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A toolkit about inquests and community consultations for feminist organizations in rural communities based on the 2022 CKW Inquest in Renfrew County

> Prepared by PAMELA CROSS for END VIOLENCE AGAINST WOMEN, Renfrew County with funding from the CANADIAN WOMEN'S FOUNDATION

WE REMEMBER:

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INTRODUCTION

 10° In 2015, in rural eastern Ontario's Renfrew County, Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam were murdered in one morning by a man with whom each had had a past relationship. This triple femicide shocked the community and the province.

Violence against women advocates quickly organized to provide support to the families and friends of the murdered women as well as to service providers who had been involved with the women and/or the perpetrator and to the broader community.

In the two years between the murders and the criminal trial, community meetings and vigils were held and monuments created to commemorate the women who had been killed. To ensure the judge would be aware of the broad impact of the murders, the community prepared and submitted a community impact statement at the sentencing phase of the criminal trial. In part, that statement said:

Today, we are a voice for the impact on our community...We are here to speak to the impact that these acts of intimate partner femicide have had on our community as well as to give a voice to our most vulnerable and silenced community members...For ALL of us the time is NOW to ensure that the lived realities of survivors of male violence and the voices of these three women's lives taken from us are heard and responded to. There has to be change.

In 2019, the coroner's office announced that the province would hold an inquest into the murders. Importantly, as the announcement said, this inquest would look specifically at intimate partner violence (IPV) and femicide in rural communities.

Partly due to the pandemic, and because the coroner's office had a commitment to holding the inquest in person in Renfrew County, it did not take place until June 2022. This inquest was labelled the CKW inquest by the coroner's office, to reflect the last initial of each victim's name.

End Violence Against Women Renfrew County (EVA) was granted standing at the CKW inquest, which would allow the coalition to participate in the planning and preparation for the inquest, as well as to have full participation rights at the inquest hearing. EVA

DISCLAIMER

This resource contains legal information but is not to be interpreted as legal advice. Only a lawyer who has all the necessary information can provide legal advice.

Opinions expressed in this resource are those of the author and EVA Renfrew County and do not necessarily reflect the views of the Canadian Women's Foundation, the coroner's office or any of those involved with the inquest.

also sought and received funding from the Canadian Women's Foundation to support community engagement before and during the inquest and to develop a resource for women's organizations in rural communities across the country.

I led the community engagement related to the inquest and appeared at the inquest both as a witness to share the community's input and as an expert witness on the topic of intimate partner violence and femicide. In addition, I attended the full inquest in person, listened to every witness, reviewed the exhibits and spoke with many of those involved. As well, I was given permission to speak privately with the jurors after the inquest was over.

In this resource, you will find information about the CKW inquest, the community engagement process, the recommendations made by the inquest jury and reflections from some of those involved with it. All of this may be helpful in your personal learning process about IPV and femicide as well as in the work you do in your community.

We have also created tools to assist you in advocating for the implementation of key inquest recommendations, whether that is at the community, provincial/territorial or federal level, and to support you should your organization decide to participate in an inquest or similar process in your community.

We hope this resource will provide community groups that may be considering engagement in an inquest process with some on-the-ground insights. There are also suggestions that will help you participate on your own terms and to engage in ways that extend beyond the legal proceeding itself.

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WHAT IS AN INQUEST?

In Ontario, under the powers granted in the province's *Coroners Act*, a coroner can call an inquest to examine factors, including systemic factors, that may have contributed to particular deaths.

Inquests are mandatory in some circumstances:

- Someone dies on the job at a construction site or in a mine, pit or quarry
- A person dies in custody
- A death is due to an injury sustained or another event while the person is in custody or as the result of a use of force by a police officer, special constable, auxiliary member of a police force or a First Nations constable
- A child dies because of a criminal act by someone who has custody of the child, in certain circumstances
- A person dies while physically restrained and detained in a psychiatric facility, a hospital or a secure treatment program

A coroner has the discretion to order an inquest in some other circumstances:

- There is enough information to support an inquest
- It may be desirable for the public to have an open hearing into the circumstances of a death
- A jury could make useful recommendations to prevent further deaths

Inquests are overseen by a presiding officer—a coroner, judge, retired judge or lawyer—who is appointed by the coroner's office. Their role is somewhat like that of a judge in a trial. However, the process is more inquisitorial than adversarial and less formal than a trial. Lawyers from the coroner's office represent the presiding officer and the public interest. People and organizations can seek standing at an inquest, and they, too, often have lawyers. The province, which is usually the body to which most inquest recommendations are directed, almost always gets standing.

A jury of five people is selected from the community. The jury does not make decisions about guilt or innocence but, after listening to all the witnesses and evidence, answers five questions:

- Who died?
- When?
- Where?
- What was the cause of death? (e.g., strangulation, shotgun wound, etc.)
- What was the means of death? (natural causes, accident, homicide, suicide or undetermined)

Juries may—but are not required to—make non-binding recommendations for system changes.

The coroner sets the scope for the inquest some months before it is scheduled to take place, usually through a document that sets out a brief summary of the death to be examined and then a series of questions to frame the evidence that the jury will be allowed to consider.

Individuals who have a "substantial and direct" interest in the inquest or who may be directly or indirectly affected by the recommendations may apply to the coroner to participate in the proceedings, in which case they will have standing. This is sometimes called being a party.

Family members have an automatic right to have standing, if they want it. Others involved in the death can seek standing. For example, police or other authorities may wish to have standing because they may be affected by the recommendations. If the death has had a particular impact on a specific community (women, people with disabilities, unhoused people, etc.), organizations and individuals representing or part of those communities may seek standing.

There are different kinds of standing that the coroner's office can grant. Parties with full standing have the right to call witnesses, subject to the authority of the presiding officer and as long as their evidence is relevant to the scope of the inquest. Those parties can also cross-examine witnesses called by the coroner's office or other parties. Other parties might only have the right to make submissions and/or to ask questions or cross-examine witnesses.

The coroner's office can provide some financial support to parties who require it.

INFORMATION ABOUT INQUESTS OR DEATH INQUIRIES IN YOUR PROVINCE OR TERRITORY

Alberta: alberta.ca/office-of-chief-medical-examiner-overview.aspx#jumplinks-1

British Columbia: www2.gov.bc.ca/gov/content/life-events/death/coroners-service/

inquest-schedule-jury-findings-verdicts

Manitoba: gov.mb.ca/justice/crown/cme.html

New Brunswick: www2.gnb.ca/content/gnb/en/departments/public-safety/

law-enforcement-and-inspections/content/coroner-services.html

Newfoundland/Labrador: court.nl.ca/provincial/about/inquiries.html

Northwest Territories: justice.gov.nt.ca/en/boards-agencies/coroner-service/ #:~:text=Serve%20as%20a%20 community%20coroner,sudden%2C%20unexpected %20and%20unexplained%20deaths

Nova Scotia: novascotia.ca/just/cme

Nunavut: nunavutcoroner.ca/inquest/coroners-inquests

Ontario: ontario.ca/page/coroners-inquests

Prince Edward Island: princeedwardisland.ca/en/information/justice-and-public-safety/inquests

Quebec: coroner.gouv.qc.ca/fileadmin/Organisation/Depliant_anglais.pdf

Saskatchewan: saskatchewan.ca/government/government-structure/boards-commissions-and-agencies/saskatchewan-coroners-service#:~:text=Coroner%20Inquests&text=In%20 Saskatchewan%2C%20an%20inquest%20is,the%20death%20is%20not%20preventable

Yukon: yukoncoronerservice.ca

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STRUCTURE OF THE CKW INQUEST

The inquest into the deaths of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam took place in the City of Pembroke, which is located on the Ottawa River in Renfrew County, 145 kilometres northwest of Ottawa. It ran from June 6 to June 24, 2022, with the jury returning with its verdict on Tuesday, June 28.

