then Exhibit 7 is Lifting Up Children Report, and -- Lifting Up Children, Manitoba First Nations Open Forum on Child Welfare Report, Assembly of Manitoba Chiefs, and that's 7 please.

--- **Exhibit 7:**


**MS. JOËLLE PASTORA SALA:** The Keewaywin Engagement Manitoba First Nations Jordan's Principle Implementation Report of 2017, which is Schedule F.

**CHIEF COMMISSIONER MARION BULLER:** Jordan's Principle, Keewaywin Engagement, Manitoba First Nations, Jordan's Principle Implementation Final Report, September 2017, is Exhibit 8 please.

--- **Exhibit 8:**

MS. JOËLLE PASTORA SALA: Thank you, Chief Commissioner.

Cora, I'd like to talk a little bit about the critical number of children in the child welfare system in Manitoba. Based on your experience and knowledge, can you explain the reasons why there are such critical numbers of First Nations children in the child welfare system in Manitoba?

MS. CORA MORGAN: I think there's a lot of contributing factors. I think that, you know, we have a Child Welfare Act that is quite old, and even though -- like even if you read the current Child Welfare Act today, you would think that it doesn't look quite so bad and it doesn't explain why we have the critical numbers of children in care that we do.

And I'm not empowering the current Act in any way, but to explain that there is a funding model behind our current Child Welfare Act that doesn't fund the -- what little niceties there are of the Act. We have a funding model that is focused on the apprehension of children and doesn't really adequately allow for the prevention of services, and I think that the -- of prevention supports and services. And I think the
breakdown is about 90 percent of the $514 million annually is invested in the protection of children, and there is 10 percent that is identified for prevention services.

And so when you look at -- and this is just a quick example: if you went into a mother’s home, and in the view of the worker that goes into that home, in her view, if she doesn’t believe that there are adequate groceries or means to provide for the children, then those children can be identified for protection, and that is just a simplified version. But, instead those children will come into care.

And, instead, we could have a support that offers a mother $200 worth of groceries to get her past or some support services. You know, in our Child Welfare Act it allows for homemakers to go into a home and support a mom. And, in three years and over 900 families, I have never heard of it being offered to anyone. And so, you know, there -- any challenge that our families are faced with, it is used against them instead of them being offered support, and it victimizes our families.

You know, you have families who genuinely think that the child welfare system is there to support them, and they could go for something as simple as, you know, help with a teenager, and the only option available for that help is for the child to come into care. And,
you know, there are a lot of issues of -- and it is
incentivized; you know? If a community has 80 employees
and they need to have at least 500 children in care, but
if they have 900 children in care, then their budget goes
up.

And so, it is based on the commodification
of children. And, our children -- I talked about the
budget being $514 million annually. That doesn’t even
account for the costs in the court system and justice
system, and the children who are filling up our
psychiatric wards and, you know, the kids that are in the
justice system and, you know, they feed into homeless
situation.

So, you know, a lot of these things are
just perpetual. Like, you can find five or six
generations of family that their children have been taken.
And so, for that, it is kind of a vicious cycle as well.

MS. JOËLLE PASTORA SALA: Can you talk a
little bit about how poverty affects that vicious cycle?

MS. CORA MORGAN: Well, Manitoba has the
highest rate of child poverty for several years. We have
also the biggest riding in Canada which is, I believe, the
Churchill riding, and it has the highest rate of poverty
as well.

You know, when we look at the resources --
I have a mom. She has four children. All four of her babies were taken at birth. And so, this past year, she got her youngest baby back. And, she was on social assistance. And, when she got her baby back, her budget went up by $18 a month. Meanwhile, according to our provincial report that came out last week, they say that the cost for a child in care is approximately $46,000 a year, and I know that our federal government has released a stat of $97,000 a year for a child in care. And so, when you look at this disparity of what our families are working with to provide for their children, it is impossible.

And, you know, even our office, we work to return children home and, you know, that is the best thing about the work that we do, is seeing families reunited. But, even when they are reunited -- and you can’t help but be happy, but you know that their life is still going to be very challenging, because they don’t have the appropriate resources to -- and it is a real challenge to live in that poverty. And, you know, they always seem to be set up to fail. And so, you know, one of -- in addition to the work of getting children home, we also support families once their children have been reunified, because they still have a tough road ahead of them.

And, I also wanted to mention our mothers
too, and the amount of hopelessness. You know, this -- we 
speak to the poverty, but when our mothers have their 
children taken, they are -- if they are on social 
assistance, their budget gets cut, they likely lose their 
home. And, if the child comes into care or off-reserve in 
Manitoba, when her child tax credit dollars are taken from 
her, they are going to our provincial government, and it 
is called a CSA claw back. But, here in Manitoba, for the 
number of kids in care, it is our provincial government 
that is clawing back over $40 million from our children.

And, we have these heightened rates of 
poverty. We have a Canadian Human Rights Tribunal that 
already ordered -- or our children are discriminated 
against. And then additionally here in Manitoba, even 
further, has -- is taken from them. And so, that poverty 
is a real contributor of why our children are coming into 
care.

**MS. JOËLLE PASTORA SALA:** You mentioned 
CSA, that stands for Children Support Agreements; is that 
correct?

**MS. CORA MORGAN:** Children’s Special 
Allowance.

**MS. JOËLLE PASTORA SALA:** Oh, Children’s 
Special Allowance, thank you. Are you able to talk a 
little bit about the impact of the imposition of colonial
systems and laws on the critical number of children in care?

**MS. CORA MORGAN:** Can you break that down?

**MS. JOËLLE PASTORA SALA:** So, you spoke about the CFS Act in Manitoba and the need for the FNFA to work outside of the systems. Can you talk a little bit more about whether or not the laws imposed by the province or federal government has any impacts on the critical number of children in care?

**MS. CORA MORGAN:** Well, we have a Child Welfare Act. We have the funding model behind that. We also have a court system. And so, when we look at -- I mean, in my opinion, the system is designed to keep our children, and our families are set up at a disadvantage, right from the get-go. The moment that a child is taken into the child welfare system, it is automatically in a legal process, and there are no mechanisms for appeal.

And, when you look at our system, a foster parent has an ability to appeal if a child is being taken from their home. In fact, they have five mechanisms of appeal. And so, something new that has been imposed by the Manitoba government just in the last three or four months is that a person who is a -- taking care of a child and deemed a place of safety, which isn’t a full foster parent status, after 30 days, they have an ability to
appeal the removal of a child from their home.

So, if you have a mother, and her child was taken today, she has no opportunity to appeal. If her child is placed in a place of safety, which is a temporary placement, and that mother addresses any of the concerns that brought her children into care to begin with, if she addressed them within 40 days, which is impossible with the way that -- but just giving the example, if she addressed them in 35 days and the agency said, “Okay, we’re going to give you your children back,” that placement where the children are can say, “No, you’re not we’re going to appeal this.” And so, we’re finding that there’s all these different mechanisms that are protecting children to be removed from the family. And, you know, over time, we have the Bringing Our Children Home report. The Assembly of Manitoba Chiefs has gone to both the provincial and federal governments several times asking for the resources and the ability to implement. And, over time, other political bodies in Manitoba have also continually asked for change, and it’s always fallen on deaf ears.

And so, in these three years, three and a bit years that I’ve been in the First Nations Family Advocate Office, the Manitoba government has had opportunity to implement bringing our children home.
There’s been opportunities to do things that didn’t cost any money, just changes in the way processes are done, and it would have real meaningful impacts for our families, and those things have never been done.

And, our provincial government continually sets the priorities for reform and, you know, they’re always missing the mark, and what happens is our numbers of children continually grow. You know, we’re at over 11,000 children in care in Manitoba, but they’re not counting everyone. They’re not counting all the children that are 18 to 21 years of age.

And, you know, every couple of years, there’s some proposed way of counting the children. And, one of the new reforms that they’re currently working to enroll is to have our children in a subsidized guardianship arrangement. So, in my view, that’s like adoption, and that’s another form of permanency where our children are taken on a more permanent basis, and it’s guaranteed income for whoever is caring for them.

And, don’t get me wrong. There’s people that are out there that are fostering children and they’re doing it for all the right reasons, but there’s also a lot of people who are doing it for income. And so, there’s continued imposition. And, we have a system here that required over 60 recommendations in the Phoenix Sinclair
Inquiry Report. We haven’t even -- I shouldn’t say “we”. Our government hasn’t implemented those changes. And, when I think about that, that itself is just a lack of regard. And, even if they implemented those changes, that’s just keeping children physically alive. It’s not allowing for our people to -- for our children to grow up in their identity. It’s not allowing them -- for them to feel loved or educated or -- you know?

Our stats on the care of the children in this current system are deplorable, and the outcomes for the children are terrible, you know? You only have a 25 percent chance of completing your Grade 12 education and, you know, our largest shelter here in Winnipeg is the Siloam Mission, and they reported a stat that 51 percent of their clients, their homeless clients, are children who have just recently aged out of the child welfare system.

And, you know, in 2016, there was a stat of over 9,700 missing persons in Manitoba; 87 percent of them were kids in care; 70 percent being girls. And, that’s astounding, you know? I’m not a -- I’ve never been a believer in Facebook, but in this job, I wanted to be as accessible to our families as I could and, you know, it’s depressing every single day. Like, I must have seen in the last less than a week 25 missing people. And, we know in these media stories that a lot of these kids are just
trying to go home.

And, they’re put in at-risk situations, and these kids in care are losing value for life. And so, it doesn’t matter some of the circumstances they find themselves in. I’ll always remember this one young girl. She came into Onashowewin and she had a curfew, and she had said that she had been in the Manitoba Youth Centre 17 times. And, she said that she didn’t care. It didn’t matter whether she was in a group home or the youth centre. And so, that spells out that the reality of her life is so terrible that being locked up is the best thing that she has going on.

And so, she had shared with me that on that 17th time, she had come to Onashowewin and she learned about praying, and that 17th time she was in there, she thought about praying, and then she tried to get up the courage to pray. So, on her eighth night there, she prayed to her grandfather, and then on the ninth night, she prayed to Creator, and then on the tenth day, she got let out 20 days earlier than she had expected.

And so, those are — you know, some of those realities that you see is these young people, you know, they’re so deprived of supports and services and, you know, we -- this commodification of children is brutal, because there’s systems and there’s people, and
you know, one of our grandmothers has said -- she shared that one day, her grandmother had shared with her that there would come a day that we would be eating our children. And, the way this grandmother described it, she said that, you know, the day is here. You know, these industries are built on our children.

And, you know, the moment that you take a child into care, they lose everything, you know? As adults, people can recover from breakups or divorce or the loss of a family member, and you think about what’s happening to these children. You know, they’re taken at young ages, and the moment they’re apprehended, they lose everything they know, and they’re catapulted into grief and loss, and there is no one there to support them or help them recover.

And so, what happens is they react in their behaviour. And, in our system, they level you up. And, the more levels you have or the more suffering that you’re enduring, the more money you’re worth per day. And, when you get to a certain level and you max out at the top level, how you become worth more money is by the amount of medication that you’re on.

And so, you know, when I first started, you were seeing that anyone over the age of 12 was on medication. And, now, you’re hearing of, like, younger
children that are five, six, seven years old, and they’re medicated. And, what happens is when they get old enough, then there’s addiction issues. And, when you age out of the system and you don’t have ways to compensate for those medications that you’re now not getting, then, you know, you’re just catapulted into other despair.

But, you know, we’re the poorest of the poor, but we’re rich in other ways. It’s very bothersome to know that our children are deprived of so many things. And, there was as time when we were fasting at our office—because every once in a while, we fast when we want to seek direction—and this elder came up to me and she said, “You know, what we have going on now is worse than the residential school?” And, I said, “No. Well, why do you say that?” And, she said, “Well, at least in residential school, our children were with us for those most fundamental years of life. But, when you look at the system now and they’re taking babies at birth and toddlers, then we are further depriving them to be set up in life and we are depriving them of that connection and their identity, and all of those pieces that are so important to our development. And so, you know, we look at the economics of it and it is unfair. And, you know, there is intentions of why things are done the way that they are done, and there is not enough value placed on the
perspective of our First Nations people.

When we look at our stats, Manitoba has four times the number of newborn apprehensions of Alberta. And, Alberta has four times the population. We have just over a million people in this province, Alberta has 4.5 million, and we have over 400 newborn babies taken each year. And, they have a quarter of the number and four times the population, they average about 115 babies a year. And so, we know that we have something unique here in Manitoba, we know that we have far more children coming into care.

**MS. JOËLLE PASTORA SALA:** Can you talk to us a little bit about whether the geographical -- any geographical elements in Manitoba contribute to the high number of First Nation children in care? So, for example, the fact that we have First Nation reserves in Northern Manitoba and people moving from northern to urban settings?

**MS. CORA MORGAN:** I think we have more apprehension that happens in Southern Manitoba, but we still have a number of agencies in the north, agencies in the south, and what is happening is that our children are taken outside of our communities.

And so, you know, the original intent was communicated to me a long time ago by some First Nations
leadership, that in the ’80s, the idea of -- we have always had our customary ways of caring for each other, and so historically -- you know, if a family was struggling, then family would step in and they would take care of the children until the issue was addressed or it could have been for life. But, we had our original ways of doing that.

And so, the way that it was explained to me is that government said, well, we will compensate for that. And, the idea was just for families, if they were taking care of additional children, that they would get resources to adequately do that. There was never an expectation that our children would be taken from our communities permanently and placed in stranger homes or non-Indigenous or non-First Nation homes, and that’s what the reality has become. A lot of times, there is not adequate infrastructure or supports or resources, or agencies don’t -- or families can’t meet the qualifications and standards that are set out by the province of Manitoba, the standards that they impose. You know, if a family does not have an adequate sized bedroom to keep the children, then they leave the community.

And, it has gotten to the point where, you know, you keep hearing our government say, apprehension is the last resort. Well, it is the first resort. It is
always the first resort. And, children are to stay within family. And so, I have seen firsthand that, you know, family steps up to care for children and they are blatantly disregarded, and the children are going into stranger homes that are not Indigenous, they are service providers that -- 99 percent of their homes are not Indigenous homes, where these children are placed.

And so, what happens, particularly for children that are coming from the community, many of them are being brought here to Winnipeg and they have never left their community before. And, they are struggling with grief and loss, and now they are in, you know, a stranger’s home or a strange group home, and there are all these kind of dynamics that are just completely foreign to them.

One of the young people I worked with when I first started Onashowewin, he was in a customary arrangement. His grandmother was caring for him. And then when she passed away, he went into the child welfare system. And, they placed him in Winnipeg, in a group home facility. It was his first time ever coming to Winnipeg. He had been like a role model in the community and he had honour roll grades and, you know, I have not seen him in about a year, but he is probably been in jail most of the time since. And so, you know, the system just eats up our
children, to the point where they lose value for life.

And, you know, one of the things that I learned earlier on, we had this elder -- and I was only on the job for about a month and we had a chiefs assembly. And, after we gave our short presentation of the work that we were doing, the elder said, you know, the most violent act you can commit to a woman is to steal her child. And, it is. When you take people’s children, it is the most violent act. And, it takes your hope away, it takes your purpose away.

And so, when we think about -- our office, when Canada was celebrating its 150th birthday last year, you know, people were talking about resistance, 150 in resilience, 150 -- and what we decided to do was, on the eve of July 1st was have ceremony and commit that. After 150 years of stolen children, we are going to bring our children home. And, it is not just children under the age of 18, it is all of us. When we were gifted that name, Abinoojiyak Bigiiwewag, it means that we all have to come home. No matter what our physical age is or whether we are male or female, we have to come home to where -- who we are.

And, the reality is, is that that has to be more accessible to a greater amount of people and we have to be able to do that for all of our people, because 150
years has brought us to now, where we have thousands of missing and murdered women and girls, and thousands of children who are, you know, not in their homes, and our children need to come home and we need to be able to do that.

And so, I think that -- and we have to address that grief and loss, and all of the things that we have lost over time. You know, it has created this darkness in our communities that needs appropriate address and, you know, we need to be able to find that purpose. And, you know, for all of our mothers -- in our office, we had two women that we were working with, one had her children, but CFS was harassing her; and another mother was fighting to get her children back. And, they were murdered. And, that was within, like, three months of each other. So, we have seen mothers who have been murdered, we have had several grandmothers who have come to us because they want to get their grandchildren out of the system after their daughter has been missing or murdered.

We have, or I have heard of 16 mothers in the last 3 years that have taken their lives because their children became permanent wards. And there has to be an account and an acknowledgement of that quality of life where, you know, women are so hopeless, and that
permanency.

You know, here in Manitoba, one of the women spoke to it earlier, how hard it is to get in these programs to be able to get your kids back. Well, for some of these children, your children can become permanent wards within a month of their life. And there's prescribed timelines for it, but people are bypassing them.

And you know, when our mothers hear that permanency -- that their child is permanently gone, it's very challenging for them to overcome that. It's one thing to walk around without your children, but to know that you'll never get them back or you think that you can never get them back, it's hard. And that hopelessness sets in. And I think that, you know, these women are losing their lives because the system is stealing their children.

**MS. JOËLLE PASTORA SALA:** I'd like to ask you a little bit more about the direct link between the child welfare system and missing and murdered Indigenous women and girls. And I know you also have a few stories that you'd like to share with us today.

**MS. CORA MORGAN:** M'hm. When I was in university, and that's over 20 years ago, I had a job at a house here in Winnipeg, and it was a safehouse for girls.
And so back then I had no idea how cruel the world was, and I couldn't believe that young women were being exploited.

And so in the first month that I was working in this role, I kept hearing about this kiddie track, and I never knew what that meant. And it was for girls that were between 11 and 16 who were sexually exploited. And I didn't believe it until one morning I got early -- to work early and I went to go get a snack at the corner store and then I was approached. And then I realized that many of the young women that I worked with were exploited.

And I didn't have an ability to do anything back then because I wasn't -- I was a student and I didn't feel that I had much of a voice. But what I offered was I had some favourite kids, and whenever they would call me, I would go, and I would drop everything to do whatever they needed. And I always thought if all I could do was just offer them a break from their reality I would.

But I had this favourite girl and I did a lot of things with her over the years, and then we kind of lost touch. And then I talked about getting Facebook in this role, and so within a week of getting that Facebook she reached out to me.

And now she's a mom and she has twins, and
you know, she, you know, still struggles a lot in life because of her experience in child welfare. But she offered to help our office because she knew how busy we were. So she was coming in to be our receptionist three days a week.

And one day we were doing something at the AMC, and we were talking about missing women and girls, and we had the website up and we were looking at the women that were missing or murdered from Manitoba. And she counted seven of the women as being the girls that she grew up with in the system. And they lost their lives.

And you know, one of our mom's that we work with, she's like -- she's got the story -- her story is the epitome of all that is wrong. When she was a little girl, her grandmother was murdered, and when her grandmother was murdered, her mom didn't handle it very well. And what ended up happening was she ended up in care at 4 years old. And when she ended up in care at 4 years old, she just went from hotel, to group home, to shelter, to foster home. And she said it's well over 30 different placements she was in.

And you know, I'm not going to go into all the details of things that -- the way that she was treated, but she was exploited, and she almost lost her life on multiple -- multiple times.
And she got pregnant at 15 and they told her that she could parent her baby. And so she was excited. She had her baby and they told her that they were just going to clean the baby up and that they'd bring her to the room and just go to the room and wait for your baby.

And so she went to her room and she waited for her baby, and she said she felt like she waited for a long time, and then she went to go check. And they held her down and they told her, you know, we're taking your baby.

And then at 17, she had another baby. And that baby was taken at birth. And then at 19, she had another baby, and she was still pushing and they were there already waiting for her to -- waiting to take her baby.

And a year ago, in September, she came to our office and she was pregnant a fourth time, and she asked us to advocate that she can spend one day with her baby before they take her baby. And so, you know, she has her baby home now, and she has a commitment to bring her other three babies home.

But it's hard, and she's had a tough, tough life. And you know, you can see the system doesn't raise parents because they don't -- the system doesn't know how
to take care of these children because they're on the streets, they're missing, they're -- you know.

And so she'll come into our office, and we were having a little graduation, and we were like give your baby some banac (ph). She's like, "no", she says. And she does everything by the book. She reads the book. If it's not in the book then she doesn't do it. She's never been shown that parenting, she's never had someone care for her.

She did an interview last week, and in her interview, they said, you know, "No one's ever cared for me; no one's ever supported to me." She says, "Not until I came to this office, and they do -- they help me here."

And you know, that's a very wonderful compliment, and everything, but it's a really discourse that you've had to wait over 20 years for someone to show you some sort of kindness or support.

And so when you think about all of these other kids that are aging out of the system and they have nothing in this world, it's very, very sad.

