THE CORNWALL
PUBLIC INQUIRY

L'ENQUÊTE PUBLIQUE
SUR CORNWALL

Public Hearing

Audience publique

Commissioner

The Honourable Justice /
L'honorable juge
G. Normand Glaude

Commissaire

VOLUME 4

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--- Upon commencing at 10:03 a.m./

L'audience débute à 10h03

THE REGISTRAR: This hearing of the Cornwall Public Inquiry is now in session. The Honourable Mr. Justice Normand Glaude, Commissioner, presiding.

Please be seated. Veuillez vous asseoir.

THE COMMISSIONER: Good morning, all.

I have a few opening remarks and then we'll get to the work at hand.

Let me begin by saying that it was and it still is an honour to have been asked by the Attorney General of Ontario to lead the Cornwall Public Inquiry. I agreed to take on this challenge because of my belief in the importance of the inquiry's mandate.

In my view, the inquiry has great potential to help communities, both in Cornwall and beyond, to learn how public institutions can respond quickly and well when faced with allegations about sexual abuse of children by persons in positions of trust or authority.

I also welcome the opportunity to find ways throughout the inquiry to support the community of Cornwall as it moves forward after a difficult period in its history.

Je tiens à souhaiter la bienvenue à toutes les parties ici présentes aujourd'hui et à insister sur

l'importance d'accorder à toutes les personnes intéressées la possibilité de s'exprimer dans le cadre de l'enquête.

Je salue également les membres du public et les médias qui vont assister aux audiences ou les suivre.

The parties who have been granted standing in the inquiry are all represented by skilled counsel who will be able to assist me and all of us in getting through what may be a lengthy and sometimes difficult process. Counsel will also help to ensure that everyone who appears before me is well heard and that all perspectives are taken into account.

I am counting on counsel to help ensure that we complete the inquiry in a reasonable period of time by focusing on those issues relevant to the mandate I have been given.

In addition, I would like to request that everyone, whether you are a party to the proceedings, a witness, legal counsel, an observer or a member of the media, to please show respect and concern at all times for the persons who appear before the inquiry. This will be a priority for me and, I hope, for all of you as well.

It takes courage to come forward and to speak in a public venue about painful past events. Whether one is an individual who has made an allegation of being sexually abused as a child, a person against whom such

allegations were made, or an official or a public institution that was asked to respond to such allegations, testifying will not be an easy task.

I have taken steps to have counseling services made available to all persons affected by this inquiry, not only to alleged victims and alleged perpetrators and their families, but also to anyone who participates in the inquiry who feels the need to seek some type of assistance.

Now, the details of how to access this service will be finalized shortly and will be made public by way of news release, notice to the parties and, of course, on our website.

A word about our communications staff. Marie-Josée Lapointe and Joan Weinman are the inquiry's communications advisory who can be contacted by the media.

Please note that I will not be available and I will not make myself available to the media during this inquiry. The reason for that is fairly simple. I feel that any communication from me should take place within the inquiry process, whether in the hearing room or in my final report.

I would like to assure all parties that I will make every effort to ensure that everyone is well heard here in this public forum on issues relevant to my

mandate. It is my hope that this will limit the extent to which you will feel the need to continue debate and discussion outside the hearing room on those same issues while the inquiry is underway.

With respect to the mandate, I would like to discuss the mandate of the Cornwall Public Inquiry. The mandate sets out two primary tasks. The first task is to find out how public institutions in Cornwall responded in the past to any allegations of sexual abuse that were brought to their attention.

We will also look at the way institutional responses and the capacity of institutions to respond have evolved over time and how the responses could be improved in the future. This will be the subject of Phase 1 of the inquiry.

As the focus of Phase 1 is on allegations of child sexual abuse made to public institutions, I would like to take a moment to comment briefly on these terms.

The mandate speaks broadly of child sexual abuse allegations. However, based on the events leading up to the Cornwall Public Inquiry, my assumption is that the primary focus will be on allegations against persons in a position of trust and authority as opposed to, for example, abused alleged to have taken place within a family.

The mandate also speaks about the responses

of public institutions. By public institutions we mean such entities as the police and Corrections and those that have been listed as parties, I suppose, in this inquiry.

I should point out, however, that during the inquiry we may also discuss the role and practices of other institutions such as the Church. This would be done for the purpose of better understanding and evaluating the responses of the public institutions that are included in the inquiry's mandate.

The second primary task is to look at ways to help the affected individuals, institutions and the Cornwall community to move down the path towards healing and closure. By healing and closure, I mean to find ways to clear the air with respect to our public institutions and to determine how they did react and how they should react in the future.

It is to look at ways for those persons hurt by this whole situation to be better equipped to deal with their lives and to finally shut the door on the past in as much as is humanly possible.

This will be the subject of Phase 2 of the inquiry. The need for healing and closure exists no matter what did or did not happen in Cornwall and regardless of what I may find in Phase 1 about how public institutions responded to allegations that were made to them.

I come to this inquiry mindful of the fact that this has been a very painful and difficult time in this community's history. It is precisely because this has been very painful and difficult that healing and closure must take place.

Although healing and closure is the focus for Phase 2 of the inquiry, I am sensitive to the fact that the way in which we conduct Phase 1 can have a positive or negative impact on the ability of Phase 2 to achieve that objective. I would encourage all parties to keep this in mind throughout Phase 1.

I should also point out that the Cornwall Public Inquiry is not the only process that arises from the events alleged to have occurred. There have been criminal proceedings in the courts and there are ongoing civil proceedings. This inquiry does not and cannot seek, in effect, to try or re-try these matters. It is not within my mandate to determine who did what to whom, although I may make findings of fact about what allegations were made to various public institutions and how those institutions responded, including the interaction of the response with other public and community sectors.

Permettez-moi maintenant de vous expliquer brièvement comment l'enquête se déroulera. Comme je vous l'ai dit, la Phase 1 a comme objectif de recueillir des

informations qui m'aideront à déterminer comment les institutions de Cornwall sont intervenues face aux allégations de mauvais traitement sexuel à l'endroit d'enfants qui ont été portés à leur attention, à découvrir quelles politiques et pratiques étaient en place et à savoir comment elles ont été appliquées. Les avocats de la Commission appelleront les témoins qui seront également interrogés par d'autres avocats.

During Phase I, some individuals may wish to testify about what happened to them as victims of child sexual abuse or as persons against whom allegations were made. And indeed, we do need to hear about the allegations that were made and to whom they were made.

This is necessary in order to make findings about how public institutions responded to those allegations. However, I remind all parties and their counsel that our focus is on the response of the institutions themselves, and we will be hearing the evidence in Phase I for that purpose alone. This distinguishes Phase I from Phase II, which will focus broadly on healing and closure.

Phase I will be structured by what I call by public institutions and by that I mean we will divide the evidence into following the complaints made to each institution and follow through with that institution's

actual responses in dealing with each complaint. Phase I is scheduled to begin on March 27th of this year. We have scheduled hearings from Monday to Thursday for that purpose until April 6th of 2006 with a week off from hearings in the week of April 10th and then continuing according to the drafted schedule.

It is my hope that Phase II will offer an opportunity for people to speak more broadly about what has happened and the impact on them and the Cornwall community.

The nature of the Phase II healing and closure process has not yet been determined. Over the next few months, I will be considering how to structure that phase of the Inquiry, and I will seek input from the parties' counsel and others. My hope is that we can design Phase II in a way that helps to make progress towards the goal of healing and closure and that leaves participants in a better position to continue down that road.

I will also be setting up an expert advisory group to provide advice and assistance throughout the Phase II process.

Avant le début des témoignages factuels de la Phase I, nous aurons une semaine ou deux pour ce que j'appelle les audiences d'établissement du contexte. Au cours des prochains jours, des experts nous expliqueront ce qu'ils pensent d'après leur expérience et leurs recherches

des enjeux de l'enquête. Cela nous aidera à nous faire une idée de la situation avant d'entendre des preuves détaillées.

J'aimerais préciser que les experts que nous entendrons dans le cadre de cette phase d'établissement du contexte ne parleront pas de ce qui s'est passé ou de ce qui ne s'est pas passé. Ils ont plutôt été sélectionnés en raison de leur connaissance des questions soulevées par l'enquête qui nous servira de toile de fond si vous voulez pour nous aider à placer dans leurs contextes les témoignages sur Cornwall que nous entendrons au cours de la Phase I.

Par exemple, certains experts nous décriront l'évolution de notre compréhension des mauvais traitements sexuels affligés à des enfants en général et par des personnes en situation de pouvoir ou de confiance. Ils expliqueront la signification de certains termes techniques qui reviennent souvent dans les discussions à ce sujet. Ils expliqueront les perspectives de victimes d'agression sexuelle contre les enfants, d'agresseurs présumés, d'institutions, ainsi que des représentations du milieu thérapeutique et de la recherche.

Ils nous présenteront également ce que nous savons maintenant être de bonnes interventions de la part des institutions et de la collectivité à des allégations de

mauvais traitements sexuels envers des enfants. Certains des experts que vous entendrez au cours des audiences initiales d'établissement du contexte reviendront peut-être nous parler à une étape ultérieure de l'enquête.

J'ajouterai aussi d'autres experts aux Phases I et II, au besoin, pour nous aider à comprendre encore une fois le contexte. Là encore, ces experts nous aideront à nous faire une idée de la situation exacte. Leur tâche n'est pas de nous dire ce qu'ils croient qui s'est passé ou non à Cornwall. Ce que j'espère c'est que nous allons considérer l'enquête comme un processus d'apprentissage pour nous tous, y compris moi-même, et je crois qu'il est important que nous établissions le contexte ensemble.

Now that you have heard about the Inquiry's mandate and how it will unfold, some of you may be asking, "How important is the Cornwall Public Inquiry". If it is not a process to separate valid allegations from those that are false or determine who did what to whom, why spend the time and the resources?

In my view, the question of how public institutions respond to allegations of sexual abuse by persons in a position of trust or authority is enormously important. It goes to the heart of how, as a society, we protect our children. It looks at how we respect the

rights of persons alleged to have committed deplorable breaches of trust. It also examines the accountability of vital institutions in our society.

In short, the ways in which institutions respond can be seen as an expression of our collective concern about issues of great importance. It is vital, therefore, that we think about fundamental questions that flow from the mandate.

What are the best responses for public institutions? What is the impact if the responses fall short of that standard? What is the impact of the institutional responses on children alleged to have been sexually abused? What is the impact on persons alleged to be abusers? What is the impact on public institutions that have a mandate to help persons at risk in our community? And what is the impact on the Cornwall community as a whole as a result of allegations made over a period of several decades? And finally, what can we do to help those affected to progress down the road to healing?

So yes, I consider the mandate of the Inquiry to be extremely important. It represents an important opportunity to help the community of Cornwall to move forward after a difficult period in its history. It also represents a one-time opportunity to answer fundamental public policy questions, to document lessons

learned from the Cornwall experience and to develop recommendations for the future that will benefit individuals, institutions and the community of Cornwall and beyond.

In conclusion, I want to thank you all again for your commitment to the Cornwall Public Inquiry and its mandate. I look forward to our combined efforts to make the Inquiry a meaningful process that will have beneficial and long-lasting results.

Now, enough said for me; we will now hear from Peter Engelmann, lead counsel, who will introduce today's agenda so to speak. Thank you.

MR. ENGELMANN: Good morning, Mr. Commissioner, and thank you and good morning my learned friends, ladies and gentlemen. Welcome to the Cornwall Public Inquiry.