For a number of reasons, including COVID, the inquest was held in a hybrid format. Parties, lawyers, witnesses, members of the public and even the jurors could—and did—attend either in person or remotely. This facilitated the appearance of some witnesses who would have found travelling to Pembroke challenging and accommodated those who had health concerns about being present in person.

The purpose of this inquest was:

[to] explore the circumstances of their [Carol's, Anastasia's and Nathalie's] deaths with a focus on the dynamics of gender-based, intimate partner violence and femicide in rural communities. The inquest jury will be asked to consider recommendations directed at preventing future deaths and protecting victims of intimate partner violence in rural communities.

The scope covered a number of important public policy issues:

- Risk factors for intimate partner violence (IPV) and femicide in rural communities
- Challenges for victims in reporting violence and accessing services
- The role of firearms in rural femicides and the perpetrator's access to firearms
- The perpetrator's history of violence and prior involvement with the criminal system, risk factors, signs of escalating risk and missed intervention opportunities
- Police and justice system policies and procedures related to IPV
- Barriers to safety planning
- Community awareness and attitudes about IPV and femicide
- Alternatives to traditional criminal justice system responses

The Province of Ontario was one of three parties that had standing at the inquest. The others were EVA and Malcolm Warmerdam, the child of Nathalie Warmerdam. Malcolm represented himself; the other parties were represented by lawyers. The perpetrator chose not to participate.

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BEFORE THE INQUEST BEGAN

Deciding to seek standing

EVA played a leadership role in coordinating the community's response to the murders, which included—among other things—organizing vigils and meetings, supporting family members of the victims and ensuring there was a community presence in the courtroom throughout the criminal trial.

While EVA members didn't know much about inquests, they knew they wanted to play a role. EVA was also concerned that the community perspective might not be strongly felt without their intervention, especially because only one family member chose to participate. Before deciding to seek standing, they found out as much as they could about what an inquest does, had discussions about what would be involved and assessed whether they had the capacity to become a party.

If your organization is thinking about seeking standing at an inquest, take the time to carefully consider these questions before making a decision:

- Do the issues to be addressed by the inquest fall within your organization's mandate?
- Just how involved do you want to be? For example, will you call witnesses and cross-examine other witnesses or will you play an observer role? What kind of standing would you like to seek?
- Do you have the capacity to be involved? For example, do you have at least one staff person who can work with the lawyer, attend pre-inquest meetings, attend the inquest, provide the lawyer with instructions, analyze the evidence and speak with the media?
- Are you ready for the extra media attention your organization might receive? Do you have someone who is skilled at doing media work?
- Will your clients be affected if you are involved with the inquest? How will you manage this?
- Are any of your staff likely to be emotionally affected by your involvement with the inquest? How will you manage this?

After the inquest ended, EVA members agreed that, exhausting and emotionally challenging as the process had been, they had no regrets about having participated:

We made sure the right questions got asked.

It gave us access to key people.

It was the hardest work I have ever done.

The months of preparation meant I relived the murders again and again.

Especially if your organization is small and has limited resources, consider building a coalition to seek standing. This could include organizations and individuals both in and beyond your community. It's a great way to increase your skill base and spread the work around. For example, a shelter could approach other shelters or the provincial shelter association to work in coalition.

Working with a lawyer

EVA retained a lawyer to provide legal and strategic advice and to generally support participation in the inquest process. The lawyer attended pre-inquest meetings with the coroner's office on behalf of EVA, consulted with coalition members about procedural issues, provided input on the draft Inquest Scope document and helped EVA prepare its strategy for the inquest itself.

This early engagement was important because it allowed EVA to ensure that the coroner's office was aware of issues that were important to EVA and to the clients of EVA members, as well as concerns and perspectives that were important to the community. It also meant that EVA was part of planning discussions by those who would lead the inquest.

EVA's lawyer, Kirsten Mercer, was the perfect choice. She had a strong background in gender-based violence issues, was very familiar with government systems and processes and had done work on tribunals, all of which were critically important. At least equally important, she was a feminist, was used to working with feminist organizations and had a commitment to working collaboratively and inclusively with her client, the coalition.

As one EVA member said after the inquest was over:

Having Kirsten represent us meant we had access to the people we needed to have access to. She made sure our perspectives and ideas were heard by the team from the coroner's office, and we knew she was bringing an intersectional feminist perspective to her work, which reflected ours. Without her, we would have been lost.

If your organization is planning to get involved with an inquest or a similar process, find the resources to hire a lawyer, even though the inquest process may appear collaborative. If the approach is clearly adversarial, having a lawyer is critical.

The right lawyer will make sure you understand the process, keep you informed about decisions being made by the coroner's office, negotiate with the other lawyers and the coroner's office, read and interpret evidence and amplify your voice throughout the proceedings.

You might be able to find a lawyer who can do all or part of the work on a pro-bono basis, as was the case with EVA's lawyer. Check with your coroner's office to find out whether it covers the legal fees for inquest parties. If it does, find out how to apply. Consider doing some targeted fundraising to cover some of your legal costs. Sometimes resources are available from other government funding bodies, including the ministry that funds your work, the attorney general or the ministry responsible for the coroner's office.

The lawyer you hire should have experience with processes such as inquests, tribunals or other legal or quasi-legal public hearings and be familiar with government structures and systems. They should also have some background in the issue

at the heart of the inquest; in this case, that was gender-based violence. You also want your lawyer to have good communication skills, including being a good listener, and be willing to consult with you closely.

You should decide how actively you want to participate in the inquest so you can instruct your lawyer properly. Will you call your own witnesses or just examine the witnesses called by others? Do you want to read all the exhibits? Will you attend the inquest every day? Do you have recommendations that you would like to suggest to the jury?

(Of course, you may not have clear answers to some of these questions at the beginning of the process. In other cases, your answers may change once you know who else is participating and you get a sense of the tone and scope of the inquest. Even so, these are good questions for you to consider to help you think through the extent to which you want and have the capacity to engage.)

Sign a retainer agreement with your lawyer, even if they are providing their services pro bono or their fees are being covered by the coroner's office. This document should set out exactly what the lawyer is doing for you and what is expected of you. Having this in place can prevent disputes later about who agreed to do what.

Consulting with the community

Because community engagement was a key focus for EVA, work on consultations began almost immediately once the inquest was announced.

Despite the challenges presented by the pandemic, EVA was committed to finding a way to consult with people in Renfrew County so their voices could be brought into the inquest itself.