And I wanted to -- I talked about that CSA earlier when I had this other mom. She has four kids and she's a wonderful mother, but she grew up in the system, and you know, she was sexually exploited for years. From the time she was 12 until the time she was 18, she was
only provided one pair of shoes, a pair of pantyhose, a pair of underwear and a dress, and she was exploited so that she could get her most basic needs.

And we know that, you know, these kids are being deprived, but someone is collecting on their behalf. And you know, we need to end that. We need to look at, you know. If my children were taken into care, someone is going to get paid about $1,800 a month to care for them. And if I was a single parent on social assistance, I would be getting about $320 a month, and those disparities have to be looked at. It can’t always be seen that, give someone else the money to take care of, you know, the First Nations. You know, there has never been that opportunity to have our free will when it comes to caring for our children and families.

MS. JOËLLE PASTORA SALA: Along that same vein, are you able to talk about why it is so important for First Nations to assert their own jurisdiction over child welfare?

MS. CORA MORGAN: Well, the Assembly of Manitoba Chiefs has been doing an enormous amount of work in the last couple years and signed a Memorandum of Understanding with Canada in December 2017, and is currently developing legislation, federal legislation that will empower our family laws. And so, we are also working
with First Nations to start capturing those laws, because we have our inherent ways of caring for each other. And, we know that those ways are more optimal, that we have to go back to, you know, taking care of the children in a community, and that any child of a community is all of our responsibility, and that there is the adequate supports and resources to be able to focus on prevention.

You know, if I had a wish today, I would replace all of the agencies in Manitoba with family support centres and changing the roles of our social workers to be helpers in our community. And, that is the direction that our First Nations -- or are Chiefs in Assembly have chosen to go and inserting our jurisdiction, and being able to change what has been happening for the last 150-plus years. We are going to bring our kids home, and we have our ways of caring for each other, and that we need the support and the resources to address all of the harm that has happened from this continued theft.

**MS. JOËLLE PASTORA SALA:** I only have a few more minutes with you, so I am going to give you the choice of two questions that you can answer, and then we will go quickly to your recommendations, either to address -- or you do both, if you are able to just talk about some of the achievements of the FNFAO or -- and/or talk about your hope for the future of the child welfare system in
MS. CORA MORGAN: I would like to talk about the hope. You know, every day my prayer is for the children to feel love and have good lives before them, and every child deserves that. Every single child. And so, what frustrates me is that, you know, the system doesn’t see it that way and so many of our children are deprived of those ways.

And, you know, every single day for probably a year-and-a-half, I would hear from mothers, “They are breaking the bond, they are breaking the bond.” And, you know, there is a design to the system that breaks that bond. A mom gets three visits a week, then it is two visits a week, then it is one visit a week, and then it is once every two weeks, then it is once in a month. And then once your child is a permanent ward, it is four times a year. And, you know, my dream would be to bring our children home.

You know, I think about my own First Nation of Sagkeeng. If, tomorrow, we could bring all of our children home and figure out the mechanisms that we needed to adequately -- to provide for them, and support them, and the safety measures that we can put in place as a community, it can be done.

And, I think about -- you know, the
resources need to be there. We need to have our little
girls dancing jingle dress. I mean, we saw Fatima this
morning. Like, all of our children need to have that
investment. You know, every -- years ago, a grandmother
or elder had shared with me that each of us are born with
gifts and talents. And, when a baby was born, the midwife
would read the water and say, “This child is going to be
an artist,” or an educator, or -- they would foretell what
that child was -- gifts and talents would be.

And, from that minute, it was the
responsibility of parents, aunts and uncles, and
grandparents, and community to make sure those children
had the tools that they needed to be the best that they
could. And, all of our children deserve the exact same
thing and there has to be the adequate investment to start
from that early age to be able to provide our children
with everything that they need.

And, I know that the resources are there,
because there are resources to do all kinds of crappy
things to our families. And, you know, we have to change
the focus. And, I think someone else said this morning
that we need to flip things. And, if I think about $512
million in stealing our children? Let’s change the
investment in investing in our children and our families.

MS. JOËLLE PASTORA SALA: Chief
Commissioner, recognizing that I am a few seconds 
overtime, I would like to ask for your permission to ask 
Cora just to highlight a few of her recommendations that 
she has provided to you.

CHIEF COMMISSIONER MARION BULLER: Yes, 
please, go ahead.

MS. JOËLLE PASTORA SALA: Thank you. So, 
the parties with standing, as well as the Commissioners 
will have Cora’s recommendations which are outlined in her 
can say. And, Cora, would you like to highlight any of 
the recommendations that are outlined in this list?

MS. CORA MORGAN: Yes, I would like to -- 
the first recommendation, support First Nation 
institutions and initiatives which aim to bring children 
home that are rooted in First Nation ways of being and 
knowing, including revitalizing and codifying First Nation 
laws. Our children are running home, because they are 
lonely and longing for their parents and family 
connection. The reality is, many children may not be able 
to go home immediately or at all, because their parents 
still have to work in terms of healthy living. However, 
agencies should be required to arrange more than the four 
parent-child visits a year required in the CFS standards 
manual giving children in care to run home out of 
loneliness.
Hold third party providers accountable.

There must be oversight of their operations to ensure our children are safe and being well cared for; keep the children -- the federal Children’s Special Allowance in trust for children in care until they age out; establish an independent complaint process that lies outside the provincial system, including outside of the Children’s Advocate Office, to create a fair, more transparent and effective complaint process; examine the legality of birth alerts and the practice of birth alerts and newborn apprehension; stop penalizing victims of domestic violence by apprehending their children; stop -- and that one is important to me, because any woman who in -- here in Manitoba, any woman or under particular urban centres, if you report a domestic violence, the child welfare system automatically responds. And so, we know that there is an enormous amount of mothers who aren’t reporting violence, because they know that their children will be taken, and I think that they shouldn’t be further penalized from being a victim of violence to losing their children.

Stop the practice of voluntary placement agreement to access provincial health care services for children with special medical needs and where medical services are unavailable on-reserve. This is a human rights violation. Instead, direct these children to
disability services. First Nations do not trust the CFS system, support the First Nations Family Advocate Office, an advocate service independent of the provincial system. And, there’s other recommendations found in the other reports, but this is an example of some of the key recommendations we’ve heard.

**MS. JÖELLE PASTORA SALA**: Thank you so much, Cora. Before we take, I assume, a morning break, I’d like to enter two more documents as exhibits, and those are the -- it’s found in Schedule G, which is the First Nations Family Advocate Office Annual Report.

**CHIEF COMMISSIONER MARION BULLER**: Exhibit 9 is First Nations Family Advocate Office report, 2017.

--- **Exhibit 9:**

First Nations Family Advocate Office report, 2017 (eight pages)

**MS. JÖELLE PASTORA SALA**: And, the last document is the Setting the Foundation for Change - A Strategy Towards First Nations’ Jurisdiction of Child Welfare in Manitoba from 2018, which is Schedule H.

**CHIEF COMMISSIONER MARION BULLER**: Exhibit 10 is Setting the Foundation for Change - A Strategy Towards First Nations’ Jurisdiction of Child Welfare in

--- Exhibit 10:


MS. JÖELLE PASTORA SALA: Thank you, Chief Commissioner. Thank you so much, Cora, for sharing so openly with all of us here, and that completes my direct examination. Thank you.

MS. MEREDITH PORTER: Thank you very much, counsel, and thank you very much, Ms. Morgan.

At this time, Chief Commissioner and Commissioners, I’m going to request a very brief break. We have our next witness who will be giving testimony, and I would like to give her an opportunity to relocate to the front of the panel, and also an opportunity for parties to take a moment after the very heartfelt testimony we’ve received already to get a drink of water, gather themselves, and let’s reconvene on your direction in five minutes?
Upon recessing at 11:35 a.m.
--- Upon resuming at 11:50 a.m.

The next witness we will be hearing from this morning is Sarah Clark, Ms. Sarah Clark. And, as mentioned previously, Ms. Clark is the Executive Director of the Artic Children and Youth Foundation, and her testimony will be led by Commission counsel Lillian Lundrigan.

Ms. Sarah Clark: I do.

SARAH CLARK, Affirmed:

--- EXAMINATION IN-CHIEF BY MS. LILLIAN LUNDRIGAN:

--- EXAMINATION IN-CHIEF BY MS. LILLIAN LUNDRIGAN:
Sarah?

**MS. SARAH CLARK:** Of course.

**MS. LILLIAN LUNDRIGAN:** Okay. To start, if you can please introduce yourself to the Commissioners and to the audience in attendance this morning?

**MS. SARAH CLARK:** Yes, of course. Hi, my name is Sarah Clark. I am the Executive Director of Arctic Children and Youth Foundation. I have lived in Nunavut for three years. I came up to visit a friend, and I fell absolutely in love with the land.

In the past -- should I talk more? Before I was the Executive Director of Arctic Children and Youth Foundation, I was a case worker with Makigiavik, the correctional centre. I was a youth worker and program coordinator and assistant manager of Illagiitugut Youth Home, which unfortunately was closed down in 2016. And, now, I am the Executive Director. On the side, I am a program coordinator for Tukisigiarvik Wellness Centre, offering parenting programs.

**MS. LILLIAN LUNDRIGAN:** Sarah, what is your experience in the area of child advocacy and wellness in the communities specific to Inuit and Nunavut?

**MS. SARAH CLARK:** So, along with the work that I did at Illagiitugut Youth Home, where I worked with Inuit girls who had been taken from their communities and
become permanent wards of the Child and Family Services, I have also worked as the Executive Director and we do lots of community programming for mental health wellness in the community, mostly to do with recreation, music, art, photography, things like that. And, we also are working on a Peer Leader Mental Health Program, which teaches youth about the history of Nunavut, and how that contributes to the issues we see today in the communities and how to take care of yourself and your friends. And, I am also working on the Umingmak Child and Youth Support Centre, which is a child advocacy centre. And, along with that, we have done many, many studies and focus groups, and key stakeholder consultations along with that.

**MS. LILLIAN LUNDRIGAN:** Okay. What other considerations, if any, or life experience are important in understanding the work that you do with the Arctic Children and Youth Foundation in child advocacy, wellness and healing?

**MS. SARAH CLARK:** I can’t think of any at the moment.

**MS. LILLIAN LUNDRIGAN:** Okay. Can we -- can you just discuss your C.V. for a few minutes? You have a Bachelor of Science in Biology?

**MS. SARAH CLARK:** Yes.

**MS. LILLIAN LUNDRIGAN:** As well as a B.A.
in Anthropology from the University of Victoria?

**MS. SARAH CLARK:** Yes, I attended University of Victoria from 2011 -- no, 2007 to 2013. I got a Bachelor of Science in Biology and a Bachelor of Arts in Anthropology, as well as a minor in Philosophy. Yes.

**MS. LILLIAN LUNDRIGAN:** Okay. Looking at your C.V., and you mentioned earlier, you have been living in Iqaluit, Nunavut for over three years now?

**MS. SARAH CLARK:** Mm-hmm.

**MS. LILLIAN LUNDRIGAN:** And, your C.V. outlines the work and experience that you have gained since living up in Nunavut and working with Inuit children and youth?

**MS. SARAH CLARK:** Mm-hmm.

**MS. LILLIAN LUNDRIGAN:** The C.V. outlines that; is that correct?

**MS. SARAH CLARK:** Yes, I have mentioned that I was the case worker with Makigiarvik. This was with male inmates who are in a correctional centre, working with them to identify their areas of work they would like to work -- areas that they would like to work on. And, concurrent with that, I was a youth worker and a program coordinator with Inuit girls. This was a group home. And then I was the executive director.
Ms. Lillian Lundrigan: Okay. And, you are still the executive director?

Ms. Sarah Clark: I am still the executive director, yes.

Ms. Lillian Lundrigan: Is it safe to say your C.V. outlines clearly your experience and knowledge with your work with Arctic Children and Youth Foundation in Iqaluit the last number of years?

Ms. Sarah Clark: Yes.

Ms. Lillian Lundrigan: Okay. I would like to ask the Commissioners to enter Sarah Clark’s C.V. as an exhibit.

Chief Commissioner Marion Buller: Ms. Clark’s C.V. is Exhibit 11, please.

--- Exhibit 11:

CV of Sarah Clark (three pages)

Ms. Lillian Lundrigan: Okay, thank you. Sarah, I understand your presentation today will be based on the work that you have done specifically with the Arctic Children and Youth Foundation. The acronym we will use, ACYF. And, there are some several reports that you have knowledge and have worked with during your work with ACYF. Can you please identify some of these reports?

Ms. Sarah Clark: Yes. The first would be the Needs Assessment. In 2014, we were approached by a
group of frontline workers who were very concerned at the response to child abuse that children and families had to go through, and they wanted to change the way the system worked for those children and families. And, the way that they researched and found out was to create a child advocacy centre, and they wanted to include non-profit and community groups in this effort. So, they approached us, and we created, first, the Needs Assessment.

MS. LILLIAN LUNDRIGAN: Okay, thank you. Commissioners, I would like to ask that the Needs Assessment Report in Ms. Clark’s binder, Schedule B, be entered as an exhibit.

CHIEF COMMISSIONER MARION BULLER: Okay. I have that as a cover page for Umingmak Child and Youth Protection Centre?

MS. LILLIAN LUNDRIGAN: That’s correct.

CHIEF COMMISSIONER MARION BULLER: Okay. And, that is by the Arctic Children and Youth Foundation, 2014-2015. That is Exhibit 12, please.

--- Exhibit 12:

Umingmak Child and Youth Protection Centre needs assessment report, Arctic Children and Youth Foundation, 2014-2015 (41 pages)

MS. LILLIAN LUNDRIGAN: There are a couple
of other reports that you will be referring to during your presentation?

**MS. SARAH CLARK:** Yes. The study that I will be most referring to is the Feasibility Study. This was conducted in 2015, and it is also a study on Nunavut’s -- the feasibility of a child advocacy centre serving Nunavummiut.

In this Feasibility Study, we go over promising practices of other child advocacy centres and responses to child maltreatment. We do a data analysis of rates of child abuse in Nunavut with a focus on child sexual abuse. We did site visits to other child advocacy centres in Canada and elsewhere, and web-based and telephone surveys, as well as three community roundtables in three different communities with youth, elders, frontline workers and parents.

**MS. LILLIAN LUNDRIGAN:** Okay, thank you. Commissioners, I would like to request that the Feasibility Study Report under Schedule C be entered as an exhibit.

**CHIEF COMMISSIONER MARION BULLER:** Yes, the Feasibility Study Report, June 2015, will be Exhibit 13, please.

--- **Exhibit 13:**

“Umingmak Child & Youth Protection
Centre - Feasibility Study Report,”
June 2015 (173 pages)

**MS. LILLIAN LUNDRIGAN:** The next report, Sarah, that you also will be referring to during your presentation is the Peer Leader Mental Health Training Program; is that correct?

**MS. SARAH CLARK:** Yes. So, the -- out of the Feasibility Study, the youth had overwhelmingly been asking for help on learning how to help their friends after they disclose. It was found that due to lack of community resources, youth often turned to other youth when things happen that are -- yes, when bad things happen to them. So, out of the Feasibility Study, we started to create a program called Peer Leader Mental Health, and this report is an evaluation of what we have so far. And, it does facilitator interviews, participant interviews and a review of the documents.

**MS. LILLIAN LUNDRIGAN:** Thank you.

Commissioners, I would like to request that the report named Peer Leader Mental Health Training Program be entered as an exhibit. It is under Schedule D.

**CHIEF COMMISSIONER MARION BULLER:** The full title is Peer Victim Support Training Program/Peer Leader Mental Health Training Program, Program Evaluation, December 2017 will be Exhibit 14.
--- Exhibit 14:

“Peer Victim Support Training
Program/Peer Leader Mental Health Training Program – Program Evaluation,” by Sidney Horlick & Gwen Healey / Qaujigiartiit Health Research Centre, December 2017 (17 pages)

MS. LILLIAN LUNDRIGAN: Thank you, Commissioner. Another report -- or the document that you will be referring to also during your presentation is the Umingmak Child and Youth Support Centre Working Group, Terms of Reference; is that correct, Sarah?

MS. SARAH CLARK: Yes, I included this in my evidence, because it is the product of many years of our Umingmak Child and Youth Support Centre working group working together and finally getting formally recognized with our terms of reference. And so, I will -- I won’t be directly referencing this, but it is the guiding framework of the work that we do as a group.

CHIEF COMMISSIONER MARION BULLER: And, the Umingmak Child and Youth Support Centre Working Group, Terms of Reference will be Exhibit 15.

--- Exhibit 15:

Umingmak Child and Youth Support Centre Working Group terms of
reference, version 1.0 dated March 15, 2018 (eight pages)

**MS. LILLIAN LUNDRIGAN:** Thank you. Ku-ya-na-mik (phonetic). Lastly, you will be -- as part of your -- in preparation for your presentation today, you have prepared a PowerPoint presentation which you will be sharing after the lunch break that includes recommendations for the Commissioners today; is that correct, Sarah?

**MS. SARAH CLARK:** That is correct.

**MS. LILLIAN LUNDRIGAN:** A copy of Sarah’s PowerPoint presentation is in Schedule H within the materials, so I would like to request that her presentation be entered as an exhibit.

**CHIEF COMMISSIONER MARION BULLER:** The PowerPoint is Exhibit 16, please.

--- **Exhibit 16:**

PowerPoint presentation of Sarah Clark to the Commissioners on October 1, 2018 (23 pages / slides)

**MS. LILLIAN LUNDRIGAN:** Ku-ya-na-mik (phonetic). At this point, Chief Commissioner and Commissioners, based on the knowledge and skills as described by Sarah Clark, I am tendering Ms. Clark as an institutional witness with knowledge and skills in the
area of child advocacy and wellness specific to Nunavut children and youth.

CHIEF COMMISSIONER MARION BULLER: And the work of the organization as well.

MS. LILLIAN LUNDRIGAN: Yes. Correct ---

CHIEF COMMISSIONER MARION BULLER: Yes.

MS. LILLIAN LUNDRIGAN: --- and the work of the organization, Arctic Children and Youth Foundation.

CHIEF COMMISSIONER MARION BULLER: Sure, it is agreeable. Certainly. Ms. Clark is so qualified.

MS. LILLIAN LUNDRIGAN: Thank you. I’m looking at the time, Commissioner, I would like to request a lunch break -- it’s 12:03 -- before we continue with the PowerPoint presentation by Sarah Clark, if that is ---

CHIEF COMMISSIONER MARION BULLER: I think it is unanimous. We will stop for lunch and we will reconvene at 1:00.

MS. LILLIAN LUNDRIGAN: Thank you.

MS. MEREDITH PORTER: Our rules of procedure prevent any discussion of the evidence with the witnesses over the lunch hour. Certainly welcome to say hello and talk about anything other than the evidence that they have shared or they intend to share later on this afternoon. Thanks very much.

--- Upon recessing at 12:05
--- Upon resuming at 13:12

MS. MEREDITH PORTER: We are going to get started again, so if everybody could take their seats. And, just a reminder, if you had turn the ringer on your phone back on over the lunch hour, if you could just ensure that it is once again turned to mute for the duration of the afternoon, that would be greatly appreciated. And, with that, we will continue with the testimony of this witness. Ms. Clark and Ms. Lundrigan.

MS. LILLIAN LUNDRIGAN: Qujannamiik. Thank you. Commissioners, this afternoon, Sarah is going to continue with her testimony and she is going to begin with her PowerPoint presentation at this point. If we can have the PowerPoint put up onto the screen, please. Thank you. (Speaking in Indigenous language).

MS. SARAH CLARK: All right. Thank you very much, I hope you all had a great lunch. First of all, I would like to say how honoured I am to be here. I will do my best to do justice to the work of the people that I work with and for all the work that you guys are doing right now.

That being said, I would like to acknowledge the limitations of my knowledge and experience. So, you know where I am coming from, I am here to present the work of my organization, Arctic
Children and Youth Foundation, as we strive to address the needs of Nunavut’s children and youth. I do not have experience living as an Indigenous person and I have only lived in Nunavut for three years.

Nunavut, in my opinion, is in a very unique and challenging position. While the government was created as a mechanism for Inuit to take back control of their lives and their land, the reality still does not match. As a non-Inuit person working on Inuit land with Inuit people, we are in a very crucial position with every interaction and every decision to seek to achieve reconciliation. Next slide, please.

Just a brief overview of what I am going to speak about. I am going to do a quick history of the colonization of Nunavut as a background for the work that we are doing and where Nunavut is today. I will then speak about our work with the Umingmak Centre, the child advocacy centre that we will be opening next year, and the trauma awareness workshop, Peer Leader Mental Health. Most of the information I talk about today will come from the feasibility study that we entered into evidence under Tab C. Next slide.