I have some very brief introductory comments, and I want to once again introduce Commission counsel who people will be seeing throughout this inquiry.

To my far left is Pierre Dumais whom many of you know and to his immediate right Raija Pulkkinen, and Christine Morris and Simon Ruel who may or may not be in the hearing room.

THE COMMISSIONER: Out in the back there.

MR. ENGELMANN: Thank you.

The five of us have been working on this file now for some time and we will be seeing you, Mr. Commissioner, and many of these counsel over the next few months.

My comments this morning really will focus a little bit on what we call the context evidence part of Phase I and, Mr. Commissioner, you commented on this briefly in the French language. For my friends who are either not bilingual or who were not listening to their headsets, some of this will be new, but I just wanted to briefly talk about what we will be hearing over the next few days.

We will have a full opening statement to make when the evidentiary part of Phase I starts this spring, and I know my colleagues will as well.

So over the next few days, we will be hearing from a number of experts, starting this morning will David Wolfe. Dr. Wolfe is an expert in child sexual abuse and, in addition, he is an expert in the impact of child sexual abuse on victims.

We also have Professor Nicholas Bala who will be joining us, and he's an expert on the evolution of legislation, law and legal processes involving children and, in particular, child sexual abuse. We have as well Nico Trocmé. He's an expert in the reporting of child

abuse and, in particular, child sexual abuse. John Liston, who is an expert in the child welfare response to allegations of child sexual abuse.

We will be having a police expert. That may be Wendy Leaver or someone of a similar background, and she's a detective with the Metro Toronto Sex Crimes Unit, but in any event an expert in police investigations, policies and practices with regard to allegations of child sexual abuse.

As well, we will have an expert, and this may be Father John Loftus or an alternate. He's an expert in the responses of the Catholic Church to allegations of child sexual abuse against clergy.

Lastly, we expect to have Dr. Peter Jaffe, an expert in Child Sexual Abuse and, in particular, the institutional and community response to it.

We're starting with Dr. Wolfe, and he will be including the following topics in his presentation. He will be talking to us about the definitions of child sexual abuse and child sexual exploitation. He will be talking to us about the types and prevalence of child sexual abuse, including pedophilia, hebophilia and other characteristics of child sexual abuse. He will be talking to us about how our understanding and awareness of child sexual abuse has evolved and some of the additional problems we face when

persons of trust or persons in positions of authority are involved as alleged perpetrators.

He will also be discussing briefly institutional responses, protocols and standards and responses of communities.

He will be talking in some detail about the impact of child sexual abuse on children and then later on adults who have experienced child sexual abuse.

He will talk about the disclosure process or perhaps better known as the non-disclosure process and the issue of false allegations.

He will also be talking to us about the difficulty for persons working with children and/or adults who have been sexually abused as children.

And lastly, he will leave us with some important considerations when dealing with child sexual abuse and why public awareness of the issue is so helpful in dealing with it.

Professor Bala will talk to us about legislation, law and legal processes, as I indicated earlier, and he will give us a historical overview of the legislation, law and the legal systems and how they responded to child sexual abuse right up through the 1970s.

Then he will talk to us about the evolution and the beginnings of change in the legislation, law and

legal processes from the mid-seventies through the mid-eighties. He will then track this and talk to us about some of the fundamental systemic changes that occurred in the legislation, law, and legal processes through the eighties and early nineties. He will also talk to us about some of the reforms recently to our criminal law.

He will then explain very briefly some of the high profile Canadian cases that have dealt with child sexual abuse. He will then share with us some concerns regarding false allegations of child sexual abuse and some challenges in proving abuse in court.

Lastly, he will deal with civil liability and allegations of abuse against employees and/or volunteers of child-serving institutions and the evolution of their response.

Dr. Trocmé, who is an expert in the reporting of child abuse and social worker at McGill University, will talk to us a little bit about how the reporting of abuse has evolved; how our child welfare system has responded and some of the statistics dealing with the present-day reporting of child abuse and child sexual abuse.

Mr. Liston will talk to us about the child welfare response and, in particular, give us a historical context of children's aid societies. He will talk to us

about the role of children's aid societies in the issue of child sexual abuse, some of the significant legislative changes and also child welfare trends over the recent past from the late sixties right up to the present.

Our police expert will talk to us about police investigations, policies and practices, and this expert will describe the evolution of police investigations in policies pertaining to child sexual abuse from at least the early 1980s through to the present.

Our expert on the response of the Church will deal with a general historical overview of how the Church has viewed the problem of child sexual assault within the clergy; also the Church's growing awareness of the problem in the sixties and how isolated cases of misconduct were brought to light in the seventies and onwards. This expert will also describe how cases of child sexual abuse were brought to light in the late eighties and early nineties; some of the treatment that clergy have received, if they've been involved in child sexual abuse; also the slow but increasing awareness and response to the problem through the 1990s. And that expert will end with what has been learned and why the involvement of the Church in this process is important.

Lastly, Peter Jaffe, who is an expert in child sexual abuse, will talk to us about the community and

institutional response; the primary, secondary and tertiary responses by various institutions. He will talk to us about the importance of primary prevention and public awareness of child sexual abuse; the need for prevention programs for children and also for adolescents; the need for professional awareness amongst teachers, doctors and other professionals and training to assist in the detection and responses to child sexual abuse.

He will also talk to us about police and child protection protocols and the coordination of those protocols with respect to investigation, safety, planning and healing.

Lastly, he will talk to us about early intervention and treatment for victims and perpetrators.

Mr. Commissioner, you've talked about this briefly and you've touched upon this. The purpose of this context evidence, as we see it, we believe this evidence will set a context and thus help us all frame the issues that this inquiry will be examining in the months ahead.

THE COMMISSIONER: M'hm.

MR. ENGELMANN: Counsel for the parties have been advised that they have the opportunity to file written opening statements with the Commission one week prior to the commencement of our evidentiary hearings, which we anticipate, therefore, will be March 20th with a start on

March 27th, and counsel are also aware that they have an opportunity to make oral opening submissions upon the completion of this contextual evidence, if they so choose.

Counsel have also been advised that if they have preliminary issues that they wish dealt with, that they wish to be adjudicated, we would like them to file their motions and do so quickly, and we have, in fact, suggested the date of February 16th, this Thursday, for that purpose. We would like to have any outstanding issues adjudicated -- outstanding preliminary issues, that is, adjudicated on February 23rd, if possible, so that we can ensure these issues can be resolved quickly and that all parties can then prepare effectively and efficiently for the substantive hearing later this spring.

Just before coming to the inquiry's first witness, I wanted to say something very briefly about the role of Commission counsel, and I have listed the five individuals involved. Rule 8 sets out that we are to assist in ensuring the orderly conduct of this inquiry and to represent the public interest throughout, and I can assure you and individuals here that all of us view this responsibility as a very important one. We take it very seriously and we will do our utmost to fulfill it.

Mr. Commissioner, unless there is anything else that must be resolved immediately, the Commission is

ready to call its first witness.

THE COMMISSIONER: All right.

Any preliminary comments or objections or anything from the parties?

I don't think so.

All right, you may call your first witness.

MR. ENGELMANN: Would Dr. David Wolfe please come forward?

(SHORT PAUSE)

THE REGISTRAR: Could you state your name, please?

DR. WOLFE: David Allen Wolfe.

THE REGISTRAR: Could you spell it, please?

DR. WOLFE: Allen is A-L-L-E-N and Wolfe is W-O-L-F-E.

DAVID ALLEN WOLFE, Affirmed:

THE COMMISSIONER: Go ahead, sir.

MR. ENGELMANN: Mr. Commissioner, just before seeking to qualify Dr. Wolfe, I just wanted to mention that my friends were all advised by letter dated January 27th that the Commission proposed to qualify Dr. Wolfe as an expert in child sexual abuse and a slight modification -- and in addition an expert in the impact of child sexual abuse on victims. We did not receive any objections so I don't anticipate there will be objections

to his qualifications. However, counsel may have a few questions. I certainly have a few questions, but will limit them with that in mind.

THE COMMISSIONER: All right.

EXAMINATION ON QUALIFICATION BY/INTERROGATOIRE SUR QUALIFICATIONS PAR MR. ENGELMANN:

MR. ENGELMANN: Dr. Wolfe, you should have in front of you a Book of Documents that says "Book of Documents – David A. Wolfe, Ph.D."

Do you have that?

DR. WOLFE: Yes, I do.

MR. ENGELMANN: I should just point out for the record that all counsel have been provided with the contents of this Book of Documents electronically I think some time last week and then this morning with a CD that has the full book on it.

I understand that the reporters and the Commissioner, you have hardcopies.

Dr. Wolfe, if we could just turn to Tab 1 and if you could just indicate to us what we see there.

DR. WOLFE: This is a copy of my curriculum vitae that I provided dated January of '06.

MR. ENGELMANN: All right.

So that it would be fair to say the CV is up to date?

DR. WOLFE: Yes.

MR. ENGELMANN: And accurate?

DR. WOLFE: Yes.

MR. ENGELMANN: And if you could then take a look at Tab 2 as well, sir, and explain for us what we see there.

DR. WOLFE: Biographical summary that I prepared that draws on highlights of my academic background, clinical and forensic background and recent honours that I prepared.

MR. ENGELMANN: Sir, is it also accurate and up to date to the best of your knowledge?

DR. WOLFE: Yes.

MR. ENGELMANN: Now, Dr. Wolfe, these two documents indicate that for approximately the last 25 years you've worked as a professor of psychology, and in doing so, that you've taught and researched in the areas of child abuse, domestic violence, child sexual abuse and developmental psychopathology.

Is that correct?

DR. WOLFE: Yes, it is.

MR. ENGELMANN: Aside from your active academic career, I understand that you have continued to act as a psychologist in private practice and have done so for about the same period of time?

DR. WOLFE: That's correct.

MR. ENGELMANN: So that's approximately 25 years as well?

DR. WOLFE: Yes.

MR. ENGELMANN: So Dr. Wolfe, perhaps we could just turn to the bio for a minute at Tab 2.

DR. WOLFE: M'hm.

MR. ENGELMANN: I'm assuming that that's up on the screens for people.

Dr. Wolfe, just starting at the top under your academic background, could you just tell us briefly -- it says that you hold the RBC Chair in children's mental health at the Centre for Addiction and Mental Health -- explain to us what that means, what that is?

DR. WOLFE: That's an endowed chair by Royal Bank of Canada that they endowed to the Centre for Addiction and Mental Health in the University of Toronto specifically to hire someone to study the broad issues of children's mental health.

DR. WOLFE: And how long have you held that chair?

DR. WOLFE: The chair was begun in October of 2002. I was the first person to hold it. So it's since then.

MR. ENGELMANN: All right.

And also in that same paragraph of the bio there's a reference to the fact that you're a founding member of the Centre for Research on Violence against Women and Children at UWO.

Can you just explain to us what that's about, what you've done, what the centre does and what your involvement with the centre is or was?

DR. WOLFE: The centre there at the University of Western Ontario was begun in 1993. It's one of five centres funded by the federal government across the country following the Montreal massacre in 1989, specifically to address issues of violence against women and we also added children to our particular centre.

I started that with a group in '93 and I was their academic director just prior to my current position.

MR. ENGELMANN: Are you still involved with the centre in any way?

DR. WOLFE: I share a lot of research with them and my colleagues are still there, so yes, I am.

MR. ENGELMANN: All right.

Now, sir, just turning back to Tab 1 for a moment, your CV, you have a long list of articles and books that you have either authored or coauthored, starting on page 7 of that CV.