Even before EVA had funding for its own participation, I was hired to lead this process, which culminated in a report that was submitted to the inquest as evidence.¹

Making the consultations accessible to as many people as possible was a top priority for EVA and was a challenge that we knew many community members were struggling with. As a result, we held in-person meetings and created an online option for people to provide their input. While it was not part of our original design, I also met with people one on one both in person and by telephone.

Almost seven years had passed since the murders of Carol, Anastasia and Nathalie, and we were concerned that people in the community might be reluctant to re-engage with such a painful topic. To ensure as much participation as possible in the consultations, we conducted extensive outreach through community and service organizations, faith institutions and political officials at all levels. As well, information was posted on the websites of EVA members. We provided information to media outlets at the community, regional, provincial and national levels and had an active social media presence before and during the consultation process.

Generally, we found the media to be responsive. In a number of cases, journalists wanted to conduct interviews about the consultations, which promoted them further. See the separate section on working with the media on page 35.

¹ lukesplace.ca/wp-content/uploads/2022/06/Inquest-report-community-consultations-final.pdf

Engaging the community is important in an inquest process, in fact, it is one of the reasons that we hold public inquests in certain kinds of deaths. In the case of an inquest like this one, the jury needs to hear not just from experts "from away," but also from people in the community where the death(s) occurred, because those folks have unique perspectives about both the impact of the death(s) and what changes might prevent similar deaths in the future.

However, community members may be reluctant to become involved. They may have been traumatized by the events leading to the inquest and not want to revisit them. They may be worried about their privacy and/or their safety if they participate. They may think they have nothing to offer. They may not trust in the process or feel that it won't lead to change.

Begin the work of engaging the community early in the process, offering as many ways for people to become involved as possible. We thought offering two forms of consultation—in-person and online—would be enough, but we discovered it was not. Other ways to draw people into the process could be to:

- Use existing community groups and meetings as well as regular staff meetings at community organizations
- Schedule one-on-one appointments in community agencies for people who want to talk privately with the researcher
- Offer follow-up contact by telephone or email to participants who want to say more

- Hold in-person sessions in different locations, on different days of the week and at different times
- Post frequent reminders and updates about both in-person and online consultations processes

Physical and emotional safety—for participants as well as the researcher—also needs to be a key consideration:

- Have a co-facilitator/notetaker at in-person sessions
- Designate someone who can provide emotional support during in-person consultations
- Consider and provide safe transportation and parking
- Build in time for the research team to debrief at the end of each session
- Hold in-person consultations in buildings where it's not obvious to an observer where someone is going (e.g., libraries, community centres).
 Especially in rural communities, where confidentiality is always a challenge, serious consideration must be given to how to offer privacy and safety to those who might want to participate
- Negotiate the presence of media. While you have little to no control over the presence of media at the inquest itself or at open public events like vigils, you can decide that community meetings are closed to media or that media may only attend under certain conditions. When journalists showed up at our consultations, we negotiated with them about what they could and couldn't do (no photos, quotes only with people's consent) and then asked participants if this was okay with them. In one case, the journalist asked anyone who was willing to go "on the record" to talk to him at the end, which a few participants

did. In all cases, media were very respectful of the privacy and safety issues. Of course, it's helpful if you have built a relationship with journalists and media outlets ahead of time, so you can discuss the boundaries of your community meetings with them before they show up.

People like to be appreciated for taking the time to share their thoughts. In addition to validating everyone's comments during the session:

- Let people know how you will use their contributions
- Assure them that they will not be identified in anything you write
- If you have the budget, provide childcare and transportation or reimburse people for those costs
- If you have a really great budget, provide people with a small honorarium for coming
- Provide snacks!

Don't miss the opportunity to promote your organization:

- Have flyers and other information available for people to take away
- Include information about how community members can support your work, including by providing donations!

Allow enough time. Because of the pandemic and the hazards of winter travel in a rural community, we held the consultations only a few weeks before the inquest, which was not ideal:

 If possible, hold community consultations three to four months before the deadline for submitting your report. This will let you schedule more consultations if you need them, follow up with participants and conduct additional research to supplement what you have learned through the consultations

It's also important to build a good working relationship with the team from the coroner's office:

- Let the coroner's office know that you will be conducting consultations and submitting a report to the inquest. This way, you will know about any restrictions, deadlines, concerns or objections
- Work collaboratively but independently. To this end, we shared our promotional materials, the consultation schedule, the outline of what we planned to discuss and our media releases with the coroner's office, but we expressly asked the office not to send anyone to the consultations, lest this make participants uncomfortable. We made it clear to the community that we were not part of the coroner's office, which had no authority over us
- In some cases, the coroner's office may conduct its own community outreach. Consider how that outreach will impact the community consultations, and plan accordingly

One of the things we observed among community members was a lack of understanding about what an inquest was, why it was being held, what it was seeking to accomplish, and how it was different from the criminal trial. In this case, community members were also curious (and in some cases critical) about why the inquest was taking place so many years after the femicides. The coroner's office should be encouraged to take up this public education work in the community well in advance of an inquest—particularly a high-profile inquest such as this one.

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THE INQUEST

A trauma-informed approach

The coroner's office and the presiding officer were committed to bringing a traumainformed approach to the inquest. EVA played a role both before and during the inquest to advocate for and support this commitment:

- A community-based mental health worker, paid for by the coroner's office, was present in the inquest room every day for anyone who needed support. She also checked in with the jurors, the presiding officer and the lawyers regularly and offered lunch-time breathing and meditation sessions for anyone who was interested
- Two hotel rooms were booked as quiet space for those who needed it. One was staffed with VAW workers and had food available throughout the day; the other was used by the mental health worker when people required her assistance
- EVA approached local bakeries and bakers to provide regular homemade snacks each day. While this seems like a small thing, numerous participants talked about the warmth and caring that this gesture from the community reflected

The presiding officer made a significant contribution to the trauma-informed atmosphere. She brought a gentle firmness to her leadership role. Her kindness was obvious throughout the proceedings. She thanked every witness, treated the jury

If you think you or your organization have information that should be shared during the inquest, approach the coroner's office or the appropriate party well in advance to let them know you are willing to be a witness.

In the CKW inquest, the coroner's office team met with members of EVA as well as other community experts in the months leading up to the inquest itself. This process, which was time-consuming for those who participated, contributed to the ability of the coroner's team to develop an appropriate scope for the inquest and to deepen their understanding of key policy issues and possible recommendations for change. EVA felt it was time well spent, but not all organizations may have the capacity to take this on.

with great respect and solicitousness and personally welcomed members of the public. Importantly, she took the time to draw attention to the available mental health resources and encouraged all in attendance to make use of those services when and as needed. While the inquest needed to follow certain processes and rules, the presiding officer kept things as informal as possible within that framework. First names were generally used. Breaks were frequent. The days ended on time.

Being a witness

Inquests usually hear from a number of witnesses. Some are people who were directly involved in the situation that led to the death(s); for example, an inquest into a death on a construction site would call the site supervisor and members of the work crew who were present. Other witnesses are people who have systemic knowledge—for example, a government bureaucrat with oversight of programs related to the death. Subject experts are also often called as witnesses. Family members and others impacted by the death may testify as well.

In the CKW inquest, the jury heard from a broad range of witnesses, ranging from those directly involved with the victims and/or perpetrator, those who responded to the situation on the day of the murders, those responsible for the administration and oversight of relevant programs and services and subject matter experts on intimate partner violence.