To talk about the history, I am going to use something called the Inuit Power Curve which was developed by Nunavut Sivuniksavut. We were given
permission to use this in our peer leader program, which we use to give youth context on the issues they see today. I think it is very important to work contextually in the - sorry, I think it is very important to provide context when talking about these issues. As you can see on the X-axis, we have time starting in the 1500s onwards, and on the Y-axis, we have independence and control of Inuit people over their own lives and their own land. Important to note here is pre-contact at the top.

You can say that pre-contact, Inuit had a thriving and holistic society, where they met all their needs and survived in a land that was incredibly harsh for a long, long time. They had their own economic, social and spiritual organization. And, the curve shows that Inuit power, and control and autonomy declined after contact with non-Inuit society. Next slide.

The first contact was with explorers who created maps to allow other people to be able to -- that were non-Inuit to be able to contact Inuit. Interactions with explorers were very brief, as explorers were trying to find other lands. The next, as Nunavut Sivuniksavut says, the wave of qallunaat, which are non-Inuit -- the next wave was with whalers. And, the interactions with whalers had a bigger impact on Inuit as the whalers came every year and they drew on Inuit knowledge and they
employed, traded and socialized with Inuit.

Later in the 1800s, missionaries came to the north to spread the word of God. In the beginning, missionaries travelled between Inuit camps to spread the word of God and did not stay long. This was confusing to many of the Inuit as they did not fully understand Christianity and they did not have a way to learn more after the missionaries had gone. The first church was built in Pangnirtung by Edmund James Peck who also created the Inuktitut Writing System to translate the Bible into Inuktitut.

At this time, there was a split in families due to the Catholic and Anglican divide. As a result, some family members would not even talk to each other. Missionaries introduced the days of the week and stressed that Sunday is the day of rest, so there was to be no hunting or work of any kind to be done. This was a drastic change as Inuit did not have a concept of time, only seasons. Also at this time, missionaries tried to ban practices and beliefs such as shamanism, drum dancing and throat singing. And, even now, today, people who try to take up drum dancing face adversity from their own communities. Also at this time, missionaries tried to convert the population by offering certain things that Inuit could not provide for themselves such as metal pots
and pans, flour and sugar, and thereby creating a power imbalance in a coercion.

The next wave of people that came up were traders. Eventually, there were over a hundred trading posts in the Northwest Territories. And, the impacts of this were that Inuit started hunting for trade and not just for food, so they changed the economy and people grew more dependent on trade goods such as flour and tobacco. This caused families to become more individualistic all around the north and was the beginning of a money economy.

After the trading boom, Inuit were left without an income which they had become dependent on for their needs. There were even stories of hunger as a result of the bust in the fur trade. So, the beginning of a dependency there you can see. The next slide, please. Oh, sorry. So then we'd get into the government era, starting in the 1900s. I will only speak briefly about six of these that are specific to the North.

The first being the RCMP, who came up to the North over threats of Canadian Arctic sovereignty. They started to travel to the communities to enforce Canadian law.

Where Inuit already had their own way of dealing with troublemakers or individuals that were a threat to others -- they made that decision within their
own societies -- now, there was another force saying that they had the ability and the control to make those decisions. So there was confusion and a breakdown in social organization.

Next slide. Next slide. Thank you.

There was also relocations that happened. You can see that Nunavut is a very vast territory and is very different in many different areas. At the time of the Cold War, many things changed. Countries fought for sovereignty to claim the North and Canada sent a military to the North to claim the land. The federal government thought that if they put Inuit in certain areas it would be considered Canada's land because it had Canadian Aboriginals there.

At first, Inuit that moved from the Baffin region to higher latitudes thought that they could come back to where they had been from, but often that was not the case. They were often taken from places where they completely understood how to survive and thrive and were put in places that were completely different and suffered much hardship due to not understanding the weather, hunting patterns, and foreign land. Many of these relocations later became communities.

Next slide, please.

An ancient practice that is still used
today in Inuit society was naming. A child named after a respected Elder that may run in the family, or someone in the family that the child will take after would be given that name. These names were very difficult for the RCMP to pronounce and write, and so in order to be able to receive social assistance, Inuit had to be counted and identified for government records. So they were given numbers called Eskimo Identification tags.

Even today, if you -- some people still have their Eskimo Identification tags as their last name, and you have to pay a fee to change that.

Next slide, please.

Tuberculosis in the North. Annie spoke about this this morning, about how the breakdown of culture and the loss of skills happened because you were taken from your community. And this is another example of the government trying to address a health issue and causing more harm due to not working with Inuit to come up with solutions.

In the 1950s -- 1940s to 1960s, there was a -- an outbreak of tuberculosis, and a medical patrol ship was sent to the North to screen Inuit for TB and other infectious diseases, and they would remove the sick and infected without notice and/or send them south.

So children were essentially orphaned at
southern tuberculosis facilities and disciplined in foreign ways. Some parents were taken away, grandparents taken away, and people didn't know where they went, and sometimes they never returned. Some people don't know where their family is buried; and therefore, have never visited their graves.

Next slide, please.

New communities were created based off of the relocations. And also, in order to get employment, healthcare or low rent housing, some Inuit moved in voluntarily to get those advantages, others moved to avoid separation from children attending school, or to join family members who had already moved. Still, others were coerced or forced to relocate by government authorities.

The decision to give up traditional way of life was almost never easy, and once made was irreversible. Cultural and personal sacrifices were made, and many found that the promise of a better life was not kept and lives were made worse.

Settlement life imposed a new form of poverty, lack of access to the land, and the concentration of population in one area made obtaining country food more difficult. Along with a dependency on the government, all aspects of Inuit daily life and relationships changed.

Next slide, please.
The next -- the last one I'll talk about is dog slaughter. Successful care and management of dog -- of sled dogs has been an integral part of Inuit culture for countless generations. Sled dogs allowed Inuit independence and self-reliance, and were important for survival, hunting, travel, and protection.

Settlement life threatened the dog -- the lives of the dogs, and they were shot by hunters moving into settlements who thought they were not allowed or no longer useful. They were abandoned by owners working in settlements who didn't have time to hunt or care for dogs, and they were abandoned and they died from disease, and hundreds of dogs were shot by the RCMP because non-Inuit were afraid of loose dogs and feared the diseases that they may cause.

Beyond the impact of having your means of transportation, and therefore, independence taken away, if any of you have worked with animals and have been dependent on them for your survival, you understand that these dogs would have been like family, and to see them slaughtered would be horrifying.

Next slide, please.

To show where Nunavut is today, I want to talk about the right side of the curve, which you can see is swinging up. In the 1960s, Inuit resiliency was
gradually restored through the development of representative Inuit organizations, and after 13 years of negotiations with the federal government, Inuit settled the Nunavut Land Claims Agreement in 1933 -- 1993, excuse me, and the creation of Nunavut happened in 1999.

This had many impacts. One -- I'm going to speak about four:

Politically, we have devolution happening where Ottawa is transferring ownership and control of the Crown's 82 percent of lands in Nunavut to the territorial government. Economically, we can -- Nunavut continues to expand Inuit businesses. In education, it raises the graduate -- the goal is to raise the graduation rates in high school and develop more relevant curriculum and increase training opportunities. And socially, the goal of Nunavut is to improve the health and well-being of Inuit communities and families that are still recovering from the shock of rapid social change and residential school experiences.

Next slide, please. Next slide, please.

Sorry.

So while you can see from the last slide, on an institutional level, power begins to be taken back, but on an individual and family level there are still many challenges. The trauma experienced firsthand by Inuit
during this government era has had an immense impact on all following generations. Many Inuit from this era were not able to properly heal, and this unresolved trauma compromised the ability of many -- compromises the ability of many to cope with the stress in a healthy manner.

Do you want to say this in Inuktitut?

**MS. LILLIAN LUNDRIKAN:** (Speaking in Inuktitut language.)

**MS. SARAH CLARK:** So that is -- translated, is trauma experienced by generations past having an effect on their descendants. That's correct. Which is historical trauma.

So historical trauma is cumulative and intergenerational in its impacts, meaning its cumulative effects are passed on. These various sources of trauma that originated from outside Indigenous communities that I just discussed generated a wide range of dysfunctional and hurtful behaviours, such as physical and sexual abuse, which is recycled generation after generation within the community. As a result, we see negative behaviour, such as alcohol abuse, sexual, physical and emotional abuse, child neglect and violent crime. The link between the effects of past events like these and adverse outcomes in the present have been well-documented.

The flow chart at the bottom of this slide
is from Allison Crawford and Jack Hick’s paper on Early Childhood Adversity as a key mechanism by which colonization is mediated into suicidal behaviour. You can see just below the part about colonization it says, “Cultural Disruption”, and that can also be flipped to culture as a protective factor, as Cora talked about today. The story struck me because it really showed -- she talked about the young lady who learned prayer while in the youth centre, and it really shows the power of gaining strength from your culture. Next slide, please?

These are some of the effects of this historical trauma we can see in the high rates of child abuse in Nunavut. I don’t want to read these out, so I would just invite you to read them for yourself. As you can see, we have a very high rate of child abuse in Nunavut. In doing research for our centre, we took stats from the RCMP division in Iqaluit. There were -- in 18 months, there were 278 occurrences of child abuse in Iqaluit that were investigated by the RCMP, so we have a lot of work to do. Next slide, please.

In our study, we found that along with the numbers and the stats that were consistent with the high levels of child -- or high rate of child abuse, we also learned that there is a high level of underreporting of child abuse. This indicates that there is a lack of trust
in the ability of the authorities to do anything about this issue. You can see the answers at the bottom of why people didn’t want to report.

So, there is a sense that people in decision-making roles are not aware of this widespread nature of child abuse, and thus are not putting strategies in place to respond. But, the reality is that people are well aware and that it occurs, that it is a significant taboo topic and considered none of your business to discuss. To open up the wound requires protective measures for those brave enough to shed light on the truth, including safe housing, a proactive criminal justice system to charge and prosecute offenders and a robust coordinated suite of clinical mental health and community programming to support children, youth and families moving forward. Next slide, please?

When asked -- this is from our Feasibility Study. When asked what would help reduce stress on the child and youth or family after disclosure of abuse, the following were recommended. The first being, have a child-friendly facility in communities for immediate protection, forensic interviewing and trauma services. Really key here is having 24/7 safe spaces for children and youth to go to across Nunavut. To ensure -- along with the first recommendation, you -- they also want to
ensure there is a strong organizational delivery, strong staff training and clearly defined and safe traditional healing approaches for this vulnerable sector.

Number two is have more mental health and trauma counselling supports for the child and family. Number three is reduce the number of people the child needs to retell his or her story to directly. By retelling or re-disclosing to people, having to keep telling that story, you cause more damage to that child as they have to go through it again and again. And, also, it can change their story. So, by retelling their story, they can actually change it and it may create problems for the prosecution.

Four, have more rehabilitative programs for the abuser to heal the community. People would like to invest in restorative justice models for offenders and victim families. And, they also would like to have more therapeutic programs for adult offenders, as well as young offenders.

Number five is have a zero-tolerance approach to community retaliation and harassment of child and youth victims of abuse, and this requires more training for frontline people and the community. Six, train law and medical personnel in each community in the collection of forensic evidence. Seven, include
traditional healing and elders in rehabilitation programs.

Next slide, please.

So, taking all of these into account, I am going to talk about what a child advocacy centre is. In 1985, in the States, a district attorney in Alabama noted the challenge of child abuse cases for social services and the criminal justice systems, and the impact on the child victims. There was little collaboration or effectiveness between the key actors in child abuse cases. The result was that children were being re-victimized. Children’s emotional distress was high and the segmented, repetitious and often frightening experience of the criminal just system and receiving the necessary supports for children and their families was weak.

As a revolutionary idea, he brought together law enforcement, criminal justice prosecutors, child protective services, medical and mental health workers into one coordinated team to service child victims of crime. A child advocacy centre brings together the organizations that provide services to children and youth and their families who disclose abuse in one centralized, child-friendly location.

It provides a child advocate whose purpose is to support the child and family. The child-friendly approach used by CACs helps reduce the emotional and
mental harm to children and youth by reducing the need to retell their story. This improves the quality of evidence, conviction rates and the development of a joint care plan. It also helps link those children and youth to services immediately after disclosure and into long-term treatment. As I said before, there is not a lot of trust in the system. And, in order for us to address this issue properly, people need to feel safe enough to speak up.

Next slide, please.

So, the needs that a child advocacy centre addresses. So, common issues and gaps that have been identified by our Feasibility Study are having no child-friendly locations; having multiple interviews happen; a lack of coordination between all the services that provide services to the child and family after they disclose abuse; a lack of timely access to health and mental health care, and other supports; a lack of support for parents and guardians; and case management that is inconsistent and fragmented.

So, the child advocacy centre -- sorry. With having no child-friendly locations -- in Nunavut, we have the RCMP detachments, which have interview rooms that are designed for adults and usually those who are suspected of crime. That is not a place for a child who has been through abuse. As I talked about before, the
multiple interviews cause re-traumatization for the child and it also decreases the integrity of the child’s story.

Without us and regarding the lack of coordination, without a child advocacy centre, each agency that serves a child and youth post-disclosure are working within a silo and are asking the question, “What do I need from this child and family for my case or my agency?”

After a CAC, due to the collaboration between professionals, it decreases their burden and the question becomes, “What does this child need in order to thrive after this?”

In terms of access to health and mental health care, the importance of having a medical consultation whether or not it is needed for evidence collection has been proven. Children want to know that they are okay and that they can still lead a normal life. If it was sexual abuse, they want to know that they can still have kids. So, in terms of a medical consultation, it doesn’t necessarily have to be for evidence collection.

Lack of support for parents and guardians. It has also been shown that children and youth that have parents who feel well-informed and supported will have a highly-increased ability to heal. In Nunavut, specifically, we have a lack of culturally appropriate and bilingual services. In Nunavut, this centre can also
address that gap. With the partnerships that we have created with NTI and other community groups in Iqaluit, we can increase this culturally-appropriate service. Next slide, please.

Our methodology. In 2014, I mentioned that ACYF was approached by a group of frontline workers and community members who were struggling with the way that the system worked for those who disclosed abuse and wanted to improve it. Through their research on best practises around the world, they came up with the Child Advocacy Centre. I would like to take a moment here to thank them for their passionate work and donation of time. Most of them did this off the side of their desk.

These people became the first working group. So, that’s the first of our guiding inputs. The working group is made up of all the representatives from each of the required partners. So, right now at our table, we have Nunavut Tunngavik Inc., the Government of Nunavut Departments of Family Services, Health, Justice, Education and the RCMP.

We rely on NTI’s social and cultural department to guide the formation of the centre in an IQ informed way.

**MS. LILLIAN LUNDRIGAN:** IQ is the Inuit Qaujimajatuqangit, Inuit traditional knowledge.
MS. SARAH CLARK: The process of creating a child advocacy centre is not well mapped out and is not one size fits all. In order to create a centre that fits the need of Nunavummiut, we have gone through many steps and pulled from various resources.

We have sought guidance from the well-established National Children’s Alliance in the United States, and we have followed the Alaska Children’s Alliance Guide to developing tribal children’s advocacy centres and the Child Abuse Protocol Development Guide, which serves predominantly remote Indigenous populations.

We have done our own consultations through our needs assessment and our feasibility study. In the feasibility study, we did visit Iceland and Greenland. In Greenland, they had the first CAC serving Inuit. Unfortunately, that did close down in 2014, but it’s being redeveloped. So, we’re learning from all of their work as well.

In addition to what we’ve done before, I also visited Alaska to visit three CACs, each having been identified as having the closest demographic and geography to what we will serve in Iqaluit. And, we have set up a strong mentoring relationship with those CACs, so we can draw on their knowledge and experience.

We also have focus groups pulling on
lessons learned from the Greenland CAC. We have done a lot of focus groups with organizations and individuals who will work at the centre, and intend to continue and create a mechanism for community inputs, likely through an advisory committee.

Evaluation is a very key point in this as well, and we have put a lot of resources into making sure that we collect data and evaluate our process along the way, and make sure that we address or we consult with our communities. Next slide, please.

So, the choice for the name Umingmak Child and Youth Support Centre, Umingmak is a muskox, in Inuktitut is a muskox. And, when muskox are threatened and their children are threatened, they create a circle around their children with their horns facing outwards to protect them. And so, we chose that as our logo.

As you can see, we have all these different services that will work at the centre. So, we have one child-friendly and culturally-specific location, that big red circle there. This is in Iqaluit. And, all the service providers and frontline workers will come to this centre. In one appointment, we’ll do the interview, medical consultation, mental health assessment, crisis intervention, and referrals and support.

There will be an advocate who will speak
Inuktitut and have lived experience as an Inuit person there to welcome and explain what will happen and support the child and the family throughout the process of disclosure, court and healing.

We are hoping to create our own mental health services and healing. This will be one of the first non-governmental mental health services in Nunavut specific to children and youth. We are going to hire a mental health counsellor with specialization in child trauma. And, we are currently working to combine the service with Inuit counselling from Ilisaqsivik or Meeaniksagit (phonetic 1:47:27). And, we would also like to, in the future, create a more -- a better healing pathway with traditional land activities for families that are ready to heal together.

In a presentation that Tanya Talaga recently did on the Sami people in Norway, they have a mental health healing centre that is completely built on the land, and that’s what we would like to model ours after.

We also have accommodation for one single family to stay. So, we have a safe space for families that need to come in from other communities or need to stay in a safe place in Iqaluit.

We also hope to be a centre of best
practice. So, we will be able to do the trainings that I mentioned before, ensure that our teachers and those who are disclosed to on a consistent basis by children and youth, that they have the right information and they know where to go. They follow the correct protocols. And, any professionals that serve children and youth would have an opportunity for extra training in response to child abuse. We will increase the specificity and the quality of data collection for our evaluations, and, therefore, get a better picture of what child abuse is in Nunavut today.

Due to our formal MOU between all the services that will work at the child advocacy centre, information has to be shared between all of them. So, we increased the amount of information sharing, and there will be no more silos of information, and this collaboration will also happen at a managerial level. So, this decreases the burden of the workers as well. Next slide, please.

Through our feasibility study, it was shown that youth are looking for more help in helping their friends when they disclose abuse to them. Many youth -- youth explained that more and more, they are turning to each other within their own peer group for help, because they know that their friends have experienced harm and are trying to get information on what they should do.
Youth are assuming responsibility for the trauma of the adults, and trying to fix deep-rooted pain, and being subjected to highly volatile situations. This is not their responsibility and can have physical and significant mental health impacts on them as youth having to hear and process the harm being experienced among their peers. They remain in harm’s way, and we all must act to help and protect them.

In the meantime, children and youth are not -- okay, sorry. Sorry. During the Feasibility Study, we identified that youth have a lack of awareness and knowledge, and that they are generally unaware and unsure of how to respond to disclosures of harm by their peers, and they are unaware of the historical context of trauma in Nunavut and how it manifests in modern society in the territory.

They identified the need for more community supports. Youth noted that there a lack of crisis and post-trauma supports in their communities, and they often want to start making those services and supports for themselves. They want a better understanding of trauma and how it affects them and their family, and a better understanding of self. Next slide, please.

So, in order to address those needs, we developed the Peer Leader Program, which is still under
In development as we speak. In development, we are still trying to build in more skills that allow youth to respond to disclosures and how to bridge that to a safe adult. Youth are often unaware of the additional positions or skills that these individuals hold. Sorry.

**MS. LILLIAN LUNDRIGAN:** Are you okay? Do you want to take a break?

**MS. SARAH CLARK:** I am just losing my spot here, sorry. Sorry. The first goal of this program is to equip youth with the tools to respond safely to disclosures by other youth. In this program, we also give referrals to other training programs for crisis de-escalation and, yes, youth need actual skills in order to respond to peer disclosures.

The second goal of the program is to help youth become familiar with resource people in their community who can aid when they receive disclosures of harm from their peers. So, we actually bring in all the adults that are identified as safe and respected, and in a helping profession into the program. And, they meet the youth and they are able to brainstorm with the youth ways to create programs and what -- they learn from the youth what things are needed in their community.

The third goal of the program is about developing coping supports for self and youth. We are
working on building skills and not just giving
information. We are also working on giving information on
healthy relationships and consent.

While I was working in the youth home with
the girls, almost every single one would tell me about an
unhealthy relationship or men that would approach them on
Facebook and told them that they loved them, and then
would immediately not treat them very well. These are all
examples of unhealthy relationships, and the information
needs to be passed onto youth what is healthy and what is
not.