DR. WOLFE: Yes.

MR. ENGELMANN: Can you give us some indication if some of those particular articles, books, chapters relate to the subject matter of child sexual abuse?

DR. WOLFE: Yes, they do.

MR. ENGELMANN: And I understand that a few of those articles may in fact be listed in a selected bibliography that you provided for us?

DR. WOLFE: Yes.

MR. ENGELMANN: And that's at Tab 4 of the Book of Documents.

And the nature of the selected bibliography, Dr. Wolfe?

DR. WOLFE: I provided this to support some of the statements I'm giving and also for others who are interested in reading more about this topic. And then there were certain articles and books you mentioned from my own work that I listed here.

MR. ENGELMANN: All right.

And so I'm just looking at the second page of Tab 4. It appears the last five notations you've had something to do with?

DR. WOLFE: Yes, I have.

MR. ENGELMANN: Can you just tell us briefly if those are books, chapters, articles, or what we're

dealing with?

DR. WOLFE: The "Wekerle et Wolfe" is a book chapter dealing with the broad area of child maltreatment, all forms of abuse and neglect, and then there's two articles. One was written specifically on men who have been abused and one was written about the basis of harm of people who have been abused. That ---

MR. ENGELMANN: Sir -- I'm sorry.

DR. WOLFE: That was the one on the impact of child abuse in community institutions.

MR. ENGELMANN: All right.

And sir, I note at page 7 of Tab 1 of your CV, you are a coauthor of a text, Abnormal Child Psychology?

DR. WOLFE: That's correct.

MR. ENGELMANN: Does that text -- first of all, could you say something about the text and whether or not it deals with this issue of child sexual abuse?

DR. WOLFE: That textbook is on abnormal child psychology, so it covers the whole area of anxiety disorders, ADHD in children and depression. It was the first textbook to include a chapter on child abuse and neglect and it is used in universities across Canada and the U.S., undergraduate.

MR. ENGELMANN: All right.

And under that term "child abuse," would there be some discussion of child sexual abuse?

DR. WOLFE: Yes. We have quite a bit of discussion in there on that.

MR. ENGELMANN: All right.

Now, sir, turning back to Tab 2 -- I hope we're not jumping around too much -- just to your bio, I note that it indicates that you've also worked for the Children's Aid Society in London.

DR. WOLFE: Yes.

MR. ENGELMANN: Can you tell us just a little bit about that experience and what you did for them?

DR. WOLFE: When I first became a registered psychologist in Ontario in 1981 I took a position a day a week when I was at Western full-time as a professor for my clinical work. I did a lot of assessment of children and families who were under the care of Children's Aid Society for abuse and neglect.

MR. ENGELMANN: And I note as well under the caption of "Clinical and Forensic" in your bio, there's a reference to the fact that you've testified some 38 times?

DR. WOLFE: I think so; 38 approximately.

MR. ENGELMANN: Approximately, in any event.

DR. WOLFE: M'hm.

MR. ENGELMANN: And you've testified

presumably as an expert witness?

DR. WOLFE: Yes.

MR. ENGELMANN: And have you on occasion testified as an expert witness qualified as an expert in child sexual abuse?

DR. WOLFE: Yes, I have.

MR. ENGELMANN: Dr. Wolfe, I know that you have some reference to this in your CV, so I'll just have you turn back to Tab 1 for a moment at page 5.

Just tell us very briefly something about the four bullets we see under "Expert testimony."

DR. WOLFE: I had been asked to provide expert testimony for both plaintiff and defence in cases of child sexual abuse sometimes involving children and sometimes involving adults historically, abuse. The liquidator for the Christian Brothers of Ireland in Canada asked me to do the assessments of the Mount Cashel victims, 1999 to 2003. So I was involved in that. And then I've been a consultant on civil and criminal proceedings.

MR. ENGELMANN: All right.

Then, Dr. Wolfe, in your curriculum vitae, the first page, Tab 1, there's a reference to honours and awards. I just wanted to ask you briefly about a couple of them.

There's a reference to the Donald Hebb Award

in 2005. Perhaps just explain the meaning or significance of this honour?

DR. WOLFE: Donald Hebb was a very well-known Canadian psychologist who advanced the area of research in psychology, and the Canadian Psychological Association gives an award in his honour every year. So last year I received that for my research in the area of child abuse and prevention of violence in relationships.

MR. ENGELMANN: And can you tell us a little bit about the Outstanding Career Award in the year 2000?

DR. WOLFE: That award is given by the American Professional Society for the Abuse of Children, and they every year give one award for someone who has done the most in their career for the area of child abuse and neglect.

MR. ENGELMANN: And lastly, there's a reference to the President Division 37. Can you tell us about that?

DR. WOLFE: The American Psychological Association has a number of divisions, as does the Canadian, and I was asked to run for an office back in I think it was 97'-98' and was elected. This is by other psychologists, members of the Society.

MR. ENGELMANN: All right.

Mr. Commissioner, those are my questions for

Dr. Wolfe in respect of his qualifications.

So subject to any questions my friends may have, I'm seeking to qualify Dr. Wolfe as an expert in child sexual abuse and, in addition, an expert in the impact of child sexual abuse on victims.

THE COMMISSIONER: Have you discussed with counsel the order of who would be standing first?

MR. ENGELMANN: What we did was, on Friday, send some correspondence to counsel.

THE COMMISSIONER: M'hm.

MR. ENGELMANN: I realize it's late in the day.

THE COMMISSIONER: M'hm.

MR. ENGELMANN: We had a few hiccups last week, but the idea was that counsel would speak and try and agree amongst themselves on an order. I'm not sure if there are going to be any questions on the qualifications. I know they have certainly agreed on an order for a substantive cross-examination, but there may be some questions and presumably they could just follow that order.

THE COMMISSIONER: All right.

Ladies, Gentlemen, anyone have any questions of this witness with respect to his qualifications?

No. That's fine. Thank you.

(SHORT PAUSE)

THE COMMISSIONER: Ready to go.

EXAMINATION IN-CHIEF BY/INTERROGATOIRE EN-CHEF PAR MR. ENGELMANN:

MR. ENGELMANN: Dr. Wolfe, now that you're qualified, I would like to then ask you to take a look at your book of documents and, in particular Tab 3, your Outline of Evidence.

Perhaps at this stage, Mr. Commissioner, given that Dr. Wolfe has now been qualified, if this Book of Documents could be made the next exhibit in the inquiry?

THE COMMISSIONER: All right.

Madam Clerk, where are we with the exhibits?

THE REGISTRAR: Sixteen (16).

THE COMMISSIONER: So this would be 16(P).

MR. ENGELMANN: Therefore the Book of Documents of Dr. David A. Wolfe is Exhibit 16(p) in the inquiry.

--- EXHIBIT NO./PIECE No. 16(p)

BOOK OF DOCUMENTS - DR. DAVID A. WOLFE, Ph.D.

MR. ENGELMANN: Dr. Wolfe, when we started to get together not too long ago I asked that you prepare an outline as opposed to a full report. Is this in fact the outline that you have prepared for us?

DR. WOLFE: Yes, it is.

MR. ENGELMANN: All right.

And in this particular outline I want to start by asking you -- you cite a definition for child sexual abuse from the World Health Organization. I'm just wondering if you could read that to us but also explain to us why it is you have chosen that particular definition as opposed to some other?

DR. WOLFE: Although there is pretty good consensus about what child sexual abuse is, the World Health Organization drew together some experts back in 1998-'99 really to come to a formal consensus on this, and I put that into my outline because I think it does capture really the fundamental nature of child sexual abuse beyond the actual sexual aspects of it, the acts themselves, and that is the fact that children can't comprehend what is done to them. They have no real comprehension of sexual activity. It captures the issue of lack of informed consent because children cannot consent to this activity. And it also talks about the nature of the relationship between the adult and the child, and that is critical when we are talking about child sexual abuse. It is the emotional bond that that child may have.

So I could read it to you if you like, but those are the main points that drew my attention to that particular definition.

MR. ENGELMANN: That's fine.

Would you agree that that is a comprehensive definition?

DR. WOLFE: Yes, it is.

MR. ENGELMANN: Now, you talked about the fact that child sexual abuse is not limited to the inducement or coercion of the child to engage in any unlawful sexual activity in your report.

Can you explain what you mean by that?

DR. WOLFE: There is also other forms of child sexual exploitation besides the actual abuse, which would be involving the child with an adult, and that could be pornography, sex trade, prostitution and those other forms.

MR. ENGELMANN: In the next bullet on the page, the fourth one down, you note that the term sexual abuse is often used to emphasise the emotional relationship between the child victim and the sexual exploiter.

Can you explain what you mean by the emotional relationship?

DR. WOLFE: The nature of all forms of abuse, including sexual abuse, have a relationship underlying the nature of what is happening. Physical abuse has a relationship that involves physical contact. This has sexual contact. A relationship could be a familial

one, someone that is a family member or a caregiver. It could be an acquaintance relationship, someone outside of the family, coach, teacher, or it could be a stranger. But the relationship context is critical to understanding the nature of abuse.

MR. ENGELMANN: Okay. Well, just on the relationship context, and for the moment I note in your outline you talk about intra-familial abuse and you talk about extra-familial abuse.

Just tell us what both those terms mean and the significance of them.

DR. WOLFE: Well, intra-familial is someone who is living in the home. Typically they're a biological family member or related family member in some way, extended family member. It could be an uncle, aunt, grandparent.

MR. ENGELMANN: So we're talking incest, for example. That's intra-familial?

DR. WOLFE: That is intra-familial, although that is with a biological blood relative ---

MR. ENGELMANN: All right.

So that's a subset of it?

DR. WOLFE: Yes.

MR. ENGELMANN: All right.

And the extra-familial?

DR. WOLFE: That could be anybody else. Anybody that is not looking after the child in the home is extra-familial. It could be a stranger, but typically it's an acquaintance, someone known to the child.

MR. ENGELMANN: And some examples of extra-familial would be?

DR. WOLFE: The list is endless there. It could be a bus driver, teacher, coach.

MR. ENGELMANN: Okay.

DR. WOLFE: Anyone.

MR. ENGELMANN: All right.

Now, you have mentioned three types of relationships: familial; acquaintance; stranger. So in the extra-familial side of things, one has both acquaintance and stranger?

DR. WOLFE: Yes.

MR. ENGELMANN: All right.

We will get into that a little bit later about what is more prevalent.

DR. WOLFE: M'hm.

MR. ENGELMANN: When you talk about exploitation and you say it's a more generic term which also includes sex trade and commercial exploitation, does it include child sexual abuse, the term "child sexual exploitation"?

DR. WOLFE: Some people use that term as a generic broad term that includes everything from the intra-familial in the family all the way to sex trade and prostitution.

MR. ENGELMANN: Could you briefly tell us some of the physical forms of sexual exploitation, what they include?

DR. WOLFE: Sexual abuse can involve touching of the child or the child touching the offender typically in the genital areas. It can involve some form of penetration, digital, penile. It could involve some kind of masturbation. Those are the physical forms.

MR. ENGELMANN: All right.

Now, you also talk about verbal sexual abuse.

DR. WOLFE: Yes.

MR. ENGELMANN: The top of the second page of your outline.

What does that include?

DR. WOLFE: That's using inappropriate language with a child or exposing the child to lewd comments, making comments about the child's appearance, obscene phone calls, those types of things.

MR. ENGELMANN: And then you talk about exhibitionism and voyeurism in the context of child sexual

abuse.

Can you give us some examples of that?