It can be a challenge to strike the right balance of fact, experiential and "expert" witnesses. In this inquest, partly because there had already been a police investigation and a criminal trial, much was known about the events on the day of the deaths, little of which was in dispute. This evidence was entered by way of a presentation and a PowerPoint document from an investigating officer.

Beyond that, in many ways, this inquest was less about the day of the femicides and more about the decades leading up to them, although there were some aspects of the police and first responder response that were examined in detail. In another kind of situation, the inquest might need to closely examine the events of the day of the death.

Subject-matter experts produced reports, which they presented through their testimony. Others simply appeared as witnesses.

People were called to be witnesses either by the coroner's office or one of the parties. Their initial testimony was guided by questions asked by whomever had called them to appear, after which the other parties, the presiding officer and the jury had the opportunity to ask questions.

If you are asked to be a witness, take the time to prepare well:

- Make sure you know exactly what is being asked of you: What topic(s) will you cover? Will you be expected to prepare a written report? Will you be testifying on your own or as part of a panel? What are any deadlines you need to be aware of?
- Especially if you are going to be part of a panel, ask for a meeting with the other panelists and whichever lawyer is calling you so you can clarify who will be speaking about what
- Study your topic thoroughly so you can answer any questions—including hostile ones—that you might be asked. A good approach for this might be to prepare the key points you plan to make (or, if you are submitting a written report, write the first draft), then present this to some of your colleagues. Ask them to imagine what kinds of questions you might be asked and then think through how you would answer those questions. Make notes about those answers. Because this is not a trial, you can refer to notes while you are testifying
- Prepare/update your CV/resume and provide it to the lawyer you are testifying for so they can use it to introduce you

- Review your testimony with the lawyer
- Ask the lawyer whether they will lead you through your testimony by asking you questions or whether you will give your testimony by reading/presenting your report/notes. If the lawyer will be asking you questions, get a list of them ahead of time
- Block lots of time for your appearance at the inquest. Timelines often change because a witness takes more or less time than expected, so you can't assume that your appearance will be exactly as scheduled. Check in with the lawyer who has asked you to testify the day before to confirm timelines.
- Make sure you know where the inquest is being held. If you plan to drive, find out what the parking arrangements are.
- If you can, attend some of the proceedings before you are scheduled to appear. This will let you become familiar with the space, the people and the process as well as to hear what other witnesses are saying
- Decide ahead of time whether you are prepared to talk to the media or whether someone else from your organization will take on this role

You may find these tips helpful for when you testify, especially if you don't have a lot of experience with public speaking or appearing as a witness:

- Double-check to make sure you have everything you need before you leave home: your notes, backup notes, handkerchief, water, phone,
- Tidy, casual attire is acceptable for appearing at an inquest. You should not wear sunglasses, a hat or chew gum
- Consider asking a colleague or two to accompany you so you have company while you are waiting. That way, there is a friendly face for you to look at while you are testifying and someone with whom you can later debrief
- Arrive early so you can find the washrooms, check in with the lawyer and get settled before you have to testify
- Turn your phone off before you begin to speak so you are not distracted by calls or text messages
- Take a few deep breaths before you begin to speak
- Speak slowly, clearly and loudly or, if you have a microphone, make sure you are speaking directly into it
- When the lawyer is asking you questions, look at them while they are talking, then look around the room while you are answering. Remember that you are ultimately addressing the jurors

- Make eye contact with the jury as much as you can while you are speaking
- If anything you are asked is unclear, ask for clarification
- If you don't know the answer to a question, say so
- It's okay to say "I don't know" or "I'm sorry, but I forget" or "That's not really my area of expertise"
- Refer to your notes as much as you need to, but try not to just read them—connecting with the jury is important
- When you are being questioned by other lawyers, try not to get into debates with them.
 If you think you have answered their question, and they keep badgering you, say something like "I have answered that question as well as I can"
- If you get into a difficult situation with a lawyer or juror (which is very unlikely) look at the presiding officer and ask for assistance
- When you are finished, give yourself a break before listening to other witnesses or talking to the media. Check in with your colleague, stretch, step outside for a few minutes, and pat yourself on the back for doing a good job
- The next day or a few days later, do a debrief with your colleague(s) who heard your testimony: What went well? What would you do differently another time? What have you learned from this experience?

Being an observer

Having observers at an inquest is important. We found it very supportive to have allies in the hearing room. I felt stronger and more courageous when I testified because I could see survivors, other advocates and colleagues in the room and knew that still more were watching the inquest virtually. (We can learn from the police on this: The day police officers testified, the hearing room was more than half full of other officers there to support their colleagues.)

The Executive Director of a VAW organization, who attended the inquest regularly, brought members of her team to observe one day. She saw the inquest as an important learning opportunity for those who were new to the work.

There were also practical benefits to having observers in the courtroom. It put everyone on notice that what was happening in that room was being witnessed by people not directly involved in the process. And, pragmatically, there were people we could ask to assist with unexpected tasks or run errands so those of us participating in the inquest did not have to leave the room or be distracted from our roles.

To make good use of observers:

- Well before the inquest, create a schedule of when you want observers present and how many you want
- Approach staff and volunteers with your and other organizations in your community to fill the schedule
- Create a list of what you expect of the observers:
 - To arrive a few minutes early
 - To be self-sufficient and not require emotional or other kinds of support during their shift
 - To bring a supply of Kleenex, small snacks, water, etc., in case anyone needs them
 - If you want them to take notes, be clear about what you want them to focus on
- If possible, have a planning meeting with observers before the inquest starts
- Do a quick debrief at the end of each observer's shift, especially if they need some emotional support
- Hold a group debrief after the inquest is over
- Figure out how an observer who can't make their shift will let you know

Getting started

Ritual and ceremony were very important to EVA, so these were built into our participation in the inquest. A vigil was held at the women's monument in Petawawa² in the early morning on the day the inquest began. It was attended by members of the coroner's team, EVA and community members, lawyers, journalists and at least one family member.

The quiet ceremony, in which people talked about their greatest hopes and fears for the inquest,³ music was played and flowers laid on the monument to commemorate Carol, Anastasia and Nathalie, served as a powerful grounding for those of us who were about to spend three weeks in a basement conference room at a Pembroke hotel listening to often distressing evidence.

The space in which the inquest took place was set up sort of like a courtroom, with the presiding officer at the front, seated on the right-hand side and facing the room. On the other side of the room, also facing out, was seating for witnesses. The lawyers sat in three rows facing the presiding officer and the jury sat in rows facing the witness seating. There was additional seating in the rest of the room for members of the public and the media.

On day one, the jury of three men and two women was brought into the room by the constable who had responsibility for them throughout the inquest. We were never told their names; instead identifying them by the signs on the backs of their chairs: juror one, two and so on. They were escorted in and out of the room each day to ensure there was no contact between them and anyone else. Once the presiding officer explained the process and rules, the lawyers had the opportunity to make opening statements and then the inquest proper got underway, with family members of two of the victims making personal statements.