The fourth and final goal of the program
was to enable youth to understand the context of
historical and ongoing trauma in Nunavut, and that is
very, very important. I had a youth say to me after
learning about the Inuit power curve that they were very
happy that they learned this, because they used to think
that Inuit were bad and that they were alcoholics, and
learning this gave them a reason for what they see in
their communities, and that is really important. Next
slide, please.

The challenges we face in creating this
program is having trained facilitators, people who are
healthy enough to -- sorry, our facilitators are Inuit,
and we are trying to build capacity in making more
facilitators to go around Nunavut. But, we have a challenge in terms of finding someone who is healthy and willing to go over this information with youth. It is -- it can be very difficult.

We are also trying to find ways to support the youth after they take the program and try to mentor them after that. It is hard to do in Nunavut, because we are in a very widespread territory, and it is hard to support people in different communities when you are not there. And, next slide, please?

So, here are the recommendations from all of our studies. I think the top three needs are overcrowded housing, food and security, and lack of access to culture and language. You can’t start to heal and become healthy if you don’t have access to safety. In all the discussions I have had with numerous groups, this is very clear, and the culture and language access is a part of this for Nunavut.

Number two is the education on Nunavut’s history and effects of colonialism. All literature points to needing an understanding of the history of colonization and its impacts in order to heal. Our work has also pointed out the same. One youth pointed out to me that the schools only spend one week on the Nunavut Land Claims Agreement. It is a very important part of their history
and it is very empowering as well.

It is also very important for all people who work in Nunavut to have an understanding of Nunavut’s history and the effects of colonization on Inuit. It is crucial that this information is taken from the reports that have already been made. In particular, mental health and child protection, if you can frame your work within the context, it can greatly benefit your clients.

Number three, there are very limited resources for children and youth in Nunavut. The only organizations that provide mental health services is the GN and some private counsellors. There are some youth centres, but the reality is many communities do not have the resources for children and youth who need help, which is one of the reasons why they turn to one another. We need more organizations and services dedicated to children and youth, and we need to determine how to properly mentor youth.

Number four is parenting skill building. There are good programs that help build simple skills to help parents and youth communicate better, understand boundaries, et cetera. A lot with my work with Tukisigiarvik, many of the women I worked with were there because their children had been taken away and they were trying to learn to be better parents in order to get their
children back, but there are not often many programs that
are consistently offered in our communities. And so, how
are they supposed to do these programs in order to get
their children back if the programs aren’t offered?

The fifth one is the most important, I
think, the true integration of IQ principles and not just
lip service. This requires a full participation and
collaboration with Inuit organizations. It seems that the
Government of Nunavut is still based on the values of non-
Inuit society, and I think this is one of the biggest
problems.

**MS. LILLIAN LUNDRIGAN:** Tay-mok-be
(phonetic). That is the end of your presentation?
Qujannamiik. I just have one question for you, Sarah. To
go back to the Peer Leadership Program, I don’t know if
you mentioned this, but I just want to clarify. The
program is existing; right? You offer training to youth?

**MS. SARAH CLARK:** Right now we are still --
we have delivered, but we are in the development process
again. After evaluation ---

**MS. LILLIAN LUNDRIGAN:** Okay.

**MS. SARAH CLARK:** --- we are going to start
delivering pilots again.

**MS. LILLIAN LUNDRIGAN:** Okay. And, what
locations in Nunavut did you deliver the program to?
MS. SARAH CLARK: We delivered in Baker Lake, Rankin Inlet, Cambridge Bay, I think in Tuktoyaktuk and -- I cannot remember the other one.

MS. LILLIAN LUNDRIGAN: Okay. And, what was the response from the youth?

MS. SARAH CLARK: All the youth -- well, not all the youth. The resounding response was that they want to talk about these topics and that no one is doing it. They want a safe place to be able to learn about these things, because they see it every day in their communities and they do not want to be treated like they are fragile eggs that will break. They need to know this information.

MS. LILLIAN LUNDRIGAN: Okay. So, it is safe to say that the program such as that one are very important for our youth to move forward in a healthy way?

MS. SARAH CLARK: Yes.

MS. LILLIAN LUNDRIGAN: Okay. Thank you. Looking at the time, I do not have any further questions for Sarah and this concludes Sarah’s evidence at this point.

MS. MEREDITH PORTER: Thank you. Thank you, counsel, and thank you, Ms. Clark. Chief Commissioner and Commissioners, we have one last witness to call this afternoon. I would request, although --
before we hear from that witness, that we take a 5 minute
break in order to, again, shuffle the panel tables around
and to give everyone an opportunity to grab something to
drink and take a breath. 10 minutes -- 5, 10 minutes.

CHIEF COMMISSIONER MARION BULLER: Let’s
aim for 5.

MS. MEREDITH PORTER: Okay. Thank you.
--- Upon recessing at 14:02
--- Upon resuming at 2:14 p.m./L’audience est reprise à
14h14

MS. MEREDITH PORTER: So the next witness
that we have scheduled to call is Dr. Amy Bombay, who is
an Associate Professor of Social Work at Dalhousie
University. Leading her evidence will be Stuart Wuttke,
counsel for the Assembly of First Nations.

MR. STUART WUTTKE: Good afternoon, just
brief introductions. My name is Stuart Wuttke. I'm
general counsel for the Assembly of First Nations. I'd
like to recognize first and foremost that we're in
Treaty 1 territory. Being a Manitoba person myself, it's
good to be back home.

We do have a witness today, Dr. Bombay.
Before we get started, though, I'd ask the Registrar to
swear in the witness.

MR. BRYAN ZANDBERG: Yes. Good afternoon,
Dr. Bombay. Do you promise to tell the truth in a good way today?

DR. AMY BOMBAY: I do. I do.

MR. BRYAN ZANDBERG: Thank you.

AMY BOMBAY, Sworn:

--- EXAMINATION-IN-CHIEF BY MR. WUTTKE:

MR. STUART WUTTKE: Good afternoon, Dr. Bombay. Can you please state your occupation?

DR. AMY BOMBAY: I'm -- so that was a bit of a mistake. I'm actually an assistant professor in the Department of Psychiatry in the School of Nursing at Dalhousie.

MR. STUART WUTTKE: Okay. I have provided -- I provided your CV to the Commissioners, also to the parties at -- with standing.

We would like to have Dr. Bombay sworn in as an expert or -- and I'll just provide a synopsis of what that is.

Dr. Bombay is being put forward as a psychological expert on the effects and transmission of stress and trauma on well-being, including the intergenerational transmission of trauma among the offspring of Indian residential school survivors in the application of the concept of collective and historic trauma.
So with that, I'd like to turn to Dr. Bombay's qualifications, and I ask that you turn to her CV.

Starting with your education, Dr. Bombay, I notice that you have a PhD. Can you describe the coursework that you undertook?

**DR. AMY BOMBAY:** Yes. After my Master's, I did my PhD, which was 4 years, and throughout that time, I focused a lot of my research -- my dissertation was a series of five studies look -- taking different angles, looking at different research questions around the intergenerational transmission of trauma and resilience in -- among those affected by the residential school system.

**MR. STUART WUTTKE:** And can you also describe for us the difference between neuroscience and the relationship -- I should say the relationship between neuroscience and psychology?

**DR. AMY BOMBAY:** I guess -- so yeah. My Master's was in psychology, my PhD was in neuroscience. Neuroscience is really more looking at how the brain's involved in various processes, and my work focuses on psychological outcomes. So it's kind of looking at how the brain's involved. But really, a lot of my research in this context has not looked -- has not been really kind of neuroscience research, it's been more just psychological
research, looking at psychological outcomes.

**MR. STUART WUTTKE:** Thank you. And can you tell us a little bit about your PhD dissertation?

**DR. AMY BOMBAY:** Yeah. So as I already just kind of alluded to, my dissertation work was focused on the intergenerational transmission of trauma in the children and grandchildren of those who attended. It was a series of studies, many of which I'll be talking about in my presentation today in terms of the findings. And we were really looking at how having a parent or grandparent who went to residential schools associated with various and physical health outcomes.

**MR. STUART WUTTKE:** Thank you. And also on your CV, under education, you have a postdoctoral fellowship at the University of Ottawa. Can you please provide some information about that?

**DR. AMY BOMBAY:** Yeah. So after my PhD, I spent 2 years working as a postdoctoral fellow at the Royal Ottawa Institute of Mental Health Research. And during that time, I spent a lot of my research time working with the Aboriginal Healing Foundation doing a study that was commissioned by then focusing on student to student abuse in residential schools and how that's contributed to lateral violence. And I'll also be talking about findings from that study in my presentation today as
Mr. Stuart Wuttke: Thank you. And the next section in your CV is on research grants. While you have received over 30 research grants, I want to note three in particular. The CHIR Operating Grant of 2011 to '13; the Shirk (ph) Grant of 2017 to 2028 with the Department of Psychiatry; and the Psychiatry Grant of 2018-'19. If you can just sort of describe those?

Dr. Amy Bombay: Sure. The earliest one that you mentioned, the CHIR Operating Grant from 2011 to 2013, that was during my postdoctoral studies with Stephanie Friedberg (ph) and Jake Brac (ph), and they – we doing work looking at different aspects of cultural identity in First Nations youth and how that is associated with various mental and academic outcomes in youth.

Mr. Stuart Wuttke: Okay.

Dr. Amy Bombay: The other -- the Shirk Grant you mentioned, which was 2017 to '20, so still ongoing, is a study kind of following up on that project I did with the Aboriginal Healing Foundation on student to student abuse. We are kind of continuing on with that work and looking at different ways for knowledge translation and getting those research findings out there.

And then the third grant that you mentioned for the Department of Psychiatry Research one at
Dalhousie, that was a grant exploring the cumulative effects of the familial residential school attendance in relation to age of onset for suicidal ideation and attempts among Indigenous youth. And so that was a grant that provided us with funding to do analyses of the First Nations Regional Health Survey. And so some -- again, some of the -- a lot of those findings I'll be also presenting today.

MR. STUART WUTTKE: All right. Thank you. Moving on to your related professional experiences, you -- I'd like to highlight a couple of your past roles.

You mentioned that you've done... ...work for the Truth and Reconciliation Commission?

DR. AMY BOMBAY: Yes. During my graduate studies, I worked with the TRC in developing their statement taking protocols, and I also worked at a -- as a statement gathering -- as a head statement gatherer at several of the TRC events.

MR. STUART WUTTKE: And, moving onto your section that you see under Publication, we note there are references to peer reviewed journals, peer reviewed reports and chapters, and peer reviewed conference papers. You have identified close to 30 peer reviewed publications and 17 non-peer reviewed works, can you provide us with some description of the significance
of peer reviewed research?

DR. AMY BOMBAY: Sure. In academia, you know, we go about our research. And, in general, before it gets accepted for publication in an academic journal, it needs to go through a peer review process by which your peers review it anonymously, and basically assess the scientific approach and the methodology to determine the findings are valid and reliable and should be published.

MR. STUART WUTTKE: Thank you. And, just to highlight some of your research in the past, I would like to focus on three papers that you have written. The first one is the twelfth research paper, and I believe it is about the fourth one down on the fourth page entitled — it is a 2017 paper with the Canadian Journal of Psychiatry on suicide ideation.

DR. AMY BOMBAY: Yes. That was a paper where we used data from the First Nations Regional Health Survey, to look at how having a parent who went to residential school was associated with suicidal ideation and attempts. And, specifically, we wanted to look at how having, not just a parent who went, but how having multiple generations in your family attend. So, we wanted to look at the cumulative effect of having a number of generations in their family attend.

And, we did find that having the more
generations in -- who attended residential school, the greater the risk for suicidal thoughts and attempts. And, I will be showing some -- a graph from that in my presentation.

MR. STUART WUTTKE: All right. Thank you.
And, halfway down the page, there is another study that was published in the Transcultural Psychiatry in 2014 dealing with intergenerational effects of Indian residential school implications.

DR. AMY BOMBAY: Yes. That paper was basically a review paper reviewing much of the evidence that was existing at that time. I think we probably wrote it in 2013. It usually takes about a year to get it published, so -- but at the time, it was a review of the research that has looked at the intergenerational effects of residential schools.

MR. STUART WUTTKE: And, the last published work is on the top of the fifth page, it is from the Aboriginal Healing Foundation.

DR. AMY BOMBAY: Yes. That was the report and study I had mentioned that I worked on during my post-doctoral fellowship, that was commissioned by the Aboriginal Healing Foundation that explored student-to-student abuse in residential schools.

MR. STUART WUTTKE: All right. Thank you.
And, can you briefly describe some of the work and collaboration you had with the Assembly of First Nations?

**DR. AMY BOMBAY:** In the past, I worked with the AFN in serving as an expert witness in the Human Rights Tribunal for child welfare. I have also helped them in some of their research in conducting the bio-monitoring study, looking at things -- contaminants in the water and how it is related to health outcomes. Those were my two major...

**MR. STUART WUTTKE:** All right. Thank you. And, finally, have you ever been an expert in a court or in any tribunal?

**DR. AMY BOMBAY:** So, with AFN, I was an expert witness in the Human Rights Tribunal on child welfare. I was also an expert witness for the parliamentary committee on Indigenous suicide.

**MR. STUART WUTTKE:** At this point, Chief Commissioner and Commissioners, we would like to have Dr. Bombay sworn in or acknowledged as an expert.

**CHIEF COMMISSIONER MARION BULLER:** At the beginning, you went way too quickly for me, Mr. Wuttke. The areas again, in which you want her qualified to give opinion evidence?

**MR. STUART WUTTKE:** Sure. It would be on -- so you will be put forward as a psychological expert on
the effects and transmission of stress and trauma on well-being, including the intergenerational and transmission of trauma among the offspring of Indian residential school survivors.

CHIEF COMMISSIONER MARION BULLER:
Certainly. We will mark the CV, redacted to exclude the e-mail address, as Exhibit 17. And, certainly, this witness has the requisite skills, knowledge and experience to give opinion evidence in the areas as set out by counsel. Thank you.

--- Exhibit 17:
CV of Dr. Amy Bombay (19 pages)

MR. STUART WUTTKE: Thank you. We will move into the main evidence being provided by Dr. Bombay. Just to provide a notation to the Commissioners, there are two copies of the PowerPoint. One was an earlier copy and that was circulated to the parties. We have also circulated an updated copy. So, the updated PowerPoint is actually Schedule H to Dr. Bombay’s list of materials and we would like to have that entered as an exhibit.

CHIEF COMMISSIONER MARION BULLER: The updated PowerPoint will be Exhibit 18, please. And, just for the ease of reference, it is at Tab H.

--- Exhibit 18:
Powerpoint of Dr. Amy Bombay
“Transgenerational Trauma and Resilience: Understanding the Root Causes of Contemporary Health and Social Disparities Facing Indigenous Peoples in Canada” (84 pages / slides)

MR. STUART WUTTKE: Yes. And then in Dr. Bombay’s upcoming testimony, she will refer to a number of research papers that she has conducted in the past. Rather than having them entered as exhibits later on, I would like to do it now, if it pleases you. So, the first one would be -- it is attached as Schedule C to Dr. Bombay’s materials, it is a 2018 paper on Suicidal thoughts and attempts in First Nation communities. We would like to have that as an exhibit.

CHIEF COMMISSIONER MARION BULLER: Exhibit 19 is Suicidal thoughts and attempts in First Nations communities: links to parental Indian residential school attendance across development from the Journal of Developmental Origins of Health and Disease by Dr. Bombay and others. And, I am just looking for the year. I am sorry, I do not see that.

--- Exhibit 19:

“Suicidal Thoughts and Attempts in First Nations Communities: Links to Parental Indian Residential School
Attendance across Development,” by Bombay et al in *Journal of Developmental Origins of Health and Disease*, article accepted May 6, 2018 (nine pages)

Counsel

**MR. STUART WUTTKE:** That is 2018.

**CHIEF COMMISSIONER MARION BULLER:** 2018, thank you.

**MR. STUART WUTTKE:** The next document will be Schedule D, 2014 paper entitled the Origins of Lateral Violence in Aboriginal Communities: A preliminary study on student-to-student abuse in residential schools, published by the Aboriginal Healing Foundation.

**CHIEF COMMISSIONER MARION BULLER:** Thank you. Yes, Exhibit 20 is Origins of Lateral Violence in Aboriginal Communities: A preliminary study of student-to-student abuse in residential schools, a report from the Aboriginal Healing Foundation by Dr. Bombay and others, 2014.

--- Exhibit 20:

“Origins of Lateral Violence in First Nations Communities : A Preliminary Study of Student-to-Student Abuse in Residential Schools” report for the
Aboriginal Healing Foundation by Amy Bombay, 2014 (210 pages)

MR. STUART WUTTKE: The next exhibit would be Schedule E, a 2014 publication entitled The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma, it was published in the Transcultural Psychiatry journal.

CHIEF COMMISSIONER MARION BULLER: Exhibit 21 is The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma, in Transcultural Psychiatry, 2014, by Dr. Bombay and others.

--- Exhibit 21:

“The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma” by Bombay, Matheson & Anisman in Transcultural Psychiatry, Volume 51(3) 2014, online version published May 22, 2014 (pp. 320-338)

MR. STUART WUTTKE: The next exhibit is Schedule F in the materials, a 2017 paper entitled, Suicide Ideation and Attempts among First Nation Peoples living On-Reserve in Canada: The Intergenerational and Cumulative Effects of Indian Residential Schools,
published in the Canadian Journal of Psychiatry.

CHIEF COMMISSIONER MARION BULLER: Yes.

Exhibit 22 is Suicide Ideation and Attempts among First Nation Peoples living On-Reserve in Canada: The Intergenerational and Cumulative Effects of Indian Residential Schools in the Canadian Journal of Psychiatry.

--- **Exhibit 22:**

“Suicide Ideation and Attempts among First Nations Peoples Living On-Reserve in Canada: The Intergenerational and Cumulative Effects of Indian Residential Schools,” by McQuaid, Bombay, Arilla McInnis, Humeny, Matheson & Anisman in The Canadian Journal of Psychiatry, 2017 (pp. 1-9)

MR. STUART WUTTKE: Thank you. And, the last exhibit would be listed as Schedule G, and it is the 2011 paper, The impact of stressors on second generation Indian Residential School survivors, that was published in the Transcultural Psychiatry journal.

CHIEF COMMISSIONER MARION BULLER: Exhibit 23 is The impact of stressors on second generation Indian Residential School survivors, by Dr. Bombay and others, in Transcultural Psychiatry, 2011.
--- Exhibit 23:

“The impact of stressors on second generation Indian residential school survivors,” by Bombay, Matheson & Anisman in Transcultural Psychiatry 48(4), 2011 (pp. 367–391)

MR. STUART WUTTKE: And, Dr. Bombay, in reference to the exhibits we just published, you were an author in all of these papers?

DR. AMY BOMBAY: Yes, that is correct.

MR. STUART WUTTKE: Before -- Dr. Bombay, before getting into the body of your opinion, can you explain your research approaches and the information data sources for your research?

DR. AMY BOMBAY: Sure. We have done a number of studies, so -- and we have used various approaches depending on the research question. Some of the research I will be presenting is of quantitative survey data. Some of that has been collected by ourselves by our research team. Other -- a lot of the time, we will be presenting data from the First Nations Regional Health Survey, which is the only nationally representative survey looking at health outcomes among First Nations living on-reserve.

And then we also do qualitative research,
including things like focus groups, and interviews, and sharing circles. And so, I will be also sharing some of our research -- some of our qualitative research of our narrative findings. Yes.

MR. STUART WUTTKE: All right, and thank you. And, before we get into the detailed content of your opinion, can you provide us with a summary of your opinions on the issue of intergenerational impacts?

DR. AMY BOMBAY: Yes. I think we have been working on this for over 10 years now, and there are a lot of others who have also contributed to this body of research. And, in general, there is consistent evidence showing that the children and grandchildren of those affected by residential schools are at risk for various negative mental, physical and social outcomes. At the same time, our research also demonstrates the enormous amount of resilience in those affected and showing that factors related to culture and cultural identity are particularly protective in buffering against those negative effects of residential schools and other aspects of colonization.

MR. STUART WUTTKE: All right. At this point, we will ask that Dr. Bombay’s PowerPoint be posted. So, moving on to your PowerPoint, I note that your evidence will focus in seven areas. The first one being
racism in Canada as root causes for health and social inequities.

**DR. AMY BOMBAY:** Next slide.

**MR. STUART WUTTKE:** Next slide? I just wonder if you can just delve into your PowerPoint.

**DR. AMY BOMBAY:** Sure. Next slide? So, this is the outline. I will be touching on kind of a number of different points. The first one focusing on just racism in Canada and the importance of understanding the root causes of the health and social inequities that exist today facing Indigenous peoples.