DR. WOLFE: That is when an adult tries to have a child pose or undress in front of them, perform in a sexual way, peeking at them in the bathrooms, in bedrooms, spying on them, showing them adult pornographic photos or exposing them to adult sexual activity.

MR. ENGELMANN: Can you tell us how this might arise?

DR. WOLFE: Well, child molesters -- I'll use that term generically until we discuss that more -- would use those approaches to what we call groom the child or seduce the child into believing that this is acceptable behaviour, that this is what adults do, that it's normal and it's acceptable. So it gradually exposes them to more and more sexual activity.

MR. ENGELMANN: Why do use the term "groom"?

DR. WOLFE: Well ---

MR. ENGELMANN: Why do people in your field use that term?

DR. WOLFE: I think it captures the nature of the activity, that it's not a sudden thing because that would frighten a child. It's a gradual introduction, getting them used to it, getting them comfortable with it. Some use the term seduction, but I prefer groom.

MR. ENGELMANN: So this could happen over a fair piece of time?

DR. WOLFE: It can happen over a day. It can happen over 10 years.

MR. ENGELMANN: Dr. Wolfe, then I would like to talk to you about the second area you have listed in your report, and that is the types and prevalence of child sexual abuse. I note you have listed the terms "pedophilia" and "hebophilia".

Can you tell us in layperson's terms what those terms mean?

DR. WOLFE: Pedophilia is attraction to children, a sexual orientation to children. That's the only one that's an official mental disorder in the Diagnostic Manual, pedophilia. So it really means anyone from ages zero to 18.

Some people talk about hebophilia as attraction to basically adolescents, post-pubescent children because there's some offenders that are more interested in that age group. So that's a subset of pedophilia.

MR. ENGELMANN: All right.

And you've referenced the Diagnostic Manual. Is that what we see at Tab 5 of your Book of Documents, sir?

DR. WOLFE: Yes, it is.

MR. ENGELMANN: All right.

And you've noted that there is a definition for pedophilia in the DSM-4?

DR. WOLFE: Yes.

MR. ENGELMANN: And do you know if -- you've told us there is no definition or separate definition for hebophilia.

DR. WOLFE: There's no formal mental disorder called hebophilia.

MR. ENGELMANN: Do you know if that's in the works or if that's still going to just be a subset of pedophilia?

DR. WOLFE: I don't know if it's in the works because until we know that there's a difference between the two in terms of the causes and the treatment, there wouldn't be a reason to separate it diagnostically.

MR. ENGELMANN: Is that something that's currently being studied?

DR. WOLFE: Yes.

MR. ENGELMANN: Now, in your book, in your outline you talk a little bit about exclusive and non-exclusive pedophiles.

Can you explain to us what you mean by those two terms?

DR. WOLFE: In determining the diagnosis of pedophilia, it's important to distinguish those individuals who have an interest only in children. That's the exclusive type. They can't get sexually aroused unless it is a minor.

And then the non-exclusive type could be sexually aroused to children as well as adults.

MR. ENGELMANN: Dr. Wolfe, I would like to ask you if there is a typical background, from your knowledge and experience, for a pedophile?

DR. WOLFE: No, there isn't. We have a difficulty understanding or describing who a pedophile is or their typical characteristics because they cut across a whole range of areas. Socioeconomic areas, there's no difference. Ethnic areas, there's no difference.

The only difference, the only clear risk factor is being male because it's almost all male.

MR. ENGELMANN: So if one is married or unmarried, no difference, to your knowledge?

DR. WOLFE: No, that does not distinguish pedophiles. They could be married, unmarried, living with a woman.

MR. ENGELMANN: Could they be parents or non parents?

DR. WOLFE: Absolutely.

MR. ENGELMANN: Could they have different sexual orientation? In other words, could they be heterosexual, homosexual or bisexual?

DR. WOLFE: Yes. Their sexual orientation is to children, but they could also have a homosexual orientation or a heterosexual or bisexual orientation. To the best of our knowledge, there's no difference in terms of the proportions in the general population versus the pedophile population.

So homosexuality, for example, is a sexual orientation towards the same sex, but it has no connection to pedophilia. It's not the same thing at all.

MR. ENGELMANN: Is there an analogy that you could think of? You've talked about the fact that it doesn't -- you can't get a typical pattern from ethnic or national origin, socioeconomic class, sexual orientation. Is there another analogy that would fit here?

DR. WOLFE: The one that came to mind to me is women abuse which we've studied a lot previous to this issue, in the '70s and '80s in particular, and in trying to determine the typical wife batterer no particular pattern comes to mind. I mean, we've looked and looked at that, and certainly there are different types, but there's nothing that distinguishes a man who batters his wife and one who doesn't other than being male once again.

MR. ENGELMANN: I note in your report, Dr. Wolfe, the final bullet under this subsection you say:

> "The attraction is often the fact that it is a child and the child is accessible, not whether the person has sexual attraction to one's sex or the other."

Could you tell us what you mean by that?

DR. WOLFE: Well, the pedophile is attracted to children, so they will be interested in whichever child they have access to, and some are more interested only in one sex or the other, but they still may be involved with a child of the lesser desired sex because it's more accessible.

For example, adolescent boys are much more accessible to men than girls are.

MR. ENGELMANN: And can you give us some reasons for that?

DR. WOLFE: Yes, because in our society it's more acceptable for men to mentor boys. It's an important thing, and most adults feel it's a good thing for their sons to have a male figure that spends time with them and so forth, but they may feel less comfortable with their daughters.

MR. ENGELMANN: Okay. So some examples of

that that would exist, accessibility to boys 10 to 14 or more commonly in our society, would be such as Scout leaders with Scouts?

DR. WOLFE: Yes, Scouts is a good example of that.

MR. ENGELMANN: Athletes with coaches?

DR. WOLFE: Yes.

MR. ENGELMANN: If they're segregated?

DR. WOLFE: Yes.

MR. ENGELMANN: Some other examples?

DR. WOLFE: Music teachers that might want to take the children on a tour or something overnight.

MR. ENGELMANN: Presumably they would have access to both sexes though, unless it was a boys' school or a girl's ---

DR. WOLFE: But if they did, there would be more likelihood that a female would attend as well ---

MR. ENGELMANN: I see.

DR. WOLFE: --- if there are girls involved.

MR. ENGELMANN: Okay.

DR. WOLFE: At least today.

MR. ENGELMANN: So let's talk a little bit about the characteristics of child sexual abuse, and that's in your next section. You make some reference to I believe it's the abstract of Dr. Finkelhor.

DR. WOLFE: Yes.

MR. ENGELMANN: And is that the extract or abstract -- sorry -- that we find at Tab 8 of your Book?

DR. WOLFE: Yes, it is.

MR. ENGELMANN: All right.

Now, this particular abstract is from 1994. So presumably the statistics are from 1993 or earlier?

DR. WOLFE: Yes.

MR. ENGELMANN: So when you make a reference to it, for example, and you say on average that one in five women report that they experienced some form of child sexual abuse, do you know offhand if those figures are still up-to-date or accurate?

DR. WOLFE: I believe that they are. Those estimates are based on more than one study. There's quite a few studies. So on average it was one out of five women reporting being abused when they were a minor.

MR. ENGELMANN: All right.

And these were North American studies, sir?

DR. WOLFE: Yes, they were all done in the U.S. and Canada.

MR. ENGELMANN: All right.

You've also made a reference to an article by Freyd from 2005. Do you know if she comes up with similar numbers?

DR. WOLFE: She didn't do a study herself, but she had a recent article in the journal Science, a well respected journal, and came to the same conclusion, that it's -- that the figures are one in five for women, one in ten to one in twenty for men.

MR. ENGELMANN: All right.

Perhaps if we could turn to Tab 9 briefly?

DR. WOLFE: M'hm.

MR. ENGELMANN: I believe there's one page bon and I don't know if this is an abstract, sir. You can help me here. It is an article by Jennifer Freyd and others on the science of child sexual abuse.

DR. WOLFE: Yes.

MR. ENGELMANN: And I note in that first paragraph, and she refers to it as CSA, that she says, "It has been reported by 20 per cent of women and 5 to 10 per cent of men world-wide." So apparently studies are going even beyond North America with those types of numbers.

DR. WOLFE: Yes.

MR. ENGELMANN: Okay.

DR. WOLFE: Yes, she is citing the World Health Organization that has gathered more statistics.

MR. ENGELMANN: She says the surveys likely underestimate the prevalence because of under-reporting and memory failure. Would you agree with that?

DR. WOLFE: I would. The only difficulty they have and the reason they get different figures is where the age cutoff is and exactly how they define the nature of the abuse.

MR. ENGELMANN: All right. And that cut-off might be at a different age maximum depending on who is doing the research?

DR. WOLFE: M'hm, yes.

MR. ENGELMANN: So the number of men that have reported experiencing some form of child sexual abuse is between 5 and 10 per cent of the male population?

DR. WOLFE: Yes.

MR. ENGELMANN: And again, these were adult males talking about experiences they had as children?

DR. WOLFE: Yes.

MR. ENGELMANN: Now, are you aware at all, Dr. Wolfe, about estimates here in the province of Ontario, from the Ontario health supplement, and how they would differ, if at all?

DR. WOLFE: There was a -- the Ontario health supplement is done on a periodic basis for a sub-sample of the whole population in Ontario. They came up with an estimate a little bit less; 1 in 8 women were reporting that they had been abused prior to age 18.

MR. ENGELMANN: And do you know how they

came out on the male side? Were they between the 5 and 10 per cent?

DR. WOLFE: Yes, they were. It was actually just under 5 per cent.

THE COMMISSIONER: So, just help me out here a little bit. You have indicated that mostly boys would be the victims of a pedophile because boys are more available to predators, I suppose.

DR. WOLFE: No, actually what I meant was that the pedophile may abuse girls or boys, but as they get older, they are going to have more access -- well, actually even at a younger age they may have more access to only boys. We think that the proportion of boys is probably a lot higher than what the adult population is telling us.

THE COMMISSIONER: Right. And vis-a-vis girls and boys do you have any percentages between -- as victims?

DR. WOLFE: Girls are much more likely to be victimized in their homes and boys are much more likely to be victimized out of their homes.

THE COMMISSIONER: Okay.

DR. WOLFE: For exactly the reasons we are discussing, that in the home, it's okay to be alone with a girl. Outside the home, it's not.

THE COMMISSIONER: Okay.

MR. ENGELMANN: So the female victim of child sexual abuse more likely would be intra-familial as opposed to the extra-familial?

DR. WOLFE: Yes.

MR. ENGELMANN: And what about the male victim, is it more likely the opposite?

DR. WOLFE: The male victims are much more likely to be offended by an acquaintance, not a family member.

MR. ENGELMANN: Now you say in this section, under characteristics of child sexual abuse, that there is little evidence of a dramatic increase. And can you tell us about the timeframe and what you're saying by that particular statement?

DR. WOLFE: Prior to 1980, there are no statistics available, in the U.S. or Canada or worldwide around just the reporting of abuse. The U.S. started their first reporting in 1980-81 and by the end of that decade they found that the rates of sexual abuse were going way up. They started at around 5 per cent and they were heading to 12 per cent. So everyone thought there was -- this was an epidemic. The reality, they now realize, was that people were now aware of what to report and so it was going up and then it's settled down now to around 6 or 7 per cent, typically each year. That's the incidence rate

each year.

MR. ENGELMANN: Okay. The incidence rates of child sexual abuse ---

DR. WOLFE: Yes.

MR. ENGELMANN: --- amongst both boys and girls?