The days fell into a pattern, with the jury formally entering the room, the presiding officer greeting everyone who was present and the coroner's lawyer outlining what was to be covered that day. Witnesses appeared either in person or virtually to give their evidence and to be asked questions by the parties or their lawyers, the jury and the presiding officer. At times, the questions were pointed and vigorous, but they seldom reached the aggressive level many of us associate with courtroom cross-examination.

² evarenfrewcounty.com/we-remember/

³ By far, the most frequently expressed fear was that the inquest would not lead to any change.

The evidence

As the presiding officer said in her opening remarks:

It is important to remember that in your role as jurors, you must consider only the evidence that you hear and see in this hearing room. The evidence is the testimony of the witnesses and the documents. My presentation to you now is not evidence. Nor are the questions that the witnesses will be asked or the presentations you hear from counsel and other parties. The evidence, which you will base your findings and recommendations on, is what you hear from the witnesses. You must not get information from any other source or conduct your own research. You must not seek out information from the media, the Internet, or attempt to investigate any aspect of the evidence on your own. And you must not rely on things that you heard in the community before you were affirmed as jurors.

Only the answers given by witnesses to questions and exhibits filed are evidence. Radio, television, newspaper and Internet reports or anything you may have heard from anyone else about this inquest, or the persons or circumstances involved, are not evidence. You should ignore them completely. You should avoid all media and other coverage about this inquest and not discuss the evidence with anyone other than yourselves.

Over the course of three weeks, the jury heard from more than 30 witnesses and read more than 700 pages of written evidence. They, as well as the presiding officer, the lawyers for the coroner's office and the parties (or their lawyers) were permitted to ask questions of the witnesses.

As an EVA member said, after listening to one day's particularly intense evidence: Anyone who is observing this inquest is getting a free master class in intimate partner violence, taught by some of the biggest experts in the country. It's an unbelievable opportunity for people to learn. What follows is a summary of some of the key evidence presented.4

A number of experts testified about intimate partner violence from a variety of perspectives.

My expert report⁵ used an intersectional feminist analysis with a particular focus on IPV in rural communities. In it, I explored the connections between women's ongoing inequality and intimate partner abuse as well as the ways in which our understandings of and responses to IPV have changed and expanded over time. The report looked in detail at both family and criminal law responses and set out principles to frame efforts to make change, concluding with some recommendations for the jury to consider:

I offer this framework to assist you as you consider the many recommendations you will hear over the course of the inquest.

- 1. We all have the right to live our lives free from abuse and the threat of abuse, especially in our intimate relationships.
- 2. It is everyone's responsibility to end violence against women and gender-based violence, which means ending misogyny and sexism using an intersectional lens to reflect the experiences of diverse individuals and communities.
- 3. The best kinds of change come through collaborative partnerships including survivors, frontline workers, professionals, community partners, system decisionmakers, media and politicians.
- 4. We can't lose sight of the big picture—prevention—in favour of responses to individual situations
- 5. The consideration of unintended negative consequences must be a priority in all proposed reforms.

Peter Jaffe⁶ prepared a case review of the triple femicide, which provided an overview of the perpetrator's life and identified risk factors and possible missed intervention opportunities:

Attempts to hold him accountable and change his behaviour by the justice system and professionals such as probation officers has been documented as largely unsuccessful.

His report noted that Ontario's Domestic Violence Death Review Committee has identified 41 risk factors for domestic homicides. When seven or more are present, the homicide is considered to be predictable and preventable. In this case, the perpetrator presented 30 of those risk factors.

⁴ All evidence submitted to the inquest is available to the public from the coroner's office: Stephanie.Rea@ontario.ca

⁵ lukesplace.ca/wp-content/uploads/2022/06/family-violence-presentation-for-inquest-june-2022.pdf

⁶ edu.uwo.ca/faculty-profiles/peter-jaffe.html

Katreena Scott⁷ provided the jury with considerable information about programs intended to support those who have engaged in IPV in ending their abusive behaviour. She noted that the only access to the government-funded Partner Assault Response (PAR) program—whether this is their first offence, they have offended and participated in PAR previously or they have been involved in multiple criminal activities and are attending PAR as a term of their release from incarceration—she noted that:

One size fits all means one size fits none. If you've gone twice and it hasn't worked, why are we sending you for a third time?

University of Maryland law professor Leigh Goodmark⁸ spoke about the importance of looking beyond the criminal law system for solutions to IPV:

Imagine what a response to IPV would look like if it did not primarily rely on the criminal legal system.

The jury also heard from frontline workers and survivors whose stories clearly demonstrated the many failures in system responses to IPV and other forms of gender-based violence.

Julie Lalonde,⁹ a survivor of long-term stalking by a former partner, called for criminal harassment language in the *Criminal Code* to be more nuanced to better capture the reality of how this form of gender-based violence affects its victims. She also talked about the importance of bystanders being equipped with the tools to be able to intervene when they see any form of GBV happening.

Survivor Heather Imming¹⁰ painted a chilling picture of the insidiousness of IPV that builds slowly over time, so that the victim doesn't even realize what is happening to her.

Victim services staff from Renfrew County, who had worked directly with two of the femicide victims, discussed the challenges of their work, which included a lack of funding and resources. They noted that, while their mandate is to support victims of any kind of crime, 72% of their files are IPV.

⁷ edu.uwo.ca/faculty-profiles/katreena-scott.html

⁸ leighgoodmark.com/author

⁹ yellowmanteau.com

¹⁰ www.pas.gov.on.ca/Home/AgencyBios/457?appointmentId=5946

One of them described the efforts of one victim to keep herself and her children safe: She bought a gun, used a tracker and had an alert button in her home. Perhaps most chilling was this witness's description of what the victim taught her children:

If he comes near, scatter and run so he can only hurt one person.

Her evidence clearly illustrated the reluctance of many victims to report abuse to the police or to engage in the criminal process because of concerns about the impact this might have on the abuser.

The jurors also heard in detail from police officers involved on the day of the triple homicide, who shared a detailed timeline of the sequence of events, and from other officers who provided a longer timeline of events leading up to that day.

Government bureaucrats testified about programming for victims and perpetrators but were often unable to answer the jurors' probing requests for details and clarifications. Many participants noted a defensiveness among some government witnesses, who appeared more concerned with defending their existing programs than engaging in the spirit of the systemic investigation at the heart of this policy inquest.

Considerable time was spent discussing firearms, which was an area of particular interest and concern to Malcolm Warmerdam. The perpetrator had used a gun to kill two of the victims and, generally, guns are more commonly the weapon of choice in domestic homicides in rural communities than in urban settings. While only 12% of femicides in urban areas involve the use of a firearm, the rate in rural communities is more than double that, at 29%.¹¹

The jury heard from probation and parole services with respect to the apparent gaps of supervision of the perpetrator, who was on probation on two different occasions prior to the murders as a result of incidents involving two of the homicide victims. In both situations, he refused to sign his terms of release and then failed to follow them by not attending the PAR program. This evidence also highlighted the limits of the probation service as it exists in Ontario, relying as it does on periodic check-ins with the perpetrator and limited proactive work to address the root causes that might contribute to the offender re-offending.