I will also be talking about our research that has looked at the long-term effects of residential school survivors who attended themselves. We also show some of those effects. We would be looking at some neuroscience research that was done in non-Indigenous populations who have undergone various childhood adversities to show the potential long-term effects of adverse childhood experiences.

I will then move on to talking about the long-term effects of Indian residential schools on the children and grandchildren of those who attended. Our research also looks at the pathways by which that happens, so I will also be talking at some of those pathways involved in the transmission of trauma and resilience
across generations.

We have kind of moved on to trying to look at linkages between residential schools and other aspects of colonization and historical trauma, so I will be touching on that. And, in ending with our evidence from our work, just emphasizing the importance of culture and cultural identity, and healing and wellness, and the inherent strength in that within communities. Okay, so I will go the next slide.

So, I guess I wanted to start with this. As you will see when I get into talking about our research, I wanted to explain that one of the main reasons that we do our work is so that people can understand the root causes of the health and social disparities that are facing Indigenous peoples today. Because without that understanding, people have a tendency to blame Aboriginal peoples for their social and health inequities and resist policies addressing them.

And, this has been shown -- this is research -- I am citing research from my colleague, Dr. Jeff Dennis, at McMaster University who has looked at different forms of racism in Canadian society, and he has identified this type of laissez-faire racism to be particularly prevalent. And, I think it is important to acknowledge the importance of understanding these root
causes. Next slide.

This is just a slide from research done in Winnipeg -- researchers who did work in Winnipeg looking at this type of -- different types of racism within the health care system. And, just to point out kind of what I mean, you know, the first quote is of a health care provider who said, “It was interesting you are targeting the Native population, because my first thought, to be honest with you, was that, 'Here we go again. We are going to do more for the Aboriginals again.' What about just doing it across the board for everyone? Why do we have to target these people so much?” So, obviously, that health care provider is not aware of the root causes of the health -- of colonization and of historical trauma. And so, just to show that, that, you know, these attitudes within people working in these systems have a big impact. Next slide.

We have also seen these types of attitudes in our former Prime Minister and politicians. We are currently seeing, perhaps, a rise in these types of attitudes. And then this also applies to understanding the issue of missing and murdered Indigenous women. This is a quote from our Prime Minister who said that “this issue isn’t a sociological phenomenon,” but that is completely against all evidence we have, and so I will be
talking about some of that evidence today. Next slide.

So, I just want to point out work by some of my colleagues talking about some of the factors that contribute to this issue. A lot of it has to do with racism in Canada and how that influences our systems, the justice system. This is a paper from Pamela Palmater, who -- this article seeks to highlight the lesser known problem of police involved racialized and sexual abuse and the violence against Indigenous women and girls as a root cause of the large numbers of murdered and missing Indigenous women and girls in Canada. Next slide.

So, there is that aspect to it. So, today, I am not going to be focusing on that aspect in terms of the sociological factors. I am more going to be looking at the sociological and -- factors related to violence and family violence, and just the intergenerational adverse childhood experience.

MR. STUART WUTTKE: Sorry, can you halt? I believe there is a problem with the translation.

DR. AMY BOMBAY: Okay. Absolutely. A bit nervous, thanks. So, today, I am going to be -- this is just from the Centre for Disease, Control and Preventations in the United States. Just one example of the many models of sociological, ecological models of violence that emphasize the social determinants of health and it
influencing violence. And, not only looking at individual factors, but relationship factors, community factors and these societal factors as well. Next slide.

This is just another example. This is a research review paper that look at longitudinal -- so, again, this is a non-Indigenous population looking at longitudinal predictors of domestic violence, perpetration and victimization. And, this summary kind of emphasizes the distal proximal risk factors, things like childhood abuse, family origin risks, behavioural problems and sociodemographic risks. And, the more proximal risks it identifies are behavioural problems in adolescence substance use, peer risks, adolescent abuse. And, in turn, we know that all of those factors are linked with victimization and perpetration in adulthood. Next.

And, just to emphasize that this research has done among non-Indigenous population. So, for Indigenous peoples, it is also layered with these various aspects of colonization that you put them at even further risk. Next slide.

So, I think one of the big, kind of, things that I want to emphasize is, you know, what we have all been saying here today and what was emphasized by Justice Murray Sinclair in the Truth and Reconciliation Commission is that Canadians must acknowledge that for generations,
their public schools have fed them misinformation about Aboriginal people and that we really need to learn about colonization in our history and how that contributes to the situation that we are -- some of the situations we are managing today. Next slide.

So, not only is it important for non-Indigenous peoples to learn about this history of colonization, but it is also important for us as Indigenous peoples and for our young people to understand why these -- you know, their families and communities are being affected. This was shared by a participant in our research that emphasizes the importance of learning about this.

He shared, “I found out when I was 27 that my father attended residential school. My sister told me. My father has never spoken to me about it. I read his court statements without his knowledge, and this is where I learned about the sexual, physical, emotional and cultural abuse he endured. I was deeply saddened, but it gave me an understanding of why my father behaves the way he does. It helped me understand the cycle of abuse, because, in turn, he abused my mother and I. He learned behaviours in residential school and could not cope, so he turned to alcohol, and so did I. But, at the moment, I am in treatment and dealing with these issues. I can break
the cycle.”

And, these are kind of a really good example of many of the stories, similar stories we heard about the importance of people learning about their family and community history and how that has often served as kind of a spark for healing and seeking out healing. Next slide.

For me, I’m Anishnaabe from Rainy River First Nations, but I grew up mostly in Ottawa. And, I remembered growing up wondering, you know, when I went downtown why there were so many Indigenous peoples on the street, wondering why things -- you know, my one side of the family had certain -- my grandmother had certain issues that I couldn’t understand. And, it was in my -- yet, growing up, I was -- my family really emphasized cultural pride, but we didn’t talk very much about history.

And, it was in my undergrad -- in high school, my mother encouraged me to do a project on residential schools, and that was the first time I really learned about it. And, for me, it was like a lightbulb went off in explaining many of the things, you know, that I had been thinking about growing up. And, in university, I came across Dr. Maria Yellow Horse Brave Heart who coined the term “historical trauma”. And, again, for me,
that kind of really explained a lot of things. And, she
described that -- defined that as the cumulative,
emotional and psychological wounding over the lifespan and
across generations, emanating from massive group trauma.

And, as some of our former speakers have
also raised this concept, some of the important things
about it is that -- kind of the defining kind of concepts
around historical trauma, that it affects a large
proportion of the population. A key one is to emphasize
the cumulative effects that were transferred across
generations, and that it interacts with contemporary
stressors and aspects of colonization like racism.

And so, this really kind of resonated with
me and we kind of sought out to conduct research to help
people understand these effects better. Next slide.

MR. STUART WUTTKE: So, we’ve touched upon
that first part. The second part of the presentation
deals with the long-term effects of Indian residential
schools on former students. Can you please continue?

DR. AMY BOMBAY: Next slide, please. So,
basically, I think what a lot of people who kind of have
those laissez-faire attitudes, like, racist attitudes, are
missing that historical piece: so, the Indian Act
relocations, the Indian residential school systems, the
Sixties Scoop. So, I wanted to emphasize that all of
these things contribute to negative outcomes together, but our research has focused just specifically on looking at some of the long-term outcomes of the residential school system.

And, other research before us had already provided evidence showing that residential school survivors are more likely to suffer various physical and mental health problems compared to those who didn’t attend.

At the bottom is some more recent research, again, from that First Nations Regional Health Survey. In the most recent surveys, we still show that residential school survivors today are more likely to report higher levels of psychological distress, poorer self-rated health and being more likely to be diagnosed with various chronic health conditions.

**MR. STUART WUTTKE:** Dr. Bombay, you mentioned the Regional Health Survey. Can you please describe what that is?

**DR. AMY BOMBAY:** Yes. So, the first -- the RHS there, it’s the First Nations Regional Health Survey, and it’s the only nationally representative survey looking at health and social outcomes among First Nations children, adults and youth living on reserve. And, it’s kind of run by the First Nations Information Governance
Centre, which is a First Nations run organization. They have a national steering committee, and they work with regional communities who collect those data, and their own communities across Canada. And, it’s probably, yeah, one of our most reliable data sources for First Nations on reserve. Next slide.

So, again, this is from the most recent Regional Health Survey in 2015 and 2016, and this is just to emphasize the numerous childhood adversities that children who went to residential school were exposed to. And, I’d like to also point out that this question was asking survivors about these different experiences, and if they felt these experiences had a negative impact on them. So, it’s not actually the proportions who experienced it, it’s only if they said yes if they felt it had a negative impact. So, it’s kind of an underestimation of the experience of these things.

But, we see that, you know 80 percent perceive negative impacts associated with isolation from violence, 70 percent verbal or emotional abuse, 70 percent loss of cultural identity, physical abuse, harsh discipline, and you can see a number of these adverse childhood experiences that were very common in residential school. Next slide.

This is the same kind of question that was
asked to residential school survivors in the previous Regional Health Survey, and I just wanted to show it again, because in this graph, we differentiated between those who spent zero to two years there versus three or more years, and just showing that the longer that residential school survivors spent there, the more negative impacts they perceived from all of these different experiences. Next slide.

So, here, I’m going to be talking about the research that has been done in non-Indigenous populations, emphasizing also the negative effects of childhood adversities. And, one of the largest, kind of the biggest landmark studies that have provided a lot of information in relation to this was the Adverse Childhood Experiences Study in the United States in which they asked middle-class and middle-aged Americans about 10 different adverse childhood experiences before -- that they would have experienced before the age of 18. And, they found that 1) the amount of childhood adversities are extremely prevalent in the general population, and that the more number of childhood adversities that you’re exposed to, the more likelihood you are at risk for various health and social outcomes. And, graded relationships have been found between the number of adversities and negative outcomes in adulthood in a range to a number of various
health and social outcomes. Next slide.

These are just a list of the research that has been done in relation to physical and mental health outcomes. So, adverse childhood experiences have been linked with depression, suicide attempts, heart disease, liver disease. It’s also associated with various social and behavioural outcomes, including risk for perpetration and for victimization of intimate partner violence, as well as a number of -- kind of any outcome you can think of, negative one, you can probably link it to childhood adversities. Next slide.

Again, this is research summarizing work in the non-Indigenous population, just emphasizing that the previous slide I was showing adult outcomes associated with childhood adversity, and this is research emphasizing that the effects of childhood adversities can begin to start to manifest themselves right then in childhood. And, that in addition to being linked with various mental and physical health outcomes, it’s linked with aggression, anger, inter-personal violence, and that increasing exposure is also associated with a range of symptoms. Yes, so next slide, please.

So, here, I just wanted to talk a little bit about some of the research questions that we addressed in our research project with the Aboriginal Healing
Foundation in looking at student-to-student abuse in residential schools. And, basically, this study came about because survivors were coming to them saying that they felt that this was an issue that needed to be talked about that hadn't been talked a lot about, and that -- in the past. And at the time, there was some news articles coming out about reports of student to student abuse in the independent assessment process and the Truth and Reconciliation Commission.

And some of the -- the way it was kind of discussed in the media was that this was surprising or unexpected, but what our research really showed was that those outcomes of student to student abuse is actually an expected outcome when you put children in the context of something like the residential schools. And so that's kind of what I'll be talking about.

And to do this study, we decided -- because it hadn't been a topic that had been discussed a lot, we decided to talk to -- to not talk with survivors right away about it, and we instead decided to talk to service providers. We talked to 43 health service providers who had worked extensively with communities affected by residential schools or with residential school survivors and their children.

Two of the questions that we wanted to
address, and I'll talk about right now, was looking at the
type and prevalence of student to student abuse and the
factors that contributed to student to student abuse in
residential school.

Next slide.

And in relation to the nature and
classifications, the service providers basically said --
about 80 percent said that they heard reports of student
to student abuse from clients, and many revealed it was
equally likely to be raised than it was staff to student
abuse. The physical and emotional abuse was described in
the context of kind of daily bullying, and sexual abuse
between students was described as occurring less often,
but that it wasn't too uncommon.

Next slide.

And I'd also just like to again emphasize,
using research in non-Indigenous populations, and these
are reviews. The first one on the left is a review
looking at bullying and peer violence among children and
adolescents in residential care settings. And so this
study reviewed a number of studies looking at this and
determined that bullying and peer violence among
institutionalized children are widespread phenomena; peer
hierarchies are associated with bullying and peer
violence; poor social bond with professionals and anti-
(indiscernible) culture, increased bullying and peer violence; and polyvictimization increases risk for behavioural and psychological problems.

In the paper on the right, it's more focused on sexual abuse in residential care settings, and again, it also emphasizes that histories of sexual abuse are very pervasive in these institutional settings.

Next slide. Next slide, please.

**MR. STUART WUTTKE:** So moving onto your third -- oh. Sorry. Put on the next slide. There you go.

**DR. AMY BOMBAY:** Well, I guess I'm still going on this.

**MR. STUART WUTTKE:** Yeah.

**DR. AMY BOMBAY:** Okay.

So our next question within this study was looking at the contributing factors. And so we heard a lot of stories from service providers who described that their clients talked about the -- being removed from their communities and their traditional teachings. And so, Step 1, you know, they isolated children from their normal socialization processes.

Next. Next, please.

They then also with -- created punitive and deprived living conditions in residential schools. So we
heard stories of arbitrary unpredictable sexual,
emotional, and physical abuse; stories of using
humiliation and denigration of cultural values and
explicit racism; deprivation of food, clothing basics, so
severe neglect. So we heard all of these things. And we
know from, again, the non-Indigenous literature that all
of these factors are associated with aggression and acting
out in children.

    Next, please.

The service providers also emphasized the
lack of safety and powerlessness in residential schools.
One service provider described when they saw the staff
physically abusing another student, at first, they would
tell other staff, but then nothing would happen so they
had no one to tell. So they would just stop trying to
tell other people. They would go to the head of the
school and they were told that they were lying and that it
was not true and that the staff wouldn't do that. A lot
of them were told that when they tried to tell someone
about it. So we heard, you know, a lot of just this
constant lack of safety and powerlessness among these
children at residential school.

    Next slide.

    So the next kind of part of it was actually
fostering aggression -- factors that fostered aggression
between children at residential school. Part of this was taking away the protective factors of having a positive cultural identity that they felt proud of through explicit cultural shaming and racism.

Next.

We also heard stories of how those who worked at residential schools actually encouraged aggression between students in some cases and that there was a division between those perpetrators who were often tied to residential school staff and the victims. This -- one service provider was quoted as saying:

"Because of the restrictive and abusive environments in the schools, the kids were often forced to identify with their aggressors and displace -- and release their hurt and anger on their younger and weaker peers. They would hit them or steal their stuff so they could feel like they were in control of something." (As read)

Next slide.

Other service providers emphasized how the conditions in residential schools and the number of adversities that children were exposed to constitutes complex trauma, and they emphasized how one of the outcomes of complex trauma is re-enacting their traumatic events. They described:

"Young children were processing a traumatic event, they
process information by playing it out and re-acting it.
So with young kids that are abused, the percentage of
re-enacting on other students is very high. It was common
in residential school, and I think it was typically a
traumatic re-enactment. This is how children react to
trauma." (As read)

Next slide.

Another big thing was -- that was
emphasized was the modelling and normalization of abuse
within residential schools. I'll just read one of these
quotes, who described that:
"Being chronically abused at a young age tends to make
people think that it's normal. I think that some men
simply thought, 'Well, that is what you do with people',,
and this effect is amplified when witnessing of student
abuse was part of the normal childhood experience in
residential schools." (As read)

Next slide, please.

We also heard stories where children were
actually taught or encouraged by students to abuse other
students at residential school. Several shared stories
about how staff gave the student abuser permission to
handle or deal with children in any way to maintain
control over the student. Another described how some were
given encouragement by staff to ask -- to act as
enforcers. This is described both in relation to bullying, as well as to sexual abuse. For example, one counsellor described how kids were taught in residential school that in the absence of having loving and caring parents you can substitute it for sexual things with each other, and that this was condoned or even taught to them at school.

Okay. Next slide.

Lastly, and part of this process, after generations of children were -- experienced these -- this residential school context, children went back to their community with neither traditional skills nor access to dominant group resources. Victims and perpetrators were sent back to the same communities, and the effects of trauma and altered social norms also contributed to ongoing these cycles that were catalyzed in residential schools.

Next slide.

So just to emphasize, because this happened over generations children then were going to school after having their parent gone to residential school. And so this was just emphasizing the inter -- how this happened over generations of children going to residential school coming back into the community, and I think slowly over time those social norms would have changed more and more
as time went on.

Next slide.

This is -- we also -- in terms of looking at some of the unique consequences of student to student abuse, versus just being abused by staff, we found that they reported that it seemed to have a particular effect on trust and social relationships within the community, and that was a unique effect of the abuse by other students. Next slide.

Again, in terms of looking at -- one of the research questions was looking at the effects on survivors who actually perpetrated abuse within residential school. And, many of the service providers emphasized how this contributed to the normalization of abuse. One person said they were taught that in school -- they were taught that in the school, but they didn’t really believe what they said, because they were being abused by the staff at the same time. Now, they are out of school and are being apprehended for the very same behaviours as the staff did. It was very difficult for them. They didn’t understand why that happened to them. Next slide.

In terms of the effects on survivors who were perpetrators, service providers also emphasized that for many of them that they were the ones who contributed to continue perpetration of abuse in communities. One
said that some men simply thought that, well, this is what you do with people. We have a pool of older men who were mistreated as children, grew up as teens doing the same thing to other kids in residential school, and now they have become abusers. Next.

So, I think it is clear the negative experiences of residential school survivors -- and this is just to look at the proportion of the First Nations population living on today who actually attended residential school themselves from the most recent Regional Health Survey. If we look at the total sample of adults, it is about 15 percent. But, if we look at the older age groups, for example those 60 or older, we see that it is about 40 percent. So, it is a large proportion of the population. We still have many survivors alive today who are in need of continued healing. Next slide.

This is just to emphasize -- this is the same thing, looking at different age groups, the proportion of adults who attended residential school, but just looking at the past two Regional Health Surveys just to show that the number of survivors hasn’t actually decreased that much in the past 20 years. So, again, emphasizing the continued need for healing. Next slide.

Again, this is another graph showing the proportion of various Indigenous populations who attended
residential school. So, on the left-hand side, it is, again, focusing on First Nations on-reserve, but the rest of them are looking at using data from the Aboriginal People Survey, which is focused on Indigenous peoples living off-reserve. And, if you look at the status, First Nations and the Inuit populations, we see it is not far off from the number of -- the proportion living on reserve. It is slightly less in non-status First Nations and Métis, but they were also affected. Next slide.

MR. STUART WUTTKE: So, this will bring us to the third part of your presentation. You are going to be dealing with some issues with respect to studies that happened on non-Indigenous populations and negative effects of -- on early life adversity, you know, on both the brain and how it has manifested in psychological and physical health. If you can continue?

DR. AMY BOMBAY: Next slide, please? So, basically, you know, we -- I think we all know stress is bad. It is not meant to always be bad. It is meant to allow us to respond to things in our environment. But, when it becomes way too much to handle, it causes our body systems to kind of break down and puts us at risk for various health conditions. And so, we refer to that as an allostatic load when you have so many stressors that your body can’t handle that. Next slide.
And, we know that cumulative adversity is particularly likely to have negative and long-term consequences if it happens early in life. And, the earlier in the life, the more -- the greater the risk. We know that cumulative or chronic exposure to adverse childhood experiences may lead to allostatic overload causing neurobiological responses to become pathogenic rather than protective. So, basically, again, just saying how too much stress can cause systems to not function properly. Next slide.

This graph -- or that picture is from a study that was done among children raised in Romanian orphanages in the 1980’s and ’90s. And, it is depicting on the left the brain of someone who did not spend their time growing up in this orphanage. And, the one on the right is showing a brain of a person who was taken as a baby and put into an orphanage. And, this is a PET scan which just shows different activities in different brain regions.

And, you see in the abused brain who spent time in the orphanage from an early age certain parts of their brain aren’t functioning in the same way as those who had -- or did not have that negative experience growing up. And then I just have some other research, kind of, articles that have -- that we know that this is
the case, and there has been so much research in non-Indigenous populations looking at this.

MR. STUART WUTTKE: Dr. Bombay, the contrast between the two brains, the PET scans, is quite striking. As far as someone that has been in an abusive relationship, like on the right side, what are the long-term impacts that that would have on the child?

DR. AMY BOMBAY: So, it really -- for a child who is taken from an early age, it can have a range of negative outcomes that I showed earlier. Any type of health and social outcomes, cognitive outcomes, we know that that is associated with childhood adversity and is associated with -- and this is kind of a picture of what is happening in the brain to show that.