DR. WOLFE: Yes, both boys and girls. But what I mean by that, of the reported cases, not in the population. Like, 6 per cent of our kids are not necessarily being abused each year. Six per cent of all the cases reported to child welfare and police tend to be sexual abuse cases.

MR. ENGELMANN: Fair enough. Now, you do say at the next bullet that the vast majority of the sexual abuse is committed by men and I think you give us a number of over 90 per cent. Is that correct?

DR. WOLFE: Yes, it is, I think.

MR. ENGELMANN: And what about those few cases when -- and you have told us about what you can't tell us about the background of pedophiles and presumably the vast majority of the pedophiles therefore are male. What about those few cases where the abusers are female? Can you tell us anything about them or who the victims might be?

DR. WOLFE: It does occur. It is much more

rare, in that 10 per cent or so of women who have been accused, alleged to abuse children, about half of them have a male partner involved. So the woman's role may have been in luring the child or adolescent into sexual activity because the woman is safer. So they are a partner in the crime, so to speak ---

MR. ENGELMANN: Yes.

DR. WOLFE: --- for pornography or other forms of sexual activity.

And then there is other cases where it's been a caregiver role, babysitter, that kind of thing. And then the other form which is also rare, but is an adult woman grooming and inducing or having sex with an adolescent boy.

MR. ENGELMANN: And what about the male pedophile whose victims are exclusively or predominantly male? Can you tell us something about them and the type of child sexual abuse or the occurrence?

DR. WOLFE: The pedophile who is predominantly interested in boys and it tends to be acquaintances, I say not familial, have a much higher, about twice the recidivism rate of those who are interested in girls or family abusers.

MR. ENGELMANN: What do you mean by recidivism rate, sir?

DR. WOLFE: It means they are going to repeat it. That it's very hard to stop and in particular, the research has shown that those who have an interest in young adolescent boys are among the worst, among the most difficult to ever treat and stop.

MR. ENGELMANN: Now, you say in your report that the peak age of vulnerability is between 7 and 13. You are talking about the age of the child victim, is that correct?

DR. WOLFE: Yes, yes.

MR. ENGELMANN: And is there a continuum there, or is there somewhere between 7 and 13 where that percentage actually does peak?

DR. WOLFE: Well, it depends on the study, but age 10 and 11 is a particularly vulnerable age, in the studies, when you look at who is being reported for sexual abuse; 10, 11-year old kids.

MR. ENGELMANN: Can you tell us why that is? Why that age?

DR. WOLFE: Well, remember these are ones that are currently reported. When we look at adults, they could have been older. But the ones that are actually coming into our awareness today; it's believed because the offender sees them as sexually mature, enough to be attracted to them and yet they're still very innocent, easy

to lure, easy to fool into sexual activities and they also are more likely to have a relationship with that person. It's easy to work your way into their life so that you can trusted.

MR. ENGELMANN: You may have mentioned this, sir but what about the nature of curiosity at that age vis-à-vis sex?

DR. WOLFE: Children are just at the point where they are curious about it. They know enough about sex to know it's different. They are curious and so if someone is willing to talk to them about it or show them things, they'll be attracted to that. So once again, it's an easy lure in that respect.

MR. ENGELMANN: So, if 7 to 13 is peak age of vulnerability and 10, 11, perhaps the peak within that range, does it end at 13 or what happens?

DR. WOLFE: No, it doesn't end at 13. It depends on the interest of that particular offender. That offender that is only interested in 10, 11, 12-year olds may stop once a child gets older and has to cut off the tie somehow and that's not always easy to do. They may be discovered at that point. Or they may go on to be abused by someone else.

MR. ENGELMANN: Are there situations where it might be easy to cut off that tie, because of a natural

break in their age?

DR. WOLFE: Yes, the best, and I hate to put it in these terms, but the best position for the offender would be where the children are brought to him at a certain grade, grade six, and then once I'm done being your coach, you move on and I don't see you anymore.

So I have a natural way of cutting off my tie.

MR. ENGELMANN: So we have the Pee-Wee hockey coach who stays the Pee-Wee hockey coach and deals with 11 and 12-year-olds?

DR. WOLFE: Yes.

MR. ENGELMANN: Or ---

DR. WOLFE: If that's what you're attracted to and have access to overnight and so forth, that would be a high risk situation for a pedophile to be in.

MR. ENGELMANN: What, if anything, does that have to do with whether or not that particular pedophile might be discovered?

DR. WOLFE: Well, it makes for a much easier disguise for them because you are in circumstances where you have responsibility for the children or child, you can be alone with them, you might camp out with them, you take them on overnight. So it's -- and it's also possible to disguise the activity because the child may be a problem

child if you're in, say, a youth detention centre or special school for kids. There's lots of ways to disguise what you're up to.

MR. ENGELMANN: What about the break in that contact? And I don't know if this is true or not, but presumably there's a break once those children leave that age category.

DR. WOLFE: M'hm.

MR. ENGELMANN: And does that assist or not with respect to the ability to disguise or not detect?

DR. WOLFE: What we know about pedophiles is that they have to get the children into their midst and then they have to get them out. And to get them out, the easiest way is if there's a natural break so you won't see them anymore, because the child typically cares about the offender and -- we'll discuss that I believe -- thinks that it's a special relationship.

And so "If you don't want to be my coach anymore or spend time with me," they may start questioning the whole thing. So the offender wants it to be a natural break and a quick one.

MR. ENGELMANN: Dr. Wolfe, perhaps we can then turn to the next area of your outline and this is the caption about how our understanding and awareness of sexual abuse has evolved. And I note you have started this

section by quoting from a chapter in the book Child Sexual Exploitation.

We have the chapter at Tab 7 and it is chapter 23 of that book, "Acquaintance Child Molesters: A Behavioural Analysis" and that's by Kenneth Lanning, a former supervisory special agent with the Federal Bureau of Investigation.

I'm looking in particular at the second page of the chapter, page 530. There's a caption overview and it's that second paragraph underneath:

> "In the United States, society's historical attitude about the sexual victimization of children can generally be summed up in one word: denial. Most people do not want to hear about it and would prefer to pretend that such victimization just does not occur. Today, however, it is difficult to pretend that it does not happen."

Now, you've cited that and you've also made a point of summing it up in one word.

Why is that, Dr. Wolfe?

DR. WOLFE: It's a concept that is very difficult for most of us to grasp; how could this be going on and I don't know about it? I want to believe it's not,

so therefore, I may view it differently. I may distort what I'm hearing. But, like anything, we have the exact same approach to women abuse. We have a lot of the same approach to racism, sexism, homophobia. When we don't like it and it's a problem, we deny it for a long time.

MR. ENGELMANN: What, if anything, results from that denial?

DR. WOLFE: Pardon me?

MR. ENGELMANN: What, if anything, results from that denial of view?

DR. WOLFE: What results is delay; delay of justice, delay of recognition of the problem. Victims can't discuss what's happened because the preponderance of belief is against that. So it takes a long time for the system to shift into action.

Let me just add one thing there. I think historically it's important to recognize that this has been going on since the dawn of time. So in a way we are now in a really, really recent interest in this topic; 50 years or so. Before that, it was always denied. It was -- or just accepted, but never -- rarely, rarely prosecuted.

MR. ENGELMANN: Has our view changed at all on this denial?

DR. WOLFE: Absolutely. It is still changing with all the clear recognition by people who are

able to come forward and explain what happened to them, with adults coming forward. That's done quite a bit, because as an adult they're easier to believe than children may be. And so with all this preponderance of evidence, the denial is gradually declining.

MR. ENGELMANN: Now, in your second bullet under this section, you refer to the fact that when sexual abuse first became public or at least in the public domain, in the '50s and '60 the primary focus was on "stranger danger." And I note that Mr. Lanning in that -- in Tab 7, at page 531, gets into this in some detail.

Can you tell us what was meant by that and what effect that view had, if any, on how we dealt with child sexual abuse?

DR. WOLFE: Well, because as I say almost all of us find this very uncomfortable and we don't really -- we can't believe that this really can occur, we want to believe that it's evil, that it's some evil force. So -- and certainly it does occur with strangers, but it's much more rare. Most of them are acquaintances or family members.

So "stranger danger" was the first attempt to teach children about safety and most of us in the room probably had some of that growing up. We were told about "Don't talk to strangers. Don't get in their cars." There

were posters circulated. Police would come to class and say "If a man looks like this and offers you candy or wants you to pet his puppy, don't talk to him," and that kind of thing.

So children became for the first time really in history no longer innocent. You know, they were more worried about their neighbourhoods.

The reality, however, is it's not black and white. It's not good and evil. It's the people the child may be living with. So it's a much more complex and much more uncomfortable issue.

MR. ENGELMANN: Did the concept of "stranger danger" and that focus, did that continue past the '60s to your knowledge?

DR. WOLFE: Well, that's been -- it's still around. It's still very popular and I'd say the majority of people still maintain the myth that sexual abusers are strangers lurking in the bushes. Unfortunately, they're not.

MR. ENGELMANN: In fact, in your outline, and we skipped over that, but just if you turn back a page to page 2, the third bullet under "Characteristics of child sexual abuse," you say in most child sexual abuse, about 90 per cent or greater is committed by men, and by persons known to the child, 70 to 90 per cent.

DR. WOLFE: Yes.

MR. ENGELMANN: Is that what you're getting at when you talk about the acquaintance molester as opposed to the stranger?

DR. WOLFE: Yes. So if a child knows the person, then it couldn't be an abuser because an abuser is a stranger. So that was the paradox that the child was living under if they were abused by someone.

MR. ENGELMANN: Now, you talk a little bit about the Convention on the Rights of the Child ---

DR. WOLFE: M'hm.

MR. ENGELMANN: --- in the fourth bullet down. This emphasis on the issue of children's rights, has it had any effects on our views on stranger danger acquaintance molester or just the whole issue of child sexual abuse from the concept of the children?

DR. WOLFE: We've gradually begun to recognize that it's not the stranger, and the rights of the child culminated with the UN Report in 1989 to recognize that children have rights. And as odd as that may sound to most of us, they did not until that time. Well, they still don't in many instances, but they weren't recognized as having special rights. They were considered chattel or the belongings of others and so we could do what we wanted with them. That was how it was interpreted to some.

MR. ENGELMANN: Now, you talk a little bit about some of these studies that were done or not done dealing with child sexual abuse in your outline.

For example, you say:

> "Prior to 1980, knowledge of such events and their aftermath was limited primarily to clinical description and experience."

They weren't scientifically rigorous studies. You've told us that since then there have been some.

Can you describe the evolution of the studies and what's been done?

DR. WOLFE: Well, in the '60s and '70s there were descriptive studies.

It wasn't a controlled study in any way but people were writing up descriptions about the types of children that were being abused and the nature of the offenders.

Then in the '80s, there was more funding provided to do much broader well-controlled studies to see if really we can determine the nature of the abuse and the nature of the victim and what happens to the victim and then more surveys and so forth. So gradually the scientific knowledge grew over the last 25 years to the

point where we have, I think, considerably more information.

MR. ENGELMANN: All right. So there were studies going on in the '60s and '70s but they weren't to the same extent or as thorough.

DR. WOLFE: And I wouldn't call them studies. They are case reports.

MR. ENGELMANN: Case reports.

DR. WOLFE: Just really not a scientific study.

MR. ENGELMANN: And what do you mean in your penultimate bullet under that section where you say about 20 per cent of which specifically addresses the effects of sexual abuse on adult males?