Kate Kehoe, senior policy advisor to the Nova Scotia Mass Casualty Commission, presented a review of all inquests and inquiries into IPV homicides in Canada in the past 30 years, identifying for the jury common themes in recommendations and, where information was available, the status of implementation of those recommendations.¹²

¹¹ vawlearningnetwork.ca/our-work/issuebased_newsletters/issue-35/index.html

¹² masscasualtycommission.ca/files/documents/COMM0063226.pdf

The input of community members who participated in the consultation process was provided to the jury through the consultation report, which looked at the impact of the murders on the community and suggestions for change from community members.¹²

Not surprisingly, the impact included re-traumatization for many, especially for those who had their own experiences of IPV. Other impacts included:

FEAR

I became afraid. I had lived with a fairly healthy dose of invincibility, and I became afraid and had to work through that.

ANGER

None of the women did anything wrong. They followed the rules. No matter what you do, it's not enough.

FEELINGS OF HELPLESSNESS

When is it going to stop? Can we ever make it stop? How many women have to die? Does anyone really care?

GUILT

Was there something I could have done?

The community also had many suggestions for change:

- Improvements to communication
- Changes to policing
- Improvements to laws and legal systems
- Enhanced safety
- Increased community engagement
- Systems accountability
- Increased resources

As one participant said:

To survive, you have to live in a community that takes responsibility for your safety.

 $^{^{12}\,}lukes place.ca/wp-content/uploads/2022/06/Inquest-report-community-consultations-final.pdf$

Key moments

There were many powerful moments over the course of the inquest. Here are just a few.

Malcolm Warmerdam, the son of Nathalie Warmerdam, had standing at the inquest and made the decision to represent himself.

On the first day, he made a statement from his perspective as a family member of one of the victims.

His passionate call for us not to consider this or other perpetrators "monsters," but to see them as people with good as well as bad in them was a powerful beginning for the work that lay ahead. He stressed that supporting perpetrators can help keep victims safe and that causing more harm to abusers doesn't help anyone.

His strength, integrity and focus throughout the inquest over the three weeks of the inquest was inspiring.

The words of Zou Zou Kuzyk, sister of Anastasia, were also moving:

I have a daughter myself, and it would be reassuring to think that any systemic problems can be addressed so she will have a safer world to live in. This can happen to any woman and there is more the justice system and communities can do to keep women safe.

Hearing from frontline workers, survivors and members of the community along with professional experts was an important and at times emotional reminder that expertise comes from many places and not just from people from big cities and with letters after their names.

For those of us who were part of the inquest process, the presence of others bearing witness—whether in the room or online—was incredibly important and supportive.

There were less positive powerful moments too.

Many of us were shocked to discover how little top-down responsibility there seems to be for services such as the PAR program, how poorly the probation system seems to operate and, more generally, how easy It seems to be for an abuser to escape any meaningful accountability for his actions.

This perpetrator failed to follow the terms of his release by repeatedly refusing to attend the PAR program, moving into a part of the county he had been told he could not live in, driving without a licence, acquiring a firearm, posting a list on his front lawn of people he wanted to kill—all in the months immediately before he killed Carol, Anastasia and Nathalie—without any system stopping him.

The inquest's ending

The inquest concluded with the lawyers for the coroner's office and EVA along with Malcolm Warmerdam presenting more than 70 recommendations to the jury for consideration. While the province did not endorse the recommendations—most of which were directed at the province—it did not oppose them. The parties made closing submissions and the presiding officer instructed the jurors, who were dismissed to begin their deliberations.

Those of us left in the room on the final day of the inquest felt somewhat untethered, after having spent three weeks in that space hearing and feeling so much trauma, pain and anger. We wandered off in twos and threes to begin re-entry to our real lives, leaving the room and all of its ghosts to the hotel staff, who had to prepare it for a wedding reception to take place the following day.

We, along with many journalists, returned to Pembroke the next week to hear the jury's verdict. The jurors had accepted all the proposed recommendations from the parties and added a number of their own, with the final list totalling 86 recommendations. Out of respect for the phenomenal commitment the jury had shown throughout the inquest, the presiding officer invited them to read their recommendations.

When the first recommendation—that the province "formally declare intimate partner violence as an epidemic"—was read by the jury foreperson, the air seemed to be momentarily sucked out of the room, as we all inhaled deeply at this creative and powerful idea, one that came directly from the jurors themselves. Over the next hour, powerful recommendation followed powerful recommendation until the jury reached its final one: that the parties to the inquest "reconvene one year following the verdict to discuss the progress in implementing these recommendations."

We ended as we had begun: at the women's monument in Petawawa for a closing vigil. This time, we were joined by two jurors and several new community members, as we reflected on the three weeks we had spent listening to stories of IPV and femicide, hearing about system failures to address that violence and wondering whether anything would ever change. But we also reflected on the strength and resiliency of women, whether victims/survivors of IPV or those supporting them.

The words of Marge Piercy, in her poem *The Low Road*, resonated with everyone:

What can they do to you? Whatever they want. They can set you up, they can bust you, they can break your fingers, they can burn your brain with electricity, blur you with drugs till you can't walk, can't remember, they can take your child, wall up your lover. They can do anything you can't stop them from doing. How can you stop them? Alone, you can fight, you can refuse, you can take what revenge you can but they roll over you.

But two people fighting back to back can cut through a mob, a snake-dancing file can break a cordon, an army can meet an army.

Two people can keep each other sane, can give support, conviction, love, massage, hope, sex. Three people are a delegation, a committee, a wedge. With four you can play bridge and start an organization. With six you can rent a whole house, eat pie for dinner with no seconds, and hold a fund-raising party. A dozen make a demonstration. A hundred fill a hall. A thousand have solidarity and your own newsletter; ten thousand, power and your own paper; a hundred thousand, your own media; ten million, your own country.

It goes on one at a time,
it starts when you care
to act, it starts when you do
it again and they said no,
it starts when you say **We**and know who you mean,
and each day you mean one more.

We remember Carol Culleton • We remember Anastasia Kuzyk • We remember Nathalie War
 Carol Culleton • We remember Anastasia Kuzyk • We remember Nathalie Warmerdam • We
 We remember Anastasia Kuzyk • We remember Nathalie Warmerdam • We remember Carol Culleton • W
 Anastasia Kuzyk • We remember Nathalie Warmerdam • We remember Carol Culleton • W

THE RECOMMENDATIONS

The jury, after reviewing the recommendations proposed by the parties and the coroner's office and adding some of their own, returned with a total of 86 recommendations for change.¹⁴

All of them are important and worthy of implementation, but some are particularly relevant to those of us working in the violence against women/gender-based-violence movement. Most recommendations are directed to the Government of Ontario. The provincial Chief Firearms Officer, Information and Privacy Commissioner and Office of the Chief Coroner also had recommendations directed at them, as did the federal government.

Below is a list of key recommendations, with some suggestions for how we—individually and collectively—can advocate to see that they are implemented.¹⁵

| # | RECOMMENDATION | COMMENTS | |
|---|---------------------------|--|---|
| | | | • |
| 1 | Formally declare | This recommendation offers an opportunity for women's | |
| | intimate partner violence | organizations to work together across the country and to | |
| | as an epidemic | collaborate with public health organizations. While it was | |
| | | directed at the province of Ontario, this recommendation | |

as at the federal level.

2 Establish an independent IPV Commission

SUMMARY OF

REC.