MR. STUART WUTTKE: And, if -- what are the long-term effects, especially if the child stays in that environment and goes into adulthood? Can they basically be cured later on?

DR. AMY BOMBAY: That is -- in some cases. You know, that is why we emphasize the earlier the intervention, the better. I think it is hard to say. I think we know that there are long-term consequences that in some cases certain factors can be protected, but in some cases not always and we can’t always completely repair the damage done early in life. Next slide.
MR. STUART WUTTKE: So, that brings us to the next section of your presentation that deals with the impacts of former students and what impact it has on their children and families.

DR. AMY BOMBAY: Next slide? This is using data from the First Nations Regional Health Survey, and this is where we really wanted to start looking at the effects not only survivors, but on their children and grandchildren. So, on the left, you see -- so it is depicting the proportion of adults who are reporting moderate or high levels of psychological distress. And, when I say "psychological distress", it was a score of people’s ratings on 10 items assessing symptoms of anxiety and depression.

And so, we compared those from the Regional Health Survey to the non-Indigenous population on the left. And, the four groups on the right, we split those who took part in the Regional Healthy Survey into those who were not affected by residential schools, those who attended residential school themselves, those who had at least one parent who went to residential school and those who had at least one grandparent who went to residential school. And, we show that those who either went to residential school or had a parent or grandparent were at the greatest risk compared to those First Nations adults.
who did not attend.

But, even still, in those not affected by residential schools, we still see higher levels of distress compared to the non-Indigenous population. And, I will get to that a bit later, but it is because of other aspects of colonization and the collective effects we see in communities. Next slide, please.

I am not going to spend too much time just showing, kind of, the same effects, but in relation to different health outcomes. This is looking at the proportion of adults and youth reported seriously considering suicide at some point in their life. And, again, in adults and youth, we see that having a parent and a grandparent puts them at risk for reporting suicidal thoughts. Next slide?

And, this is another set of analyses we did with the 2008 and 2010 First Nations Regional Health Survey, and we wanted to look at how some of these effects might vary among male and female youth, and among younger and older youth. When we looked at the total sample of youth, we found, again, parent -- having a parent who went to residential school was related to suicidal thoughts. But, when we broke it down by male -- by gender, we found that it was females who we are really seeing these intergenerational effects in relation to suicidal
ideation. Whereas for the males, it wasn’t nearly as strong.

Another thing was that we are -- the effects -- the intergenerational effects seem to be particularly pronounced in the younger age group leading us to wonder whether there is something about intergenerational trauma and early onset of these symptoms, and really just emphasizing the importance of intervening very early in life and as early as possible. Next slide.

Again, this is just looking at other outcomes, the same comparisons between those not affected, having a grandparent who attended, at least one parent who attended in relation to binge drinking, cannabis use and use of other non-prescription drugs, and again we see these very strong effects of familial residential school attendance. Next slide.

Again, I always just want to emphasize, this is not just the case in Indigenous peoples, there is a growing literature that has established in other groups, like the Holocaust and other groups affected by major collective traumas, that these transgenerational effects are real. And, we have also seen that in relation to the intergenerational transmission of violence in non-Indigenous populations. Next slide.
Another thing -- and this was relating back to that concept of historical trauma which emphasizes the cumulative effects of historical trauma across generations. And so, we used the regional health survey and compared those, again, who were not affected by residential school, so they did not attend or did not have a parent or grandparent who attended; we compared them to those with a parent or a grandparent, so one previous generation who attended; and to a third group who reported that their parent and their grandparent attended, so they had two previous generations in their family that attended. And, we found that those who had more generations in their family who attended residential school were more likely to report psychological distress. Next slide.

We found those same cumulative patterns again in relation to suicidal ideation and attempts. Such that the more generations who attended, the greater the risk. Next slide.

Again, speaking to the proportion of the population that has been affected. When we looked at the proportion of First Nations children, youth and adults who either attended residential school or had a parent or grandparent attended, we found that in the most recent survey was about three-quarters of the First Nations
population on-reserve who had been intergenerationally or
directly affected, and that this has not changed very much
over the past 20 years, again emphasizing the need for
continued resources for healing and wellness. Next slide.

MR. STUART WUTTKE: So, this brings us to
your fifth heading under your presentation, dealing with
the intergenerational effects of residential schools.

DR. AMY BOMBAY: So, yes, this -- a lot of
our research focus not only on looking at the outcomes,
but trying to understand the pathways involved. So, when
it says, mediator variable, so that is just talking about
-- we are using our statistical techniques to find what
seemed to be the pathways between having that family
history of residential school attendance and any kind of
health or social outcome. Next slide.

So, the first, I think, most obvious thing
we looked at was at adverse childhood experiences in the
children of residential school survivors. And, as
expected, we found that those who had at least one parent
who went to residential school were more likely to report
exposure to those same childhood adversity categories that
the adverse childhood experiences study used in the U.S.
And, we found that those with at least one parent who
attended experienced on average of five childhood
adversities; those with no parent reported an average of
three. And, when we looked at the childhood adversity study in the U.S., the mean was still lower than three, it was about two, so again emphasizing it is still likely higher than the non-Indigenous population, even among those not affected. Next slide.

This is just to emphasize that we are not the only ones doing this work, and that there are other researchers who are also showing similar findings in relation to the links between -- sorry, the greater exposure to adverse childhood experiences among those affected by residential schools. Next slide.

We also wondered whether those affected by residential schools were more likely to experience traumas not only in childhood, but throughout their lifetime. And, this is based on research showing stress proliferation, how stress in one area of your life or early in life can put you at risk for encountering more and more stressors. And, again, we found that those who had a parent who went to residential school reported more traumatic experiences throughout their lifetime, and this was also found by other researchers as well. Next slide.

Again, just -- this is just, kind of, various research showing the links between childhood experiences and adult partner violence in adulthood in non-Indigenous populations. And so, it is very well
established, those links. Next slide.

We also wondered about racism and perceptions of discrimination, and how that might contribute to the increased risk for depressive symptoms in those affected by residential schools, and we did find that those with a parent who went to residential school were more likely to perceive discrimination from non-Indigenous peoples. Next slide.

So, when we did our, kind of, fancy mediation statistical analyses, we found that having a parent who went to residential school was linked with more adverse childhood experiences, which in turn put them at risk for continuing to experience traumas in adulthood and also put them at risk for perceiving higher levels of discrimination. And, in turn, all three of these experiences were accounted for the differences in depressive symptoms between those affected by residential schools and not. Next slide. Next. And, next. And, next slide.

So, in addition to encountering more stressors, we also found that children of survivors seemed to be more vulnerable to their effects in relation to their mental health. So, I will explain the graph on the left that looks at the relationship between adverse childhood experiences and depressive symptoms, and we
compared that relationship between those who had a parent
who went to residential school, so that was the solid line
to those not affected, which is the dotted line. And, we
see that those with that family history were -- when they
experienced childhood adversity, their depressive symptoms
shot up much higher compared to those not affected.

And, just on the right is a graph that was
done by other researchers in the context of the Holocaust,
and they showed kind of a similar pattern showing that
when those with a Holocaust background were exposed to a
stressor of being diagnosed with cancer, their depressive
symptoms shot up more compared to Jewish adults without
that Holocaust background. Next slide. And, just to show
we saw that same pattern in relation to number of traumas
experienced in adulthood and in relation to perceived
discrimination. Next slide.

Another thing we wanted to look at was
communication between -- within families about the
residential school system and learning about residential
schools and how that might have contributed, and not
learning about it. So, here, we asked a sample of 99
children of survivors and we asked them how old were they
when they first learned that their parents went to
residential school, and about a third said they learned
about it in childhood, and another third said they learned
in adolescence, and the remaining third said that they did not learn that their parents actually attended residential school until they were adults. Next slide.

We also heard that this was really significant for a lot of people, and that despite not really knowing what residential school was or that their parent attended, they could pick up on trauma and non-verbal communication around their parents’ experience that affected them. This person described it, “I do not think my parents ever really talked about it while I was growing up. My older siblings would talk about residential school and how our grandfather and father attended, though I never really heard any details until early adulthood. I think at some point as a child, I understood my father acted in such a way with us, emotional harsh punishments, due to his upbringing and I had some vague idea that it related to residential school. I do not think I truly understood how large of an impact it has had on my life until the last six to seven years.” Next slide.

We also heard about over sharing and that was also not a good thing. And so, one of our papers, we emphasized it is important to teach children about this history while also emphasizing their cultural pride and not -- and dealing with it in an age appropriate manner and not being -- overemphasizing too much trauma. One of
the negative outcomes that people shared a lot was that
this experienced impacted how they felt about their
cultural identity. This person shared that their mother
was taught to be ashamed of their Aboriginal identity, and
this caused them to struggle for some sense of belonging.
She even talked down about Aboriginal people because of
their misfortunates. And, as a kid, I remember being
ashamed when my mother came to school because I was often
called names such as “wagon burner” and “savage”. Today,
I’m so ashamed of the shame I experienced as a child, and
I’m so angry that my parents never taught me to be proud
of who I was.” Next slide.

And, again, I’d like to emphasize, of
course, not everyone who takes part in our studies are
struggling. Many people have demonstrated extreme
adversity, despite their experiences, and we often found
that it was those who shared stories of holding onto their
traditions and their identity and their pride growing up
were the ones who were more likely to not report these
negative outcomes.

This person shared, “I think my mom showed
me more than she told me. She’s very traditional and has
practised our culture in front of me when she could. My
mother remained a very traditional woman and has
maintained her language. My mother has always been a very
proud Native woman.” Next slide.

So, again, I want to come back to our study that we did on student-to-student abuse, because another research question within that report was looking at some of the collective effects. So, a lot of our research looks at these individual effects on individuals, but service providers emphasized that it’s larger than that, and it affects communities at a collective level. Next slide.

And, one of the kind of main collective outcomes that was identified by service providers of student-to-student abuse in residential schools specifically was silence regarding residential school experiences and silence regarding some of the consequences of residential school, including things like violence and abuse that are happening in communities.

This person shared, “It’s not been safe for people to make these kinds of disclosures in their own families and communities for fear of being ostracized and being told that they are lying and to stop making trouble.” So, that, again, sounds very familiar to how the students felt in residential school, and that when they went back to their communities, they felt the same way, and a lot of women today, we heard, are feeling that same way, that they have no one they can go to.
Another person described how they wouldn’t name the person because they were afraid of retaliation, because their abusers are now in leadership positions or in a head of a program that the individual happens to use. So, again, emphasizing the need for safe places for people to talk about these things.

Another collective effect that was identified was the effects on community violence and childhood abuse. This service provider said, “I think what is important to ask is how many abusers being students went home into communities thinking that because they were allowed to at residential school that they could continue abusing their loved ones at home, and how this cycle of hurting one another has been passed on for generations.”

The other collective effect that was identified was specifically on community relations and on this notion of lateral violence. This person described, “It was part of the systematic way that people in power used to teach us. They were abusers and they had to make sure we also knew how to be abusers, not only of other people, but to have hatred against ourselves. Abuse begat more abuse, and bullying was only one form of it, and today, we see this in First Nations schools.”

**MR. STUART WUTTKE:** Dr. Bombay, I would
like you to touch upon the proportion issue. For instance, not all First Nations children went to Indian residential schools. How did the communities become so impacted?

DR. AMY BOMBAY: Right. So, I think for a lot of communities, it was a majority. But, even for those who managed to, you know, not go, they were affected by these collective effects. You know, they were affected by these abusers coming back into their community, by the lack of continued promotion of traditional teachings and approaches that would, you know, teach people not to do this. And, there was also this, you know, altered social norms around whether it’s okay to talk about this. I think one of the norms was that silence is the only thing that you can do. And so, that really encourages people not to talk about this, and for that to be -- and for abuse just to be thought of as something that’s normal.

MR. STUART WUTTKE: Thank you.

DR. AMY BOMBAY: And, again, just to emphasize, this is not a phenomenon that only exists within Indigenous communities. I think it’s particularly pronounced because of the unique aspects of colonization. But, we do see in a number of different oppressed groups these same effects in terms of really kind of leading to internalized depression and lateral violence between
members within that group. Next slide.

MR. STUART WUTTKE: So, we’re moving onto
the sixth heading of your presentation dealing with
historical trauma. Please continue.

DR. AMY BOMBAY: So, another question that
was brought to us that a lot of -- in presenting our work
that was brought to us by communities and organizations
was looking at the link between residential schools and
the Sixties Scoop, and ongoing removal of children from
their homes.

This is a quote from Dr. Laurence Kiramyer,
his report on Indigenous suicide, and him and his
colleagues wrote that, “Many have argued that the child
welfare system through its large-scale removal of
Aboriginal children from their families, cultures and
communities,” he considered a continuation of the policies
of forced assimilation of the residential school system.
And so, we wanted to look at our research, if we could
show that. So, next slide.

And so, this is actually data. Because the
First Nations Regional Health Survey currently doesn’t ask
about experiences in the child welfare system, which we’re
currently working with them. I think they are going to
include that in the next one, but we collect -- so, we
ended up collecting our own data with Indigenous peoples
living across Canada.

And, we found that, again, having a parent who went to residential school was linked with more reports of cumulative exposure to various childhood adversities, and we found that that, in turn, kind of was a pathway leading to people being more likely to have spent time in foster care.

So, we did find that those with a parent who went to residential school were more likely to spend time in foster care, and that those adverse childhood experiences were a key factor in that cycle across generations. Next slide.

Again, to emphasize that residential schools was not the only harmful aspect of colonization, this is the work of my colleagues Dr. Melissa Walls and Les Whitbeck. Their research is with Anishinaabe in the U.S. and Canada, and they’ve done work looking at the intergenerational effects of relocation policies on Indigenous communities. And, like our work, they’ve showed that having a familial relocation experience was linked with problems in their grandparents, in their parents, and, in turn, affected the depressive symptoms and delinquency in youth.

MR. STUART WUTTKE: Dr. Bombay, on this issue, with respect to the impacts of children that were
taken away in the Sixties Scoop, also current child welfare, do you see -- in your opinion, are those children likely to have the same impacts or outcomes as those that attended residential schools?

**DR. AMY BOMBAY:** I think that for those in the Sixties Scoop who were in homes that were not -- you know, a lot of Sixties Scoop survivors do describe having similar experiences of children in residential schools. And, certainly, for those who experienced a lot of those same adverse early life experiences, we would expect the same similar or negative health outcomes with some different, kind of, probably, flavours to it, but, generally, would absolutely expect more risk for health and social outcomes.

**MR. STUART WUTTKE:** Thank you. So, we’re moving on to the last section of your presentation, and really, you described how former students, their families and communities were affected by Indian residential schools, also in some ways the Sixties Scoop and child welfare, and what those long-term impacts are. Do you have any recommendations, what can be done to stop this cycle from occurring in the future?

**DR. AMY BOMBAY:** Yes. I think from what our research has shown, a couple of things. We need to intervene at various points across development, and a lot
-- and those interventions need to be rooted in local
traditions and cultures and community contexts, because
these are different across the country for different
Indigenous populations.

But, in general, much of our work has shown
the importance of a positive cultural identity and
opportunities to re-engage with culture as a particularly
effective approach for those affected by various aspects
of colonization.

MR. STUART WUTTKE: Thank you.

DR. AMY BOMBAY: And so, that’s kind of
what this last couple of slides are about, is just
focusing on the research that has emphasized the
importance of culture. This is just some work. We
recently did a literature review in which we showed that
those affected by residential schools are more often
likely to draw on Indigenous healing practices and that
residential school survivors were more -- were likely to
report that that was one of the most important things in
their healing journeys. And a lot of that work was --
that was reviewed was from the Aboriginal Healing
Foundation and looking at people who were involved in
their Aboriginal Healing Foundation programming.

Next slide.

Again, I already read this quote, so I
won't say it again, but just research emphasizing the
importance of understanding the historical context, and
again, why the health and social experiences that we see
today do exist, and emphasizing that once we can identify
these things we can break these cycles. So it's about
understanding first.

We also -- our research has really
emphasized trying to emphasize the importance of cultural
pride. Here, we looked at in the graph the relationship
between perceptions of discrimination and depressive
symptoms in Indigenous adults, and we found strong
relationships. But when we separated them between those
who reported high cultural pride, which was those in that
pink dotted line, and we compared them to those with low
cultural pride, who are represented by that blue solid
line, we see that those who had high cultural pride were
buffered against these negative effects of discrimination
in relation to their depressive symptoms, so they could
kind of brush it off. Whereas those without that cultural
pride were very much affected in terms of the depressive
symptoms when they reported perceived discrimination.

And we also heard this in the stories of
many -- of people who took part in our research. This is
just one quote of a woman who shared:
"I was ashamed growing up, but I've since reclaimed my
identity. Now that I'm on my own, I have more pride and
I'm learning to love my identity. I gave my son a
traditional Ojibwe name and I vow to raise him to be proud
of who he is." (As read)

Next slide.

And again, just to emphasize the resilience
and the healing that's happening in communities, you know,
we are -- there is a lot of good work going on that we
need to keep supporting. This is from the First Nations
Regional Health Survey, again looking at some positive
outcomes. So this is the proportion of adults, youth and
children who reported taking part in culture -- community
cultural events at least sometimes or almost always versus
never or rarely. And we found that -- those -- with
survivors, those who had a parent who went to residential
school, and for children and youth, those with a
grandparent who went to residential school were more
likely to report participating in these cultural
activities. And again, we are kind of assuming that
that's a way for them to reconnect with culture and heal
from their experiences.

Next slide.

Again, we found just the same findings in
relation to First Nations adults reporting whether or not
they felt like they belonged in their community. And
again, it was those who were actually affected by residential schools who reported stronger feelings of belonging in their community.

Next slide.

Right. So -- yeah. That was my last slide, and so I wanted to just emphasize that, you know, while there is a lot of work to do, I think we know a lot of the things that are helpful. Right now, in the past, we had the Aboriginal Healing Foundation which evaluations showed was a really effective way to allow communities to come up with their own ways to address their unique contexts and needs, yet it closed in 2014 and there has been nothing to replace it. And so there's a huge gap in allow -- in providing resources to communities to learn about the history and to find ways for their community to draw on their traditions to find ways forward.

So I think -- I really want to emphasize the continued need, the continued need for resources, and the continued need for resources specifically for things that promote culture and positive cultural identities.

Thank you.

MR. STUART WUTTKE: All right. Thank you, Dr. Bombay. And that concludes our examination in-chief.

MS. MEREDITH PORTER: Thank you.

At this time, I'm going to suggest that we
take a break so that we can complete the verification
process for the cross-examination of the witnesses that
have provided their testimony up until now. So I will
request that we adjourn for 15 minutes. That's what I'm
told is the period of time that it will take to complete
that verification process.

And I'll ask, and of course on your
direction, Chief Commissioner, that the parties attend the
parties with standing room on the upper level and complete
that process with Commission counsel who are in attendance
there. And if we do take a 15-minute break, that brings
us back shortly before 4:00, at which time we can commence
the process of cross-examination.

CHIEF COMMISSIONER MARION BULLER: Okay.
Fifteen (15) minutes please.

MS. MEREDITH PORTER: Thanks very much.

And just before we do adjourn, I do want to
remind that at this point in time the rules of procedure
sort of reverts the obligation for the parties with
standing not to converse with the witnesses now on counsel
not to discuss elements of the evidence with the witnesses
until the completion of the cross-examination. Thanks
very much.

--- Upon recessing at 3:36 p.m./L'audience est suspendue à
15h36
--- Upon resuming at 16:08

MS. MEREDITH PORTER: Okay, thank you. So, we are going to begin the process of cross-examining the witnesses. And, I just wanted to explain very briefly before we get started how the clock over here between the monitors works just for those of you who have not engaged in a process of cross-examination in the Inquiry to date.

The period of time -- I will introduce the parties up to either one of the two podiums here at the front of the room. You are more than welcome to go to either one, and -- in order to pose your questions to the witnesses.

Before you begin your questioning, the clock between the monitors will read the maximum amount of time that you have been allotted for your cross-examination. For example, if you are allowed 13-and-a-half minutes for cross-examination, the clock will read 13-and-a-half minutes, and it will count down from 13-and-a-half minutes to zero, and you will note that the light at the top, the green light, will be on.

Once you reach zero, once the time is done, I will let you know. But, as the witness -- if the witness is still finishing -- giving the answer to whatever the last question was, it may go beyond zero, and then the clock starts to count up again, but the red light
will be on.