DR. WOLFE: Well, the other issue there in terms of denial and also in terms of just recognition was that we thought this only happened to girls. Boys and men weren't as likely to tell us it was happening and we'll talk about that, but only one out of five studies really involves men as victims but that's gradually been increasing as we now recognize there's more of them.

MR. ENGELMANN: And then lastly, if you could just comment on the final point that you make there about the typical child molester, the view of the typical child molester as a myth.

DR. WOLFE: Well, it is a myth because we still -- most of us still want to think of things as good and bad, evil. The reality is that a child molester could be a good person in our culture. They could be the president of your bank. They could be a Member of Parliament for all that matters; hopefully not, but they could be anyone among us. They could -- when we have to realize that they are us, that's a very difficult thing for us to grasp.

They are not just an evil person and same with the children; that it doesn't mean that the children and people recognize it's -- not all these children who are victimized are what we call innocent children. They may have had other problems but they're always a victim. They can't give consent. It had nothing -- it was not their fault but the abuser will capitalize on that by saying "He's a bad kid; he's lying".

MR. ENGELMANN: So we could have what you've deemed innocent victims who are children that have been in trouble with the law.

DR. WOLFE: Yes. They have nothing to do with their victimization but it doesn't mean that they're innocent in other ways and so it's not a black and white difference.

MR. ENGELMANN: And likewise, some of the

men that we see as evil, if they perpetrate child sexual abuse, may be known in the community or may be known for other good work they do.

DR. WOLFE: It's very hard to justify that and rectify how someone could do good and also be doing bad.

THE COMMISSIONER: Mr. Engelmann, I get carried away at times and I note that it's 11:30. It might be a good time for a break.

MR. ENGELMANN: I was just going to ask you if you wanted to take the morning break.

THE COMMISSIONER: Very good. Why don't we take 15 minutes and come back at a quarter to 12:00.

MR. ENGELMANN: Thank you.

THE REGISTRAR: All rise.

--- Upon recessing at 11:26 a.m./

L'audience est suspendue à 11h26

--- Upon resuming at 11:49 a.m./

L'audience est reprise à 11h26

THE REGISTRAR: All rise. Veuillez vous lever.

This hearing of the Cornwall Public Inquiry is now in session. Please be seated. Veuillez vous asseoir.

THE COMMISSIONER: Thank you.

Before we resume, I should tell you that breaks are in order and I suppose maybe it was the great testimony that we're hearing but I forgot about the break. So we will have a morning break around 11:15 or so, depending on the witnesses. Lunch is at 12:30, again depending a few minutes here or there.

For the first little bit, I intend to resume around 2:00 o'clock. There will be an afternoon break around 3:00, between 3:00 and 3:30 and to wrap up around 4:30. I think once we get into the swing of things, the force of the evidence will lead us to general terms as to where we are going to go day by day and I suppose once we get into the hearings in March, then we will be dealing with the travel issues and that type of thing. So we will be mindful of all of the needs and accommodate most people as best we can.

All right. Dr. Wolfe.

DAVID ALLEN WOLFE, Resumed/Sous affirmation solennelle:

EXAMINATION-IN-CHIEF BY/INTERROGATOIRE EN CHEF PAR MR. ENGELMANN (continued/suite):

MR. ENGELMANN: Dr. Wolfe, we were looking at your outline at Tab 3 of Exhibit 16 and I was just turning to a new area.

THE COMMISSIONER: I'm sorry. Say again?

MR. ENGELMANN: It's Tab 3, the outline.

THE COMMISSIONER: Right, yes.

MR. ENGELMANN: Exhibit 16, page 3.

THE COMMISSIONER: Yes.

MR. ENGELMANN: And we're just turning to a new area, Dr. Wolfe. We are still under the caption "How our understanding and awareness of sexual abuse has evolved", and child sexual abuse in particular and we're looking now at the difficulty in believing that persons in position of trust or authority might be abusers.

I note in your first bullet you talk about the fact that one of the most difficult manifestations of child sexual abuse for society and professionals to face is the notion of acquaintance molestation. You've touched upon this briefly but can you give us an example of the range of the acquaintances in that term "acquaintance molestation"?

DR. WOLFE: Well, the reason this is so difficult is that it cuts to the core of our whole belief of who you can trust. It's a fundamental human characteristic. We have to trust other people, but acquaintance molestation takes advantage of that trust that we have in other people, both as adults as well as children because the child -- the adults who look after the children, often the parent or someone responsible for them, may also be groomed or duped into believing that the person

is trustworthy.

So it could be typically someone that has the care of a child outside of the home and it includes anybody but it's the coaches, it's teachers, it's bus drivers, babysitters, after-school programs, camp counsellors, Boy Scout leaders. I don't think any of us and any organization has been immune to this.

MR. ENGELMANN: All right. Now, you next say that the fact that children are easy to lure is often used as an excuse or justification of the exploitation. Why is that? Why is it often used as an excuse?

DR. WOLFE: Well, we've seen victim blaming in a lot of different areas with woman abuse and so forth. A common way of describing is that she deserved it or hit me first. With children, it's a matter of they were curious. She wanted to see what such and such looked like or she saw me looking at such and such magazine. So I really didn't do anything. I was just responding to their curiosity. It's always putting the blame on the child.

MR. ENGELMANN: Now, you used the term "breach of trust" when you talk about child sexual abuse in your next point. Why do you use that particular term?

DR. WOLFE: When I speak to adults who have been abused as children, one of the most fundamental things that they complain of is the breach of trust, someone that

they cared about typically, their coach or their teacher. Someone that meant something to them turned out to be someone they are not and taking advantage of them. That's very hard for us to accept. Adults -- as I say, their parents may also have trouble accepting that someone that we cared about, our clergy, our principals of our schools, whoever, actually was abusing us as well as our children.

MR. ENGELMANN: I think we'll come to this a bit later but why is that different than being abused by a stranger perhaps or someone else?

DR. WOLFE: Well, when it's a stranger and especially if there is evidence that the abuse happened, usually there is more evidence if it's a stranger because they're more inclined to do this once and to use more force, violence or what have you, and no one doubts the child's innocence in those cases. The child had nothing to do with a stranger attacking them and we'll give the child more support. We'll do all the right things to believe the child and consequently, it's -- I shouldn't say easier to recover but the children's chances of recovering are better in those circumstances because they have all the issues, all the support and there isn't a trust relationship.

MR. ENGELMANN: Yes. I think you told us that this was typically an individual that they cared for or that they thought cared for them.

DR. WOLFE: That's the fundamental nature of acquaintance molestation. It is taking advantage of the fact not only that you look after the child but you have a relationship with the child that means something to them. And often you embellish that relationship to make it even more meaningful so that you can gain their trust.

MR. ENGELMANN: Now at the top of page 4 of your outline ---

THE COMMISSIONER: Can I just stop you for a minute?

MR. ENGELMANN: Yes.

THE COMMISSIONER: You say that a pedophile usually grooms his victim or her victim. Do pedophiles go out and just grab people as well and just assault them? And would you consider that a different kind of a pedophile?

DR. WOLFE: It is definitely a different kind of pedophile and the individuals that use the grooming method are more common, and it is very rare for them to do the opposite, unless they are going to a foreign country and engaging in sex trade and that there. But their modus would be much -- it is much more successful to not frighten the child, to befriend the child and work your way into the child's life, so they don't tend to use the other method. They don't need to.

THE COMMISSIONER: In those who do, how would you characterize them? Do you still call them pedophiles?

DR. WOLFE: Yes, they are still pedophiles. They just are violent pedophiles, and they typically are the ones that get indeterminate sentences and so forth or what do you call it, dangerous offenders status because there is no cure, there is no treatment.

THE COMMISSIONER: Thank you.

MR. ENGELMANN: What is more common in your experience, sir, the type of pedophile that might use violence and attack children he doesn't know or the type that grooms the victims that you've talked about?

DR. WOLFE: Clearly, the acquaintance molester is much more common although we still want to think of it as the stranger, the violent, the really frightening person that hunts children in his car and grabs them. Those still exist. We all have to be aware of that, but the reality is it's more likely to be his coach than it is the guy in the car.

MR. ENGELMANN: Would you take us back to those 70 to 90 per cent figures in that range?

DR. WOLFE: Yes.

I wanted to mention one other thing about grooming that I think is important and it speaks to your

issues, the acquaintance pedophile will test the waters, so to speak, with the child, and that's why they may pick on this child and not this child. They will test it by seeing what happens if he leaves his Playboy magazine open, or see what happens if he gives him a beer; see what happens if he introduces him to different music. Is this child interested and more excited by that and, if he is, then he will pursue it. If not, if the child says, "I'm not supposed to do that", then he may back away right away.

MR. ENGELMANN: So those could be early stages of that grooming process that you've talked about?

DR. WOLFE: Absolutely. They're very good at carefully selecting who they want.

MR. ENGELMANN: The Commissioner has mentioned the situation that might involve violence, and I note in your next bullet you talk about that the sexual exploitation of children may not necessarily involve any use of violence or coercion.

So can you give us some examples? We have just heard about the possibility of the stranger or the pedophile not known, and we know that's a minority of cases that might use violence against a victim. Would there be examples where there might be some violence with the acquaintance molester? Are there different types of

situations where that might be more prevalent than not?

DR. WOLFE: Although some can use threat of violence most do not.

MR. ENGELMANN: Okay.

DR. WOLFE: Most do not need to, and if you did use threat or violence the chances of a child reporting it or showing visible symptoms when around you would give them away. So the more successful approach is to use kindness, gifts, special favours is a much more successful modus and so why use violence?

Now, they might take pornographic photos of the child as a form of blackmail just to keep as an ace in the hole. If the child tries to say anything, then I can get him in trouble and the children will believe that.

MR. ENGELMANN: All right.

So in the majority or the vast majority of the cases involving the acquaintance molester, it is your view that there isn't violence used; there is kindness or part of that grooming process?

DR. WOLFE: In most cases.

Now, maybe I should clarify here that in some circumstances, and I would call it more closed societies such as private schools, Mount Cashel was an

orphanage, other places like that, that are closed to the outside world, more difficult for others, then violence is more common. In those circumstances, they can force the child to do what they want. There are few people to tell.

MR. ENGELMANN: All right. So if a child is in a boarding school or a residential school or if a child is perhaps in a closed custody setting ---

DR. WOLFE: Exactly.

MR. ENGELMANN: --- there might be a higher incidence of some use of violence by that acquaintance molester?

DR. WOLFE: Yes. School for the deaf, these are all very vulnerable populations because they can't tell people very easily, and they have to have very special safeguards and scarecrows to make sure that it doesn't occur.

THE COMMISSIONER: Scarecrows?

DR. WOLFE: I call scarecrows because it's putting up the proper messages to pedophiles, "Don't come here". We know how they work and as soon as the scarecrows are there, they will move on.

MR. ENGELMANN: So in the more open environment where kids are going to public school as opposed to the boarding school or they're not in closed custody, is it your evidence then that in those

circumstances we are less likely to see some form of violence by the pedophile?

DR. WOLFE: Yes. And public schools, it's much less likely in the last 20 or 30 years for children to be sexually abused by someone there. First of all, there are a lot of safeguards, awareness and training, and it's very unlikely for a teacher to have single access to children anymore. So they're much safer than they were.

MR. ENGELMANN: All right.

Now, you've talked about in your next point that child sexual abuse typically occurs within ongoing relationships, and can you tell us why that is?