Advocacy for implementation of this recommendation should take into account learnings from the United Kingdom's Domestic Abuse Commissioner.¹⁶

could be implemented in all provinces/territories, as well

 $^{^{14}\} lukesplace.ca/wp-content/uploads/2022/06/CKW-Inquest-Verdict-Recommendations-SIGNED_Redacted.pdf$

¹⁵ Even those recommendations directed at the provincial government and bodies may be relevant in other provinces and territories.

¹⁶ domesticabusecommissioner.uk

| REC. # | SUMMARY OF RECOMMENDATION | COMMENTS |
|-----------|--|---|
| 5 | Institute a provincial implementation committee to oversee that the recommendations from this inquest are comprehensively considered | While this recommendation is specific to this inquest, it could be broadened to ensure oversight of all inquests into gender-based violence deaths. One of the most common concerns we heard during the CKW inquest was that implementation of the recommendations was not mandatory. |
| 6 | Amend the Coroner's Act to give the chief coroner greater oversight in the implementation of inquest recommendations | This recommendation ties to the one above and could lead to greater government action in response to inquest recommendations. |
| 7 | Bring an all-of-government approach to addressing IPV issues | This ties to the Roadmap for a National Action Plan on VAW and GBV ¹⁶ and should frame any actions taken to address IPV. |
| 10 | Integrate IPV into every municipality's community safety and well-being plan | This recommendation came straight from the community consultations and may be more applicable in smaller communities than in large urban areas. It offers a great opportunity to integrate the safety of women and children into community safety plans that tend to focus on home break-ins, property damage and auto theft. |
| 11 | Study the possibility of greater information sharing between family and criminal systems | Advocacy needs to be done with provincial attorneys general as well as with MPPs/MLAs and justice critics from opposition parties to raise awareness about the critical safety information often available in family court files that should be shared with the criminal system. |

¹⁷ nationalactionplan.ca

| REC. # | SUMMARY OF RECOMMENDATION | COMMENTS |
|-----------|---|---|
| 19 | Create an emergency fund to support women who are taking steps to seek safety | This recommendation should be considered in the context of YWCA Canada's recently announced NESS Fund so overlaps and competition are avoided. ¹⁸ |
| 20 | Realign the approach to public funding, noting the need for a different funding formula in rural and remote communities | Given the rural realities in Canada, initial advocacy focus for this recommendation could be on adapting current funding formulas so they reflect the unique needs of rural and remote communities. |
| 23 | Develop a new approach to public education campaigns to reach wider rural audiences | This recommendation contains many subsections with excellent ideas for changing our approach to public education, some of which could be carried out at the local level; others of which require buy-in at the provincial and federal levels. |
| 33 | Develop an approach to addressing perpetrators of IPV that is not one size fits all | The provincial government must re-design the PAR program to meet the different needs of different perpetrators. ¹⁹ |
| 40 | Amend the Family Law Act so judges can order counselling for the abuser when an IPV finding has been made by the court | This recommendation offers an opportunity for VAW organizations to collaborate with provincial lawyer associations, Chief Justice, Ministry of the Attorney General and Ministry of Children, Community and Social Services to advocate with the Attorney General for implementation. |
| 44 | Clarify and enhance the use of high-risk committees | Consideration should be given to the MARAC model (Multi-Agency Risk Assessment Conference). ²⁰ Collaboration with the Information and Privacy Commissioner would be helpful. |

¹⁸ ywcacanada.ca/nessfund

 $^{^{19}\} the globe and mail. com/canada/article-in timate-partner-violence-programs$

 $^{^{20}\} womanact.ca/wp-content/uploads/2021/01/WomanACT_Information-sharing-literature-review.pdf$

| REC. | SUMMARY OF RECOMMENDATION | COMMENTS |
|-------|--|--|
| 45 | Exclude from early intervention responses cases assessed as high risk, involving strangulation or with a history of IPV | Ministry of the Attorney General and Crown Attorneys could be engaged for discussions about what cases are appropriate for referral to early intervention in order to increase women's safety. |
| 46 | Consider development of intimate partner violence disclosure legislation | Some provinces have already implemented this legislation, often known as Clare's Law. Women's organizations could take the lead on researching the legislation's effectiveness in those provinces. |
| 54 | Develop a model similar to the family court support worker program for IPV survivors in criminal court | Ontario's FCSW program has been extremely successful in supporting survivors of IPV through the family court process safely. First developed by the Ministry of the Attorney General, this program is now housed in the Ministry for Children, Community and Social Services, so advocacy should be directed at both ministries. Family law lawyers, Legal Aid Ontario and judges could be important allies. |
| 58 | Review mandatory charging policies to consider effect on IPV rates, recidivism and unintended negative consequences | Advocacy should begin with the federal government in implementing this long overdue review. It is imperative that all stakeholders be part of the process and that the review use an intersectional feminist analysis. |
| 64-68 | Improve probation services supervision and responses to offenders who are high risk and/or fail to follow conditions | Advocacy should be directed at the Ministry of the Solicitor General and the Attorney General for necessary legislative and policy changes to ensure that probation services better supervise high-risk offenders in IPV cases. |

| REC. | SUMMARY OF RECOMMENDATION | COMMENTS |
|------|--|--|
| 77 | Include femicide as a manner of death in inquest verdicts | This is a very good time to advocate with the chief coroner for this change. |
| 78 | Develop a plain language tool explaining privacy, confidentiality and public safety to support professionals in sharing information appropriately | The Information and Privacy Commissioner has a commitment to making safety a high priority when considering privacy concerns. Advocacy can be directed to the Commissioner's office. |
| 79 | Explore adding femicide to the <i>Criminal Code</i> | This would require a Bill to amend the <i>Criminal Code</i> . Initial advocacy could be directed at the federal Justice Minister and the Minister for Women and Gender Equality. |
| 83 | Implement the National Action Plan on VAW and GBV | Women's organizations can support and join the work of Women's Shelters Canada for implementation of the NAP. ²¹ |
| 85 | Include coercive control in the <i>Criminal Code</i> | This issue has already been introduced via a private member's bill, and the Standing Committee on Justice and Human Rights produced a report about it in 2021. ²² |
| | | Not all VAW organizations support criminalization of coercive control, so a first step might be for internal discussions within the movement. |
| 86 | Reconvene in one year to discuss the progress in implementing these recommendations | Women's organizations could write to the coroner's office to encourage support for this. |

²¹ nationalactionplan.ca/#takeaction

²² ourcommons.ca/Content/Committee/432/JUST/Reports/RP11257780/justrp09/justrp09-e.pdf

Carol Culleton · We remember Anastasia Kuzyk · We remember Nathalie Warmerdam · We
· We remember Anastasia Kuzyk · We remember Nathalie Warmerdam · We remember Carol Cu
Anastasia Kuzyk · We remember Nathalie Warmerdam · We remember Carol Culleton · W
· We remember Nathalie Warmerdam · We remember Carol Culleton · We remember Anasta

MEDIA

We worked closely with the media before, during and after the inquest. As a result of our efforts, important issues related to IPV and femicide—especially in rural communities—made headline news locally, provincially and nationally before the inquest began, while it was running and even for many weeks after it ended.