And, what it does, it starts to count up, and it will may seem like you actually have time left, that, with the red light on, the amount of time, is actually the amount of time you have gone beyond your allotted time for cross-examination. So, although it may seem like you have time left, if the red light is on, your time is actually ended just so you know, because it can be a bit confusing when you look at the clock and you see time on there. You may think that you have time left, but you don’t.

So, with that, I will invite the first party up to the podium. And, the first party is the Downtown Eastside Women’s Centre. And, cross-examining for the Downtown Eastside Women’s Centre is Carol Martin, and the party will have 13-and-a-half minutes for cross-examination.

--- CROSS-EXAMINATION BY MS. CAROL MARTIN:

MS. CAROL MARTIN: My name is Carol Martin. I work in a Women’s Centre in the Downtown Eastside. I don’t really like the word “cross-examination”. I am from the Nisga’a Nation, Gitanyons. My father originates from Alaska, so this is very comforting here. Thank you for putting that there.

I was really impressed with the
presentation. But, like I say -- I have to tell you something though, first. A lady came to me and she said we were to pick numbers. So, I looked in the basket and I see number three, and I thought, oh, my God, I don’t want to be that close to number one. So, I closed my eyes and I stirred the pot up, and what came up? Number one.

I like -- I am really honoured to be here. As you know, we did a lot of pushing from the Downtown Eastside for this to happen. And, I am also part of the Feb 14th Memorial March, so it is very -- it holds a lot in my heart, because I hold a lot of those women close to my heart, and I still carry them with me.

You know, I heard -- I was really impressed with what you were talking about, you know, with the moccasins and the children. Was that you that -- I’m sorry, I didn’t write names beside where I made comments here -- I mean I wanted to ask questions about, how we have to invest in our people. Well, you know, what you are doing is a lot of investment towards our future, but I don’t see this Canadian government investing a lot in anything that has a positive outcome for our people. So, I am just wondering, how can we change this?

**MS. CORA MORGAN:** Meegwetch for the question. I think that it has to be a culmination of things that we need to keep advocating and telling the
stories. When we started, there was only two of us in the role providing advocacy to families. And, our families are what championed added resources. And, because we were able to have a clearer picture of what was happening, because before our office, there was very little mechanism for families to be heard.

So, I think with them speaking out about what is happening and providing an opportunity for their voice to be shared, I think, is important and that could garner that added support that we need. I think the education of people understanding and knowing that we are in the midst of something similar to residential school and keep making sure that people are aware, that will also add to support. And, I think just empowering our people to have -- to use their voice.

One of the things that we were able to do, we went from two staff to I think it is around 20 staff. So, we have grown significantly, but the issue is humongous. Like, it is huge across the country. And so, I think, you know, as individuals, we have to keep on pushing for more resources to be able to help.

One of the things that we are working on right now is capturing our family laws in our province. So, for the Dené, the Cree, the Oji-Cree, the Dakota, the Anishinaabe and the Dené, we are -- we received resources
so that we can look at those original ways, how we cared for each other and work to bring that back. So -- and then we also signed a Memorandum of Understanding with Canada to work towards our jurisdiction so that way we take back our families and our original ways of caring for each other. I hope that answered a little bit of your question.

**MS. CAROL MARTIN:** As you are talking, a lot more questions pop up in my head here because, you know, I work where we are deep in the trenches of poverty and the social problems that take place with our people: residential school, child apprehension, missing and murdered women. We spend so much time, you know, fighting against the system for our families, we forget to look at the flipside of how effective -- some women are working within the system where they are standing up for themselves. I think we need to focus more on us finding our voices even within the court systems.

**MS. CORA MORGAN:** Absolutely. The system is -- you know what? Here, in Manitoba, we have so many people that have gone into the child welfare field, because they want to help our people. And, the reality is, is that there are so many protections of the system that they are prevented from being able to do what they originally set out to. And, the system is designed to
really protect itself. There are all these levels of confidentiality, and those levels of confidentially don’t work in the favour of our children or our families. They work to protect the system itself.

**MS. CAROL MARTIN:** That is so true. I was going to talk about the policies and procedures, and the --- you know, lawyers and families and stuff, and how we fall into it all, into their law system. Like, when you walk into a court system -- like I am witnessing what is happening here, but when you walk into a courtroom, all of a sudden, you are -- it is like you get binded by their laws, and their procedures and their policies. I can’t work like that.

What you were saying, we need to start investing in our people and our children. Do you know? Last summer, I had four social workers and five policemen show up at my door to apprehend my children. And, when I said no, they called for more policemen. So, what happened was we put all the five children into the backroom and my daughter stood there, and she said, “Mom, I heard you at the front door,” and she said, “If they got through you, they would have to get through me.”

But, I fought the system from outside the courtrooms where I really watched what they did and I made them change things that they produce and brought to the
courtrooms. I made them change it outside the courtrooms. And, I would say a week before they were going to court, I
told them -- I was waiting to go and speak to the judge,
and I was going to talk about how much they commit
perjury, writing inaccurate reports, they mislead and they
misinformed. And, I said, “I have documents. I have
documented everything I have said here,” and I was really
fighting for my grandchildren and I refused to let them
take them. So, a week before court, they withdrew from
court. So, you know, we can work outside their system.
You can’t put a circle in a square and expect it to work
effectively, because if we can -- as you can see, it is
not working for our people.

And, I am really impressed with the work
you did with the -- we need more of that done with finding
out, you know, the effects of residential school. We need
to know what we are dealing with. Did you actually
collect that raw data, or did you do focus group, or did -- I was just -- like that was kind of flying through my
head when I was listening to a lot of your presentation.

DR. AMY BOMBAY: Sure. So, the various
kind of findings I presented were from a number of
different studies. And so, we collected data in a number
of different ways. A lot of the -- probably most of the
graphs I presented with the -- you know, the fancy graphs,
they were usually analyzing data from the First Nations Regional Health Survey, and so that’s a national survey that is run by the First Nations Information Governance Centre, and so anyone can apply -- you have to go through a whole thing and -- to use and analyze that data.

We also -- the drawback of using that data is that you are limited to the variables that they measure, and so we also collected some of our own data. It is not as good, kind of, quality because it is not a representative sample. Some of our own research, we just invited any Indigenous person to participate. There are some drawbacks, but it still emphasizes the associations between these things.

And then in addition to the quantitative data, we wanted to make sure that all of the quantitative graphs were contextualized in the right way. So, we also did interviews, sometimes with service providers, sometimes with survivors and their children, and that was -- so we used different ways of trying to find different types of information to tell the same stories.

MS. CAROL MARTIN: I was thinking about, when you were doing your research there, how much -- I thought there was still something missing from that. The brainwashing, the conditioning, the -- you know, like the self-sabotaging, self-hatred part of that was not part of
that research that was done. And, that is something that we deal with, that still resonates from the residential schools.

**DR. AMY BOMBAY:** I touched on that briefly ---

**MS. CAROL MARTIN:** I must have missed it.

**DR. AMY BOMBAY:** --- just about the internalized shame that a lot of survivors reported and that their children also reported experiencing. And so, absolutely, that is something that came across in our work.

**MS. CAROL MARTIN:** You know, when I am sitting here, thinking about a lot of the moms and grandmothers who really fight for their grandchildren, there is not a lot of support out there for them. And, as I am saying this now, I am thinking of a grandmother in Vancouver who fought for two years for her grandchild. She finally got him, but there is no financial help for her out there. So, more focus needs to be on grandparents, taking their children. And, I play a really strong role with my grandkids. I dare them to come look at my grandchildren.

And, also, my thoughts on this whole process of what is happening in everything that is being collected -- I know how strategic this Canadian government
is and I am not afraid to speak up against the government because everything that we have done, they have somehow turned it around and used it against us. Like, I went to two meetings so far on -- that had to do with the ministry, and what they are trying to do is work with specialized services -- and I am considered specialized services, I work as a victim service worker, and then there is a stopping violence -- their whole idea is to work with specialized services and the police to work towards what I thought was more apprehension of our children.

So, how do we stop things like that from happening or occurring within our communities when we know -- we work so hard to make those changes and all of a sudden it is -- they use it -- like, it is there and it is right in front of us, and now we are having to deal with it.

**MS. CORA MORGAN:** Me? I think exactly what you did, you shared that you said no. And, in my experience, a lot of times, our people do not know what their rights are and the measures of recourse that they actually do have.

It is really challenging though, because -- you know, we have had a couple of families, that when they went outside of Legal Aid to get lawyers, even though they
could not afford it, they got their children returned because the court process all of a sudden changed for them. And, I think that there is a lot of power in just saying no and knowing what your rights are.

So, when there are workers that are trying to coerce you into signing a VPA or manipulating you and saying, well, you will get more visitation with your kids if you just sign this, or we are going to take them -- like, it is just about education, and our families knowing what their rights are and knowing that there are things that they can say no to.

And, you know, in the beginning, when our office was so, so busy and we could not see everyone, one of my messages was, whatever you have in you, just stick up for yourself. And, if you are in court, make sure that everybody knows how much you love your children. Because we could not get to everyone, and I think those are some of the messages that, you know, our families need to do, to start standing up for themselves and taking the stands.

**MS. CAROL MARTIN:** Just one question, I guess it’s across the board, how do we -- how are we going to address and make changes to poverty? And, I am thinking about ---

**MS. MEREDITH PORTER:** Excuse me. Sorry, the time is up.
MS. CAROL MARTIN: Yes, (indiscernible) seconds.

MS. MEREDITH PORTER: Pardon me? No, no. It is the right ---

MS. CAROL MARTIN: Oh.

MS. MEREDITH PORTER: No, that is fine. That is fine. It happens all the time.

MS. CAROL MARTIN: It’s okay. Okay.

MS. MEREDITH PORTER: Thank you.

MS. CAROL MARTIN: I really appreciate your time ---

MS. MEREDITH PORTER: Thank you.

MS. CAROL MARTIN: --- thank you for having me here.

MS. MEREDITH PORTER: Thank you. The next party I would like to invite up is from the Battered Women Support Services. And, appearing for the Battered Women Support Services is Summer-Rain Bentham.

--- CROSS-EXAMINATION BY MS. SUMMER-RAIN BENTHAM:

MS. SUMMER-RAIN BENTHAM: So, I want to start with acknowledging that -- and raising my hands and saying (speaking in Indigenous language) to the Treaty 1 territory of the Dakota, Dene, Oji-Cree, Anishinaabe and Métis nation. I would like to thank and acknowledge the elders for their work and support here; the drummers,
singers and dancers who opened the day; the sacred items placed in front of us; the family members and survivors who are watching and who are in attendance; the Commissioners for all of their work throughout this process and the experts who have testified here today.

My name is Summer-Rain, I am Gitxsan from Kitwanga on my mother’s side and Coast Salish from the Squamish Nation on my father’s side. I come here from Vancouver, B.C., which is the Coast Salish territories, and I am the manager of Indigenous women’s programs at Battered Women Support Services, so I am not legal counsel.

I am speaking on behalf of Battered Women Support Services today and I just want to let you know who we are. So, Battered Women Support Services is located in Vancouver, British Columbia, on the traditional Coast Salish territories of the Squamish, Musqueam and Tsleil-Waututh nations.

BWSS contributes to the freedom and liberation of girls and women from violence and to empower our community through training and education programs. Since 1979, we have been providing counselling and healing spaces for those who have experienced abuse, to help women build strength and resiliency. We work on institutional and systemic advocacy, legal advocacy and law reform,
youth engagement and we operate two social enterprises. BWSS is a feminist organization, we believe that violence against women and girls does not take place between two people individually in isolation, but in a social context and is rooted in the oppression of women and girls. Further, we believe that violence against women and girls is as a result of a world view which supports the rights of some people to oppress others, that right is granted by the privilege of status against with gender, race, religion, class, sexual orientation, age and physical ability.

I would like to start my questions today to Ms. Morgan. My first question is, throughout your testimony today, you stated that women are penalized for experiencing domestic violence by having their children removed, mothers are having their children removed at birth, and that 70 percent of the 9,600 missing persons reports in Manitoba are girls from the child welfare system. Based on this evidence, would you not say that the child welfare system in whole is inherently sexist and racist towards Indigenous, Métis and Inuit women and girls?

MS. CORA MORGAN: Yes.

MS. SUMMER-RAIN BENTHAM: Thank you. Would you agree that the mere fact being born an Indigenous,
Métis or Inuit girl, you are flagged by the system to have
your child removed at birth? And, are you aware of any
research, policy or recommendations that, as Indigenous,
Métis and Inuit women, ensure our sovereignty over our own
bodies and our children?

**MS. CORA MORGAN:** Can you repeat? That was kind of...

**MS. SUMMER-RAIN BENTHAM:** Long?

**MS. CORA MORGAN:** Yes.

**MS. SUMMER-RAIN BENTHAM:** Yes. Would you agree that the mere fact of being born an Indigenous,
Métis or Inuit girl, you are flagged by the system at
birth to have your child removed? And, are you aware of
any research, policy or recommendations that, as
Indigenous, Métis or Inuit women, ensure our own
sovereignty over our own bodies and of our children?

**MS. CORA MORGAN:** For the first part of your question, I do agree that women are flagged. One of my co-workers just went -- is having her second child, and because she was Indigenous in appearance, the doctor automatically made an assumption that she -- there was a potential of a birth alert on her baby.

For the second part of your question, I know that there is some older research, but not to the extent of what needs to be looked at, and particularly the
human rights violation of the practise of these birth
alerts particularly.

**MS. SUMMER-RAIN BENTHAM:** Thank you. The
Commission has heard throughout the expert hearings and
through the family and survivor testimony that colonial,
patriarchal -- and patriarchy has created the condition
where men target Indigenous, Métis and Inuit girls and
young women, often out of group homes, foster homes,
juvenile detention centres, while in the care of the child
welfare agencies across Turtle Island, specifically to
impart violence and exploitation. Would you agree with
this?

**MS. CORA MORGAN:** Absolutely.

**MS. SUMMER-RAIN BENTHAM:** Thank you. In
your testimony and in your recommendations, you stated
that children are running away to return home. Yet,
throughout the evidence that has been gathered across the
country through this Inquiry, we have heard testimony that
young women and girls are forced to flee their home
communities and their homes to escape physical and sexual
abuse, often from family members and men with power in
their home communities.

Would you agree that young women and girls
are experiencing forced displacement from their homelands
due to horrific levels of violence and lack of adequate
services that support young women and girls in their own communities?

**MS. CORA MORGAN**: The work that we do is more focused on children who are removed from communities due to apprehension and the child welfare system. So, I don’t feel qualified to respond.

**MS. SUMMER-RAIN BENTHAM**: I’ll pose the same question to the other two experts.

**DR. AMY BOMBAY**: Could you just repeat it, just to be -- so I’m sure?

**MS. SUMMER-RAIN BENTHAM**: Yes.

**DR. AMY BOMBAY**: Sorry.

**MS. SUMMER-RAIN BENTHAM**: Throughout this - - throughout the truth-gathering process and throughout the expert testimony across the country through the Inquiry, we have heard testimony that young women and girls are forced to flee their home communities and their homes to escape physical and sexual abuse, often from family members and men with power in their home communities.

Would you agree that young women and girls are experiencing forced displacement from their homelands due to horrific levels of violence and lack of adequate services that support young women and girls in their own communities?
MR. STUART WUTTKE: I’m going to have to object to the question. I believe it is outside of my witness’ expertise.


MS. MEREDITH PORTER: I should stop the clock. Could we put 20 seconds back on the clock? So, up to 7:22, please. Perfect. Thank you.

MS. SUMMER-RAIN BENTHAM: This is, again, to all experts who testified today. Are you aware of any current research policies, practises or recommendations that specifically address the unique vulnerabilities of physical violence, sexual abuse and exploitation of girls and young women in the child welfare system?

CHIEF COMMISSIONER MARION BULLER: Just before you answer that, I think you’ve withdrawn that question, the original question? Yes? Okay. So, the question is withdrawn. Thank you.

MS. MEREDITH PORTER: So, that last -- the question previous to the one you just asked is withdrawn. We’re just clarifying that. So, perhaps -- I’d hate to ask you to do this again. We’re stopping the clock. The question you just asked, do you want to just pose it again? Because there’s a bit of confusion.

MS. SUMMER-RAIN BENTHAM: Sure.
MS. MEREDITH PORTER: Thank you.

MS. SUMMER-RAIN BENTHAM: Are you aware of any current research policies, practises or recommendations that specifically address the unique vulnerabilities of physical violence, sexual abuse and exploitation of girls and young women in the child welfare system?

MS. CORA MORGAN: Services and supports for young women who are vulnerable in the child welfare system?

MS. SUMMER-RAIN BENTHAM: I’m looking for specific research or policies that speak directly to at-risk and vulnerable girls in the child welfare system.

MS. CORA MORGAN: I’m not aware of any policy or research personally. I do know that there are community supports that are in urban centres here in Winnipeg, but not to the extent to fully address the issue, and not always in the most culturally-appropriate manner, and they certainly don’t come close to addressing the need. And, the research is required in this province.

MS. SUMMER-RAIN BENTHAM: Thank you.

DR. AMY BOMBAY: I’m not aware of any, but child welfare is not really my main thing, so I wouldn’t say that -- should say that there’s not some out there.

MS. SARAH CLARK: I can say that the child
advocacy centre we’re trying to set up is directly serving children and youth that have disclosed abuse, but it’s not within that same specificity that you’re talking about.

**MS. SUMMER-RAIN BENTHAM:** Thank you. Ms. Clark, in your testimony, you talked about the child advocacy centre and about programming and peer support for children and youth who have experienced violence and sexual abuse. What about gender-specific opportunities for girls to talk without boys or young men -- potentially boys and young men who are also offenders in their communities?

**MS. SARAH CLARK:** At this time, the centre doesn’t offer safe spaces for youth to come to speak about things. It’s more immediate services for those who disclose who have to go through the system. I do know that in Alaska, they are starting to determine whether or not they can serve the victims of abuse, and also the offenders, and whether or not they can do earlier interventions on children and youth that are offenders as well. Does that answer your question? Okay.

**MS. SUMMER-RAIN BENTHAM:** Thank you. My last question is for Dr. Bombay. We heard in your testimony earlier in the -- sorry, we’ve heard in testimony earlier in the Inquiry and that -- in particular, in the family hearings that specific acts of
violence and violation to our young girls in residential schools was pertinent.

In your testimony today, you spoke about the negative impacts of the residential school system. You didn’t speak about forced abortions on our young girls in the residential school system, which is a gender-specific act of violence that occurred, and I’m curious to know if there is a reason for that, or if it’s ---

DR. AMY BOMBAY: I was just presenting my own -- a lot of the research that I had conducted, and that just happens to not be a particular issue that came up in our own research. Yes.

MS. SUMMER-RAIN BENTHAM: Thank you. That’s all I have. (Indigenous word).

MS. MEREDITH PORTER: Thank you. The next party I’d like to invite up to pose questions to the witnesses is from the Inuit Tupiriit Kanatami. Appearing for ITK is Ms. Elizabeth Zarpa and Ms. Zarpa will have 13.5 minutes for questioning.

--- CROSS-EXAMINATION BY MS. ELIZABETH ZARPA:

MS. ELIZABETH ZARPA: Good afternoon. My name is Elizabeth Zarpa. I’m counsel representing Inuit Tupiriit Kanatami. Inuit Tupiriit Kanatami is an organization that’s national in scope and represents 65,000-plus Inuit in four Inuit regions, and also in
southern urban settings.

I want to thank the Indigenous people of Treaty 1 for allowing me to be here on your territory this week. I acknowledge the families and the loved ones of the missing and murdered Indigenous women and girls who are with us here today, and also here with us virtually. I want to also acknowledge the work of the staff of the Inquiry, my colleagues, and also the Commissioners.

My questions will be for you, Ms. Sarah Clark. Is it okay if I call you Sarah? Okay.

In your presentation, there was a stat that Nunavut has the highest rates of sexual assault in Canada.

**MS. SARAH CLARK:** In the feasibility report and most other research that has been done, the average of child abuse in Nunavut is 10 times the rate of the national average, specifically sexual abuse if I think that is also the case.

**MS. ELIZABETH ZARPA:** Okay, thank you.

And, in your experience of working within child, youth and family programming within Nunavut communities, and predominantly within Iqaluit, where can one find the stats on the number of Inuit and child and family care systems?

**MS. SARAH CLARK:** The last report that I know of is the Auditor General report done on social services in Nunavut. After that, I’m not sure.
MS. ELIZABETH ZARPA: And, does that look at specifically Inuit populations?

MS. SARAH CLARK: It was done on Child and Family Services in Nunavut. So, I’m not sure if it was specific to Inuit, but I know that it gives you a good picture of what’s happening in Nunavut.