DR. WOLFE: Well, the offender is using the trust and nurturance of that relationship to breach the boundaries. Without that relationship he wouldn't get very far. The child has to -- and the parents of the child, typically, have to know that this is a safe person or believe that it is. So typically those acquaintance molesters have a relationship that is supposed to be protected, supported, nurturent and trustworthy.

MR. ENGELMANN: And so how does this work? What does that person do to maintain that trust and to continue that relationship? What are some typical things that he might do?

DR. WOLFE: All he would have to do is to remain an important part of the child's life and have the child and the child's parents, if it's not in the home, believe that he is an important part of the child's life.

So what they will be good at is determining what does this child need. If it's a child of a single mother, they're vulnerable because that mother wants the child, if it's a boy, to have male mentors and models. So she would be more inclined to let him take him away on the weekends, go fishing. All of this is for all the right reasons. We all want men to mentor boys, but it puts them in a vulnerable position.

MR. ENGELMANN: So would a pedophile child molester look for opportunities like that?

DR. WOLFE: Yes, they do.

MR. ENGELMANN: So what other kinds of opportunities might they be looking for? You've mentioned the single parent, the mother wanting the father relation. What else might be some examples?

DR. WOLFE: A very common one, and this happened recently, it was a historical case, but it happened here in Ontario where it was a teacher at a private school who knew that the child's parents were divorcing and took the child in confidence and, you know, told him how he'd help him and support him, but the fact

was in was trying to seduce him and groom him.

So they look for opportunities where the child is in need, needs a trusting adult, needs someone to help him with whatever is going on. So it's usually separation, divorce, parental conflict or a child who has special needs. He has a behaviour problem or any other type of problem that comes to the attention of authorities, so you're allowed to spend extra time with that child and if they say anything wrong about you then you can say that it's the child's problem.

MR. ENGELMANN: You talk in your fourth bullet about the fact that because the victims have usually been carefully seduced and often do not realize that they are victims, they repeatedly and voluntarily return to the offender.

Now that would seem unusual looking in that someone would go back and allow someone to repeat some kind of abuse. Can you explain to us why that is happening, why you've seen this happen?

DR. WOLFE: I think it's a critical issue that a lot of us do have difficulty understanding. I remember in the '70s and '80s and to this day really,

people say "Why does a battered woman go back to her husband if she knows she'll be beaten again?" We've dealt with that for years and I think most of us realize now that sometimes it's very difficult to leave and they're in a paradox between something they want to happen and something that occasionally goes bad.

With children, they don't really understand what is happening to them in many cases and it's important to keep in mind that because of the nature of the abuse, they're not frightened by it in many cases. It may actually be pleasurable. They may get to do adult things that their friends can't do like drink. So they go back for the attention, for the special relationship, sometimes for the money that they're given, the gifts and the fact that sometimes there's special esteem given if you're the friend of this teacher, if you're the friend of that coach. If he likes you special, then you better keep that special relationship. Your friends actually think it's important.

MR. ENGELMANN: Do you see this happening even as children get older, because you've talked about sort of peak time, 10-11? As children get more mature, as they become teenagers, would they be able to stop going back? What is your experience there?

DR. WOLFE: If they've had a trusting -- you know, the relationship has been a good one, it may have

involved sexual relations, but also involved a lot of mentoring that may have gone on from this individual, it's very difficult for them to break it off.

And we've seen cases where adults who were their hockey coach was abusing them and they weren't able to say anything about it for years later because that coach, for example, had a special relationship and he was the one that was going to get you on to the next level. He was the one that made the phone calls and looked after you in so many ways, but he also abused you.

MR. ENGELMANN: You also talk in this part of the outline about the offender capitalizing on the confusion felt by the children. You may have answered this already, but anything else you want to talk to us about that confusion and why it exists?

DR. WOLFE: By nature of what's going on, since children don't understand and teens don't really understand what's going on in this sexualized relationship, they're confused and they can capitalize on it by saying -- if the child said, "I don't want this to go on anymore", they said, "Well, okay, you can come over and just drink beer, but if you do that, then I'm not going to want to spend time with you anymore" or whatever. And so they'll capitalize on that dissidence a child may have and keep drawing him back in with all the good that they're giving

him.

I've heard cases where they'll say, "You know, a letter of reference from me will make it to the hockey team. If you stick with what I'm doing in music," that kind of thing. So it's a special need that the child would like to have.

MR. ENGELMANN: Sure. Okay.

You also talk about child molesters using adult authority. You use the reference to "that it will give them an edge in the seduction process".

What is it you mean by that, an edge in the seduction process, by using that authority?

DR. WOLFE: If they are someone who has the blessing of their community as an important person, then any of us, including children, would believe that they're probably doing the right things. Maybe this is an okay thing. It's the school principal. It's the clergy. It's someone that people deem important. So if he says I should do this, then it's okay to do that.

MR. ENGELMANN: Now, you make reference to child sex rings. Can you tell us what is meant by a child sex ring and some of the different types of child sex rings we might see? You also make a reference there -- I believe that's -- I just want to make sure I've got the right chapter.

DR. WOLFE: Yes, it is.

MR. ENGELMANN: Is that also the lining chapter that's at Tab 7? So if there is something from the chapter that you would like to refer to at all in answering that question, please feel free.

DR. WOLFE: Well, the concept of child sex ring can be misunderstood. A lot of us think that it's ritual abuse or some kind of organized ring where people -- pedophiles speak to one another and organize a way of abusing children and passing them around. That does happen, but all that a sex ring means is that it's more than one victim. It could be more than one offender. It could be one offender, but a child sex ring would be a Grade 7 teacher at a private school who has boys coming in every year, entices some of them to his home and what we call entering into the pipeline of the ring, stays there for two years with special favours and abuse and then has to exit the ring because he's no longer interested in him when he's 11 or when he's an older child.

MR. ENGELMANN: So a sex ring could involve one abuser with more than one victim?

DR. WOLFE: Yes.

MR. ENGELMANN: Could it also involve more than one abuser?

DR. WOLFE: Yes, it absolutely could, but

it's typically not the same victims. So you could have 10 people in the community all abusing children, maybe even children from the same church or the same school or the same team so it looks like it's organized, but it may not be. They may not know of each other doing this. Chances are they do.

MR. ENGELMANN: All right.

DR. WOLFE: I think that I'll add to that to say that we can't underestimate how good the pedophile offenders are at what they do. They're extremely good at what they do. So they know exactly how to test the water, how to back away, how to move on, how to pick a child, how to seduce his parents or his coach to allow me to have special time with him. So they are constantly putting themselves up as being trustworthy to others so that you'll trust them more and give them more privilege.

MR. ENGELMANN: Now, you might have touched upon this. I think you've talked to us about the natural pipeline and how that might exist. I think you've given us some examples of situations, and that's what you've talked about when you've talked about access to children and age limits which would end natural pipelines?

DR. WOLFE: Yes.

MR. ENGELMANN: But it would also continue them?

DR. WOLFE: Yes.

MR. ENGELMANN: Now, finally, you've talked about this briefly before, the difficulty in distinguishing between good and bad.

Is it possible for a victim of child sexual abuse to not know or think that they are in fact a victim?

DR. WOLFE: Typically they don't think that they're a victim until many years later. What they think is that this person "likes me special, gives me special things, teaches me things that other people don't know". In many ways they think it's a privilege, and again, that's to the offender's advantage if the victim thinks that it's a privilege.

MR. ENGELMANN: And what does that have to do with whether they might come forward or not to talk about it or to complain about it?

DR. WOLFE: Well, once a victim feels that it's not a privilege anymore, you don't like what the person is doing or maybe they're trying to get rid of you from the ring because you're older now and they don't want you coming to their house and drinking beer anymore with them, or they don't want you telling other people what's going on, then they're in that confused state of, "Did this really happen to me? Could this person who had a trusting relationship and meant something to me really possibly be

just after sexual relations?" And that's very tough for people to accept.

MR. ENGELMANN: Just the last point in this section, Dr. Wolfe, I think you covered it briefly. Is there anything else you want to say there about "Offenders are not bad in all ways" and children -- you make the comment -- you say:

> "…they're not always good, although they are always the victim when adults and children have sex."

Why do you say that?

DR. WOLFE: I say that because it's human nature again to think that when someone's accused of something, to look at who they are and say "Well, there are all these good things. How could they be this bad thing?" And similarly, when a child makes an accusation, it's typical to think, "Well, you know, he's lied before. He can lie again." So just because a child isn't good in all ways, it doesn't mean that this didn't happen, but it does mean that they're always the victim. Children are not -- it doesn't matter if a child walked up to the offender and said "I want to have sex with you like everyone else." He's still a victim. It's impossible for him to give consent.

MR. ENGELMANN: All right.

Now, in your next section, you deal with institutions, protocols and standards and community responses. And Peter Jaffe will be dealing with this in some detail. So I just want to touch upon it briefly. I know that you've worked with Peter Jaffe.

DR. WOLFE: Yes.

MR. ENGELMANN: So ---

DR. WOLFE: I taught him everything he knows.

(LAUGHTER/RIRES)

THE COMMISSIONER: And he's here to remind him of it.

MR. ENGELMANN: I'll be sure to ask him that question publicly. I hope he's not watching.

(LAUGHTER/RIRES)

MR. ENGELMANN: So you talked to us about who the usual investigators are and I believe you're talking there about extra-familial child abuse, child sexual abuse.

Is that correct in your first point?

DR. WOLFE: Yes. When the perpetrator is outside the family, it is almost always the police. It's my understanding.

MR. ENGELMANN: Okay. But you've also talked about the fact that there are a number of situations

where others might get involved; for example, Child Welfare authorities.

DR. WOLFE: If the offender has any childcare giving responsibilities, then Child Welfare is also involved, and that would be most typically a family member living in the home and a babysitter only if that person is in a role where they are going to be looking after other children.

MR. ENGELMANN: All right.

Now, in this section, in the last point, which is at the top of the next page, you talk about some institutions and responses and you say "managing cases internally and moving alleged offenders".

Do you have a sense as to why that might happen?

DR. WOLFE: Why they would move the alleged offenders?

MR. ENGELMANN: Yes, and deal with it in that fashion.

DR. WOLFE: Before we really understood the nature of how pedophiles or predators look for other victims, it was believed that this was an embarrassment, an aberration, a stain. People didn't want it to get out.

I can understand that if I was the principal of a school and there is an accusation against a teacher, I

wouldn't want all the parents to hear about it. It's my school. I would rather -- in those days say I would rather deal with it quietly perhaps and not let others know, and maybe there's also a doubt. It's a child saying this and he's saying he didn't do it. So let's just get him to move on and give him a nice letter of recommendation and have him move out west.

That's traditionally how it's been dealt with. As they say, it's a stain because it was -- a child made an -- tried to stop something happening and the adults didn't act on it.

MR. ENGELMANN: Have you seen some of this internal management or movement from your own work?

DR. WOLFE: I see it all the time. I saw it at Mount Cashel where they moved the Christian Brothers to other schools where they continued their career as a predator, and I've seen it at some other private schools. I've seen it in public schools, and of course coaching teams and things. It's very common to say "If you don't tell, I won't tell; just move on".

MR. ENGELMANN: And how do we address issues like that, Dr. Wolfe?

DR. WOLFE: Well, by making this public, by making people aware that you don't -- someone whose been alleged of abusing a child and needs to have further

assessment and perhaps prosecution to really get to the nature of it. It can't be taken lightly. I think we need to investigate it to the full extent, and that wards off other people doing these things. It allows children to be able to tell early on that this is wrong.

MR. ENGELMANN: Now, you talk about the earlier protocols and standards, and I'm just flipping back to the last page, that were developed and focused more on the familial or intra-familial abuse.