Media interest in the CKW inquest was intense. For the most part, journalists were well informed and sensitive to the issues we were dealing with, but managing media was still a lot of work. Several of us did at least one and often two or three interviews a day. It was exhausting, and scheduling interviews around other inquest work was challenging at times.

Cooperation and communication among VAW organizations and individuals with respect to responding to media requests was key to success. We checked in with one another every day to see who was being contacted by what media and for which shows. We shared media requests to ensure that the journalist got to speak with the best person for that particular story. If one of us was unavailable, we would pass the request on to

Use the time before and after the inquest to raise the issue of IPV as well as your organization's profile with media:

- Identify journalists who have a good track record reporting on this issue to build a media contact list
- Reach out to those journalists and follow them on social media
- Identify one or two spokespeople from your organization who will be the go-to people during the inquest

Find creative ways to attract the attention of the media:

- Issue media releases tying key dates (Take Back the Night, December 6, International Women's Day) and the inquest together
- Hold media conferences on the anniversaries of the death(s) the inquest will be investigating and anytime there is a femicide anywhere in Canada
- Offer to provide the media with daily updates/ summaries of the inquest proceedings

someone else with a similar perspective. Those of us "from away" encouraged national media to include local experts in their interviews.

Lesson learned: While we had a very positive experience overall with journalists and media outlets, you should be prepared for the possibility that you might encounter an overly aggressive reporter who makes people feel uncomfortable or even unsafe.

For example, at the opening vigil of the CKW inquest, which had not been promoted to media, a reporter showed up and was persistent and aggressive in trying to film and photograph participants. We hadn't made a plan for this, because we were not expecting any media to show up. However, the presence of this reporter/photographer made some participants—including survivors—uncomfortable. Fortunately, one of the vigil organizers took on the job of managing the reporter in order to ensure the privacy of participants, but we should have had a plan for this in place ahead of time.

It's a good idea to have a media strategy before the inquest starts so you can take full advantage of opportunities that arise without burning out:

- Work collaboratively with other organizations and people involved with the inquest to decide who will speak to the media about what
- Encourage the media to talk to local organizations/people as well as to provincial/national organizations/people
- Know your strengths and limitations. If you're
 not great at thinking quickly on your feet, maybe
 you are better to do background or print media
 work, where you have a chance to think and
 edit what you say. Find someone else to do live
 radio/TV interviews
- Find out before the interview what the journalist wants to talk about and where/how/when your interview will be used.
- Ask the journalist to share a link to their story when it runs so you can promote it on social media
- Set boundaries if you need to. For example, you
 may not want to talk about the details of the
 specific case the inquest is investigating but you
 do want to talk about systemic issues. You can
 tell journalists that
- Don't hog media interviews. Ensure that marginalized voices have a chance to be heard and that people with less media experience have the opportunity to give interviews

- Say no to interviews if you are too emotional, too tired or not well enough informed to do a good job. Whenever possible, offer an alternative contact
- Respond to every media request, even if it is to say no. Part of what you are doing is building a relationship with the media that you will be able to use in the future
- Have an organizational protocol for whether you provide the names of survivors to the media for interview purposes. If you do, do you have support systems in place for those survivors who speak with the media?
- Identify at least one spokesperson from your organization—or more than one, so people can alternate—and ensure they are well informed on whatever topic the media want to talk to you about
- Anticipate events where you might not want media present and build a strategy to deal with any journalists who show up
- Keep an updated list of every journalist you speak with, including brief notes about them, and of every interview you do
- Critique your media work: Read your quotes, listen to/watch interviews, and think about what you would do differently the next time. Have a colleague do the same thing so they can provide you with constructive feedback

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THE JURORS' THOUGHTS

While the official contribution of the jury came through their recommendations, they also shared their thoughts with me by responding to a list of questions I sent them after the conclusion of the inquest. Their responses to my questions were as thoughtful as their participation in the inquest had been. Here is some of what they said to me:

- As a society, we need to reach the point where intimate partner violence is as taboo as drinking and driving.
- I am in shock and awe: shock that there is so much IPV in our society and awe that there are so many people working so very hard to help those in need and to stop IPV from happening.
- I hope the entire court system is completely revamped to find a better way that is more victim-centric.
- I was like so many other people that wonder why women "just don't leave." I now understand that it is just not that simple... I simply cannot imagine the terror they must feel.
- I knew very little about IPV before the inquest. It certainly opened my eyes to what a complicated, terrible thing it is. I was shocked to hear the statistics and, of course, those statistics only reflect the cases reported. It truly is an epidemic.

I asked them what they found the most disturbing out of everything they heard or read during the inquest:

- The abject failure of the probation system.
- Systems and society in general don't seem to understand the gravity of the problem.
- That a woman would need to have a panic button on her nightstand: that should not be a solution or normal in anyone's world.
- Essentially, offenders have more rights than victims.
- The jurors had high praise for the team from the coroner's office for how well supported they were throughout the inquest and said that they felt honoured to have been part of the process.

They indicated that participating in the inquest as a juror would have a long-term impact on them in a number of ways. One said they would stand up against IPV now. Another, that they would be more vocal and active; another said they had a greater awareness and hoped to volunteer. Another commented that they will now be more aware of the signs that there may be IPV and will speak to the woman privately in those situations to connect her with professionals and organizations that could help.

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WHAT'S NEXT?

For those involved closely with the inquest, the process was demanding and exhausting. Most of us were ready for a break from the intensity of reliving the tragedy of the murders of Carol Culleton, Anastasia Kuzyk and Nathalie Warmerdam and the many systems that failed both them and the perpetrator in the decades leading up to September 22, 2015. We needed time to reflect, refresh and heal, and, back at our offices, we faced daunting piles of work we had set aside for the duration of the inquest.

We also knew we needed to get to work quickly to advocate for implementation of the jury's recommendations, if our work before and during the inquest was to have any meaning. By late summer, organizations at the community, regional and provincial levels had begun conversations about how to move the recommendations forward. While there is no official strategy, organizations are in regular communication with one another to minimize duplication and gaps and to ensure we send a common message.

We have loosely organized advocacy efforts into five pillars:

- Political
- Law reform
- Media
- Community engagement and initiatives
- Art initiatives

You can link to an online toolkit developed by Luke's Place Support and Resource Centre that contains resources to support advocacy work related to the inquest.²³ It includes a number of templates for letters to decision-makers that you can adapt to suit your organization, as well as tips for using social media and engaging with decision-makers, a one-pager to assist individuals who want to do advocacy on their own and links to other resources to support advocacy. Luke's Place will be adding resources to this toolkit—including discussion papers on the law reform recommendations—on an ongoing basis over the next few months, so it will be worth checking out regularly.

²³ lukesplace.ca/culleton-kuzyk-warmerdam-ckw-inquest-advocacy-toolkit

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CONCLUSION

Femicide, including intimate partner and domestic homicide, remains at high levels in this country: According to the Canadian Femicide Observatory for Justice and Accountability, 233 women were killed by men in Canada in 2021. In only 5% of those homicides was the killer a stranger to the woman he killed. The CKW inquest leaves behind a public record of three acts of femicide as well as a rich body of expert evidence and thoughtful recommendations for system change. It is now up to all of us to ensure that the hard work and heartache of the parties, their lawyers, the witnesses, the jury and others who supported the inquest were not in vain.