MS. ELIZABETH ZARPA: So, I’m going to kind of flesh out, sort of, the complexities involved with, kind of, the national, sort of, scope of Inuit from the other regions as well outside of Nunavut, and you can agree or disagree or add your opinion if you feel it is within your scope of testimony.

Would you agree with the recommendation that each of the responsible child welfare institutions within each of the four Inuit regions, and the provincial institutions that are responsible for child and welfare, to come together and collaborate a unified statistical data system that looks at the number of Inuit within the child welfare systems within Inuit Nunangat?

MS. SARAH CLARK: Sorry, can you explain a bit further?

MS. ELIZABETH ZARPA: So, basically looking to see if we can have a unified statistical data system, that is Inuit-specific, for Inuvialuit, Nunavut, Nunavik, Nunatsiavut, to look at the number of Inuit children and
youth who are within those child and family systems.

**MS. SARAH CLARK:** I do not feel qualified
to answer that. I can only speak for Nunavut. I know
that, within our Child Advocacy Centre, we are going to
try and collect data that will give us a better picture.
And, we are working with -- there is a National Children’s
Advocacy Network that will work with the southern
Canadian. I also know that there are no other
organizations doing similar work, except maybe in Nunavik.
I think there was an initiative to start something
similar, and in that case, then we can work with them to
gather stats and give us a better picture with the two of
us. But, at this point, I am not sure how we would do
that.

**MS. ELIZABETH ZARPA:** So, the Child
Advocacy Centre, which will come into effect in 2019, that
is the only one within Inuit Nunangat; correct?

**MS. SARAH CLARK:** Mm-hmm.

**MS. ELIZABETH ZARPA:** Okay. Thank you.

**MS. SARAH CLARK:** Except for Nunavik. I am
not 100 percent sure where they are at. I know they were
attempting to start one, but I am not sure where their
progress is at this point.

**MS. ELIZABETH ZARPA:** Thank you. And,
throughout your work experiences in Nunavut, have you come
into contact with any traditional Inuit adoptions?

**MS. SARAH CLARK:** With the people that I have worked with?

**MS. ELIZABETH ZARPA:** Within your lived experiences, work experiences, being in Iqaluit for three years.

**MS. SARAH CLARK:** I do know some of the youth that I worked with were custom adopted to their grandparents. That is the only -- yes.

**MS. ELIZABETH ZARPA:** And, do you know if the legislation currently recognizes traditional Inuit adoptions as something that is, sort of, relevant within the child and family welfare legislation?

**MS. SARAH CLARK:** I know that the social workers that I speak with would prefer to put children with their families, but I do not know about the legislation surrounding custom adoption.

**MS. ELIZABETH ZARPA:** Okay. Thank you.

So, on page 10 of the Umingmak Child and Youth Protection Feasibility report, it outlines that to, sort of, bypass the re-traumatizing experience of a child who has disclosed that they have experienced an assault or a sexual assault, that they want to decrease that level of re-traumatizing of the child by introducing RCMP, Child Protective Services, prosecution, medical professionals,
mental health professionals, Victim Services and the CAC staff member within, sort of, one institution.

And, throughout testimony from other Inuit or Inuit and also Inuit from Nunangat and people who work up in the North, it is a common theme that service providers, like counsellors, are not permanent, and that is a very difficult experience for somebody who is trying to establish a good connection with, say, a counsellor.

Do you know, in the implementation of this new CAC in Iqaluit, if these professionals will be permanent or will they be, sort of, fly-in, fly-out, or will that be something that is important for this moving forward?

**MS. SARAH CLARK:** So, in terms of who is working at the centre, it will -- anyone who is taking the disclosure from the child, doing the interview, doing the medical consultation, all of those things will remain within the government. So, we are not actually hiring more people to do those jobs, it will be those same service providers doing the job in the centre. So, that will remain the same in Iqaluit.

We will be hiring the advocate though, and that person will be as permanent as we can make it in terms of the funding that we have. And, we also will be hiring a mental health professional, combined with Inuit counselling, and that will also be as permanent as we can
make it.

**MS. ELIZABETH ZARPA:** And, will these positions be Inuit? Will there be sort of, like, a push to make sure that Inuit are hired within this process?

**MS. SARAH CLARK:** So, the advocate will be Inuit and the mental health professional could be Inuit, but -- the Inuit counsellor would also be Inuit. We are not sure who those will be yet. That is the push, yes.

**MS. ELIZABETH ZARPA:** Okay. Thank you.

And, for these important areas of work that goes into all these institutions or systems that come into play when a child discloses, these individuals say they are coming up from Southern Canada, moving up to Nunavut, do they have, sort of, cultural training about Inuit-specific ways of being or...

**MS. SARAH CLARK:** So, that is something that I touched upon, I think, in my recommendations. I think that is incredibly important. We do have quality of life that does Indigenous cultural competency with an Inuit focus, and my hope is to have staff that are -- either have been born in Nunavut or are Inuit, so they would have that inherently, but also we would like to do formal training as well.

**MS. ELIZABETH ZARPA:** Okay. Thank you.

And, you highlighted a little bit earlier around, it
depends on where the funding comes from for CAC. And, I just wanted to know if the CAC, Child Advocacy Centre, is this legislated or is this, sort of, a program that is, sort of, just going to be funded?

**MS. SARAH CLARK:** Yes. So, the funding is something that my organization is responsible for. We -- the model is for a sustainable Child Advocacy Centre to have 75 percent of your funding coming from the territorial government and 25 percent coming from other sources. It is not a legislated body, but our memorandum of understanding between all of our partners will be going through cabinet to get signed by our ministers, so it is coming from our ministers down, so -- that we have to work together.

And, right now, our funding does come from ITK -- we got some funding from ITK, and the Department of Justice Canada and the Department of Health from the government of Nunavut. So, that is where our funding is right now.

**MS. ELIZABETH ZARPA:** So, majority of the money, the core -- there is core funding coming from GN?

**MS. SARAH CLARK:** Mm-hmm.

**MS. ELIZABETH ZARPA:** Okay. Thank you for that. And so, I am really intrigued by this Child Advocacy Centre, and is this going to have -- we have
heard in testimony about, it has to be a whole family healing thing.

**MS. SARAH CLARK:** Mm-hmm.

**MS. ELIZABETH ZARPA:** Will this Child Advocacy Centre be, sort of, child focused or will it be, sort of, family focused?

**MS. SARAH CLARK:** The goal is to heal families in the Child Advocacy Centre, that will depend on that specific family at the time, who the safe adult is to be with that family. It could be a grandmother, it could be a grandfather. But, the idea is to support both the child and the family, and the safe adult who will be caring for that child and, in long-term, healing the family if it is safe. So, it is along that continuum.

**MS. ELIZABETH ZARPA:** And, in your experience, and knowledge and work, what are the things that are needed to support whole family healing in this, sort of, context? Where are the gaps?

**MS. SARAH CLARK:** I do not feel qualified to go there yet, that is something that we are working on right now. The models that we have worked off of have been more child focused and so this is something new for us going forward. But, I do know that, in terms of best practices with mental health, it is important to treat the whole family, not just the child. So, you would have one-
on-one with the child, as well as with the safe family members as well.

**MS. ELIZABETH ZARPA:** Okay. And so, you mentioned earlier that Nunavik has something similar to a Child Advocacy Centre but it's probably really, really different. And this is unique because it's the first one in Inutinunlat (ph).

And so for other sort of individuals who live in northern regions, who are Inuit or Northerners, would you make any sort of suggestions or ideas around best practices to float through the processes smoothly in order to create their own child (indiscernible) centre?

**MS. SARAH CLARK:** Yes. I think it requires non-governmental organizations and requires Inuit organizations to push it through and make it specific to your region. And it just requires people being willing to work together. So find -- it's really about finding individuals that are passionate enough to work on this on their own.

**MS. ELIZABETH ZARPA:** Okay. And what about the smaller communities in Nunavut, the hamlets?

**MS. SARAH CLARK:** M'hm.

**MS. ELIZABETH ZARPA:** Is there any sort of push or any kind of -- anything -- is there something happening there? Is there -- would you like to highlight
that a little bit?

**MS. SARAH CLARK:** Our goal with this is to start in Iqaluit because we need to start small in order to be -- to get our process down. But the idea is any children that need services that would be flown to Iqaluit -- in Nunavut -- sorry -- this only in Nunavut. Any child that would have to be flown to Iqaluit to receive health care would come to our centre in terms of if they had disclosed abuse and then needed healthcare. So in that way we're trying to serve the fly-ins.

But in the future, we would like to be able to provide training to other communities in order to create what we call a multi-disciplinary team, which is the group of people that will be working in the centre to serve a child. But it wouldn't have to -- wouldn't necessarily be in a centre, it would just be that team would be working together.

So we're trying to create our hub in Iqaluit, and then also train teams in communities to serve and be more specialized towards children.

**MS. ELIZABETH ZARPA:** Thank you. That's my time.

**MS. SARAH CLARK:** Thanks.

**MS. MEREDITH PORTER:** Thank you.

Chief Commissioner, we are now at 10 to 5.
I would just like to seek your direction with respect to how many more parties. The next two parties that are scheduled for questioning, each are allocated thirteen-and-a-half minutes.

**CHIEF COMMISSIONER MARION BULLER:** We'll hear from one more please.

**MS. MEREDITH PORTER:** From one more? Okay. Thank you.

Then in that instance, I will call up the next party who is from NunatuKavut Community Council, and appearing for them is Roy Stewart, and Mr. Stewart will have thirteen-and-a-half minutes for questioning.

**MR. ROY STEWART:** I thought I was going to get away with it until tomorrow.

(LAUGHTER/RIRES)

**MS. MEREDITH PORTER:** Sorry. Sorry.

--- **CROSS-EXAMINATION BY MR. STEWART:**

**MR. ROY STEWART:** First, I'd just like to thank everybody for being here today. The Elders, all the witnesses, the families, Commissioners.

So I'd just like to introduce myself first. Roy Stewart. I'm lucky enough to be counsel here on behalf of the NunatuKavut Community Council, which is the representative organization for approximately 6,000 Inuit in NunatuKavut, that being the south and central part of
And in some of your testimony this morning, it was just causing me to relate the communities in NunatuKavut. And you know, them too, many of the children in NunatuKavut were forced to attend residential schools. Many of the communities in NunatuKavut are geographically bound, and an implication of this is community members' exclusion from required culturally-appropriate services, including that for residential school survivors.

So today, NunatuKavut is sort of forced into this situation where, you know, they were Indigenous enough to be sent to residential schools, yet not Indigenous enough to be considered in dire need of the assistance required.

And then I was reading on CBC last night, and it triggered, you know, a feeling of how these views are continuing amongst the population. So Dr. Bombay, the one specific news article, it was in yesterday's CBC news online, it's titled, "Myths of Residential Schools Author Stands By Article Despite Controversial Radio Ad". Are you familiar with what I'm referring to?

DR. AMY BOMBAY: (Non-verbal response).

MR. ROY STEWART: Okay. I guess just so -- because others here may not be, at issue is a controversial radio ad claiming to debunk the myths of
residential schools. The ad labelled many of the well-known traumatic impacts of residential schools as myths.

The ad was based on a 2018 document written by Mr. Mark DeWolfe, and his document is titled, "Myth Versus Evidence: Your Choice".

And in his article, he says:

"Blaming the Indian residential school system deflects attention from far more damaging and continuing government policy action and inaction." (As read)

I mean, if you stop there, you know, there's some rationale behind that statement, but he continues and says:

"In this panoply of possible causes, how significant was the residential school system?" (As read)

And the radio ad building on his article says:

"There is little evidence that abuse that was suffered by a grandparent in a residential school had any effect on the academic success of the generations that followed, and that former students of residential schools are nearly twice as likely to have retained more of their language and traditional culture than those who did not attend and are more likely to provide leadership in preserving their culture than those who did not." (As read)

Now, Mr. DeWolfe was interviewed about
this, the radio ad that aired his writing, and in response he said:

"I remain open to any credible evidence that residential school enrollment harmed Indigenous families more than enrollment in a day school, enrollment in a white public school, or no education at all." (As read)

And you were interviewed as well, Dr. Bombay about this, and in response to DeWolfe's article you're quoted as saying that:

"He did not consider the larger academic literature and he's really picking a few findings and not contextualizing them." (As read)

So I think my first question is just, you know, how in the heck does this even get on the radio on an airspace in the first place? Like do you have any idea what the purpose of this was?

**DR. AMY BOMBAY:** I think it -- it's -- in my testimony, I spoke about this type -- specific type of more modern racism called laissez-faire racism, and -- which is -- has been shown through sociological research to be particularly prevalent in contemporary society compared to, you know, old forms of more blatant racism. And one of the kind of key aspects of that is that it -- it's people who want to blame Indigenous peoples or whatever oppressed group it is for their misfortunes.
I think this goes hand -- it goes along with that. They're trying to deny that there are root causes -- that the residential school is a root cause of today's inequities, you know, just -- it's the same thing as Holocaust deniers.

And I'm afraid right now with what's going on in the U.S., some of these voices are being more emboldened, just within the past year. I think it's always been a problem, but I think it might be coming out. So I think continuing -- it shows the need for continued research, continued evidence to show these things.

**MR. ROY STEWART:** Yeah, your last point was -- just ties in with my next. So I keep thinking about, you know, Inuit youth back in NunatuKavut. So if they're listening to radio ads such as this, you know, what impacts do you think that would have on them in their, you know, reporting to their peers or to any other person on abuse that may be suffered, you know, by themselves or family members?

**DR. AMY BOMBAY:** Sure. Like as an Indigenous person myself, hearing that elicited significant anger and emotion as someone who has worked on that issue for 10 years, and so I can imagine young people being exposed to that. And I think a lot of young people, it -- they are more aware of colonization. We still have
a lot of work to do, but I think it -- I think it just is confusing and makes them not trust mainstream media. Again, it contributes to the lack of reconciliation. I think it could make them angry, sad, confused, so many negative things for to come across and read that.

MR. ROY STEWART: Just -- I guess just the mere fact, you know, that it's able to get that far, you know, it's given, you know, this platform, do you foresee that, you know, as giving it, you know some validity or, you know, if an Indigenous youth hears it. You know, if it is on the radio -- you know, sometimes if I am listening, I'm just like, "It's on TV, it's got to be true," right? Do you see, you know, that impact?

DR. AMY BOMBAY: Potentially. Particularly in families who maybe aren't talking about these things, which we know is still very common. You know, there has been a lot of healing, but there are also a lot of families that still haven't gotten there, where they can even talk about it. So, I -- particularly for those youth, it is going to be potentially confusing; reinforce, potentially, internalized racism, because we know that without those contexts and the context of colonization and understanding the real reasons behind those things, it can absolutely have those types of negative outcomes.

MR. ROY STEWART: Okay. My last question
is for Ms. Clark. It just links into something Dr. Bombay said about, you know, needing more research, you know, especially to address issues such as what we were just discussing. You explained earlier that the lack of culturally appropriate support health, the lack of crisis and support services in the communities that is discussed in -- I think it is labelled Exhibit 12. It is the Needs Assessment Report that was admitted.

Now, I was just trying to reconcile two seemingly different views regarding the approach to research and, I guess, community capacity building. And, it is from two quotes that were given by participants or respondents. I can read them for you. One is on page 16 and it says it is from a participant.

It says, “We have few resources in our communities. Professionals working in our communities are often imported extraterritorially so aren’t always aware of the cycles of abuse, the peculiarities inherent in the Inuit culture.” And, you know, this -- that statement aligns with some of the evidence we have heard at this Inquiry that, you know, witnesses have said that the knowledge is already there in the communities, the communities need to be the leaders in, you know, driving the research.

But, then I read another quote on page 24
from -- it is identified as being from a respondent. And, it states that, “People who are in complete denial about how common abuse is, people will stress that it has to be all about Inuit culture. It is important that support and treatment be founded on recognized national and international methods of addressing this issue. Inuit culture pretends that the abuse isn’t happening and focus on forgiving and forgetting above all else.”

So, I was just wondering -- I know these aren’t your statements, but how do you sort of reconcile these two statements or views on how the communities address, you know, the intergenerational trauma?

Because ---

**MS. SARAH CLARK:** Well, I think ---

**MR. ROY STEWART:** --- I sort of had something formulated, but I was just wondering your thoughts.

**MS. SARAH CLARK:** Well, I think this brings up the very important point where we have two very different cultures that need to figure out how to move forward, and there are two different views on how to do that. And, I think with the education and the cultural competence, people start to learn how to be an ally instead of imposing their views on other people. So as a non-Inuit working in Inuit territory, learning how to
listen and do what is asked of you rather than saying, “I
know what’s best.” And so, I think that is where a lot of
communities are at right now, is figuring out what is the
best way to move forward, and I think community-led is the
way to go, for sure. I don’t know -- could I add anything
to that for you?

MR. ROY STEWART: I agree with that, your
final point. I think that is a good way to end the day.
I have no more questions. Thank you all.

MS. MEREDITH PORTER: Thank you. So, Chief
Commissioner, I will ask then if -- seek your direction on
adjourning for the day and reconvening tomorrow morning.
And, I will leave it to Ms. Fontaine to inform the parties
with standing about the conclusion of the day and the
start tomorrow morning?

CHIEF COMMISSIONER MARION BULLER: Yes, we
will adjourn for the day and we will start again tomorrow
morning at 8:30, please. Thank you.

MS. MEREDITH PORTER: Thank you.

MS. SHAUNA FONTAINE: Thank you very much
for joining us today either in person or via webcast to
listen to our first day here in Winnipeg on our expert and
institutional -- our Expert/Knowledge and Institutional
Hearings on the Family and Child Welfare. I want to also
just say thank you to Cora Morgan, Sarah Clark and Dr. Amy
Bombay for sharing their truths with us today. It was really hard to listen to, but something that we did have to hear, so thank you very much for that.

As it was difficult to hear, I just want to remind everybody here to take care of themselves this evening. I remind you that there is a fire happening over at the Forks at the Missing and Murdered Indigenous Woman and Girls Monument. And so, you can certainly go down there and you can offer some tobacco to the fire if you like or find something that you can do to take care of your spirits this evening.

I would like to call upon Thelma and Stan to come and provide us with a closing prayer so that we can leave this room in a good way.

**MS. THELMA MORRISSEAU:** That’s good, that’s good. Bonjour. (Speaking Indigenous language). Yes, today was a really full day and lots of really important information was shared. And, clearly, child welfare is at the heart of many of our people, Indigenous people in Manitoba and right across Canada, across Turtle Island.

And, because it talks about our children, and we know culturally, traditionally how important our children are to us from the time in memorial, from the beginning, our children tell us who we are, and gives us a sense of purpose in life and they teach us. And, we don’t
have our children in our community, we no longer have
laughter. And, mothers and fathers, and grandparents, and
aunties and uncles, the whole community no longer has a
purpose.

And so, the words that were spoken today
were very extremely important. And, I thank everyone who
presented today. I thank, again, wanting to acknowledge
the families who are here, to thank you for taking the
time out of your busy day to be here today and knowing
that it was probably hurtful at times. But, I want to say
I lift you and want you to be well, to be strong.

And, when you go home tonight, it has been
suggested that we need to do things to take care of
ourselves. Whether it is sitting down with your children,
your grandchildren and having that bowl of soup and fried
bannock, yummy, whatever that is, spending that time,
reading that book to your grandchildren or your child,
tucking them into bed, giving them an extra hug, I think
we never take anything for granted. I think we live every
day to the fullest and always remembering to tell our
children and our grandchildren how much they mean to us,
how much we love them.

And so, I say meegwetch to (speaking
Indigenous language) for hearing us today, for standing
with us, for being in the very centre of this room with
all of us, guiding so that the truth can be told, and that it can be heard in the way that it should be heard. Conversations are hard, but we must have them, and we ask, Grandfather and Grandmother, that you always guide us, because we are but simple people, and we don’t know much. So, we need your wisdom, we need your guidance to show us how to do this work, how to make things better for our children, for our communities, for our nation, so that we can be strong. I’ll say those words and say meegwetch (speaks in Indigenous language).

(MUSICAL PRESENTATION)

MS. SHAUNA FONTAINE: I would now like to ask Annie Bowkett if she would please extinguish the qulliq for us?

(QULLIQ EXTINGUISHED)

MS. SHAUNA FONTAINE: Thank you. Thank you very much. We will reconvene here tomorrow at 8:30.

--- Upon adjourning at 5:13 p.m.

--- Upon adjourning at 16:56
LEGAL DICTA-TYPIST’S CERTIFICATE

I, Félix Larose-Chevalier, Court Transcriber, hereby certify that I have transcribed the foregoing and it is a true and accurate transcript of the digital audio provided in this matter.

Félix Larose-Chevalier

Oct 1st, 2018