DR. WOLFE: M'hm.

MR. ENGELMANN: Correct?

DR. WOLFE: We only thought that this happened in the family, except for the very few strangers that did this. It was always believed to be something done in the family, but we now know that about half of it goes on outside the family. And this has only been really well known in the last 20 years, surprisingly enough. So they were hidden under a veil, these acquaintance molesters, a very well-established veil where no one really wanted to know or believe that it was going on, and they were perpetuated by things like writing letters and sending them on.

MR. ENGELMANN: Now, you talk about the fact that relatively recently agencies, police, institutions, you talk about some others, churches, residential settings,

et cetera, developing protocols and standards to address this issue. And I understand you were a proponent of a coordinated response.

Is that correct?

DR. WOLFE: Yes, absolutely.

MR. ENGELMANN: And what happens in your experience when you don't have a coordinated response, and perhaps you can give us an example of that?

DR. WOLFE: When we don't have a coordinated response then the person in charge of -- whatever that is, the church, the Diocese, the team, the school, that thinks it's their choice to deal with it as opposed to a public choice and a criminal choice.

So often it's covered up, but when it's dealt with appropriately, then it has to be investigated even at the risk of tarnishing others reputations. Like any crime that's accused, it's important that we have a full hearing about it.

MR. ENGELMANN: And what's the effect on the child for speaking out if we don't have some form of coordinated response?

DR. WOLFE: Well -- and I've heard this from many adults who are victimized, is that they did try to tell. Maybe some of them tried to tell very clearly, such as in Newfoundland where they went to the police, told them

exactly what was happening -- and this is all well documented -- and the police brought them back to Mount Cashel and said "He's a bad kid. He's lying", didn't really want to see it.

And there's other cases where the children more typically try to test the water and see what happens if I try to tell. I'm going to say "I don't want to visit Grandpa anymore. I don't like sitting on Grandpa's lap", and do I get in trouble for that or do people say "What's the problem? Tell me more." So they will test the water.

If it's not responded to in a coordinated fashion then children think I guess whatever people do to me I can't really stop. I'm not empowered to stop it.

MR. ENGELMANN: And what about those circumstances where you don't have that coordinated response, you have the internal management, if I can call it that, and the teacher, the clergy, the coach is moved? What, if any, impact then occurs to that child for bringing that forward?

DR. WOLFE: That sends a message to that child, as well as any others that may have been abused or knew about it, that whatever happened to you isn't important. What's important is his career, the teacher's career, get a good letter and move on. And I've heard many explain it in those terms, that they went through two years

of abuse and saw the teacher get awards and prizes and promotions and then maybe moved on, so they never really had a say.

MR. ENGELMANN: Some experience of this when that person was very popular either within the institution or in the community, and what might happen then?

DR. WOLFE: The more popular and well respected the offender is, then the more difficult it is for the child's voice to be heard for all the normal reasons. People don't believe that someone who is doing all these terrific things could also be an abuser, but they do, they are.

MR. ENGELMANN: Do you know of any examples of any backlash or anything like that if there is movement with respect to the victim?

DR. WOLFE: You will have to help me with that a minute. I'm drawing a blank of any examples.

MR. ENGELMANN: Well, how do peers react? Let's take the hockey coach example, I mean, if this is something that you've studied or experienced. A popular hockey coach is moved after one of the children complains.

DR. WOLFE: Oh, I see what you mean is they're mad at the child who made the complaint. If a boy does speak out and it's a popular coach, popular teacher, whatever, the wrath is upon the victim because you now

wrecked it for everyone. He was a good person. You're a bad kid. You must have done something to deserve this or you're making it up. So the tendency is to blame the victim, and both adults and peers will do that.

MR. ENGELMANN: Have you seen that in your research?

DR. WOLFE: I have definitely seen that in my research.

MR. ENGELMANN: Mr. Commissioner, if it would be a good time, I was just about to go to the fifth point in Dr. Wolfe's outline. So if this is an appropriate time to break, perhaps we could break now.

THE COMMISSIONER: Very well. We will break and we will resume at 2:00.

THE REGISTRAR: All rise. Veuillez vous lever.

--- Upon recessing at 12:25 p.m./

L'audience est suspendue à 12h25

--- Upon resuming at 2:01 p.m. /

L'audience est reprise à 14h01

THE REGISTRAR: Veuillez vous lever.

This hearing of the Cornwall Public Inquiry is now in session. You may be seated. Veuillez vous asseoir.

DAVID ALLEN WOLFE, Resumed/Sous affirmation solennelle:

EXAMINATION-IN-CHIEF BY/INTERROGATOIRE EN CHEF PAR MR. ENGELMANN, (continued/suite):

THE COMMISSIONER: Mr. Engelmann.

MR. ENGELMANN: Thank you.

Where we left off, Dr. Wolfe, is we were just about to start on that portion of your report that deals with the impact of child sexual abuse on children and adults. Right off the bat, sir, you talk about the fact that child sexual abuse does not affect -- sexual abuse does not affect each child in a predictable or consistent fashion, either during childhood or across the lifespan.

Can you just give us a few examples of that and why that is so?

DR. WOLFE: Well, the nature of abuse is that it affects the ongoing development of the child. So it interferes with it, throws it off its normal course; so it's important to recognize that there isn't a normal pattern following an abuse incident or a number of incidents. It's hard to predict what will end up, whereas other things in the medical illnesses and so forth, we have a better idea of the course of someone who has early childhood polio for example.

But with abuse, all we know is that it's most likely going to throw it off in some way, make it more difficult for the child to adjust and adapt.

MR. ENGELMANN: Okay. Now, you've written about this in texts of Child Psychopathology.

DR. WOLFE: Yes.

MR. ENGELMANN: I believe that's at Tab 13 of your book and that's a chapter of the text that you co-authored?

DR. WOLFE: Yes.

MR. ENGELMANN: And if you could just turn, sir, briefly to pages 642 and 643, it's Tab 13, and I note that -- I'm not sure if you're able to read the screen? It's not too ---

THE COMMISSIONER: Yes.

MR. ENGELMANN: Okay. I note there is a reference to both acute symptoms of sexual abuse and secondary symptoms.

Can you give us some examples of what those would be?

DR. WOLFE: When we talk about acute symptoms or initial symptoms for children, for younger children, typically it will be signs of their normal routine being thrown off, so their sleep, their appetite. They may have regressive problems. They may start sucking their thumb and things that they haven't done in a while. Those are signs of stress.

They may also show signs of anxiety again

with sleep or they might worry a lot. So those are the types of symptoms you might see initially, but those symptoms don't always get noticed or they may be attributed to something else.

MR. ENGELMANN: Are those the acute symptoms?

DR. WOLFE: Yes.

MR. ENGELMANN: What about secondary symptoms then?

DR. WOLFE: Well, secondary symptoms refer to what happens over time with the child as they start to adapt to what has gone on or they start to change the nature of how they respond to it, and they may form what we call a reaction to it and start to deny or start to minimize, try to control what's happening to them. So you won't see any major changes in their behaviour anymore. It's become part of who they are.

MR. ENGELMANN: Okay. Now, you say in your outline that the psychological impact of sexual abuse depends not only on the severity and chronicity of the events themselves but also on how such events interact with the child's individual, family and situational characteristics.

I'm wondering if you could elaborate on that for us and explain what that means?

DR. WOLFE: I think it's important to recognize it and not to use an analogy. Every hammer blow doesn't leave the same mark on everything it hits. So in this case, every child who is abused doesn't end up in the same place and the reason that is, is the mitigating factors. It interacts with the child's personality. It interacts with their family and so forth.

So to use an example, if the best circumstances for a child -- from a child's point of view would be one in which he or she tells what happens, the adults believe them, follow through and do an investigation and support the child along the way. We note from the research that maternal support is one of the most favourable factors and maternal denial saying that you're making this up or you just want to hurt your teacher or something is one of the most devastating for children.

MR. ENGELMANN: So if there is the parental support, in particular, the support from the mother, that will reduce the impact?

DR. WOLFE: Yes, it does reduce it because the child now is being believed and being supported and no longer feeling the guilt and the blame.

MR. ENGELMANN: What about -- and you've talked to us if that parental support is not there that that would then increase the impact. What about the

response or is that the case?

DR. WOLFE: That is the case, yes.

MR. ENGELMANN: What about how other people respond? What about people who might work in various institutions, whether they be childcare workers, police officers or others? How important is their response with respect to the impact issue?

DR. WOLFE: Well, as I mentioned earlier, the children test the water. They want to see how people will respond or they look to see how they responded when their other friend mentioned something to them. So because there is no -- no one teaches kids how to respond to this, there is no one to ask, there is no way for them to know what to do. So if they are, so to speak, shut down by that system, someone says "No, this couldn't have happened or you're making it up", or in any way attributes it to the child, then they either will quit saying anything about it or may have even a lot more adjustment problems because now they don't know who to talk to about it.

MR. ENGELMANN: Can you tell us what some other outcomes that can result from child sexual abuse are? For example, ones that you would see not only in children but also once these children are grown adults.

DR. WOLFE: Yes. One thing about sexual abuse and even more so than other forms of abuse, such as

neglect and physical abuse, is it doesn't go away on its own. The maternal support or support by say a spouse later in life, therapy, can minimize and reduce the suffering over time but without that support, without the recognition and acknowledgement, the vast majority, at least from what we now know, carry it with them in one way or another.

Those who are affected less tend to be those who have found a place to stick it. They put it away and maybe they work around it, but it's still there and they'll still admit that it bothers them. Those who suffer the most tend on a daily basis to try to deal with it through ineffective coping.

MR. ENGELMANN: Okay. Now, there are a few articles in your Book of Documents that deal with this issue. Perhaps we could go to Tab 14, which I believe is an article that you're just about to publish.

DR. WOLFE: Yes.

MR. ENGELMANN: Can you tell us where that article will be published, Dr. Wolfe?

DR. WOLFE: It's in the Journal called Child Abuse and Neglect. It's published by the International Society for Prevention of Child Abuse and Neglect.

MR. ENGELMANN: And I understand it will be published any day?

DR. WOLFE: Any day.

MR. ENGELMANN: All right. And can you tell us what you learned as a result of the work that you report on in this particular article and its relevance to what we're talking about right now?

DR. WOLFE: This contained a sample of 76 men with documented histories of abuse here in Canada, a well-known institution, and I assessed them all myself. So I was able to make a relative comparison of how they did, as opposed to drawing upon other people's opinion. It was all my opinion.

So I assessed them individually myself and looked at the major outcomes we know from the literature in particular and if you'd like to go to the table here, I'll show you what they are.

MR. ENGELMANN: Just before we get into the article, can you tell us how often this type of empirical work has been done?

DR. WOLFE: There have been case reports of men who were abused as children, but there weren't any large-scale studies of it to really look systematically at the patterns and problems that they had. So this is the first one to actually do that empirically as opposed to describing it from therapy and so forth.

MR. ENGELMANN: All right. And just on the cover page, there are conclusions of the study that are

listed? Is that correct?

DR. WOLFE: Yes.

MR. ENGELMANN: Now, the table that you want to refer to, is that the table that is on the fourth page in, Table 1?

DR. WOLFE: Yes, it is.

MR. ENGELMANN: All right.

Dr. Wolfe, perhaps you could take us through that just on this topic about the impact of child sexual abuse and what you saw in this group of 76 men.

DR. WOLFE: Well, first I was struck by the number of psychiatric disorders or mental disorders that these men had. Now, keep in mind that these men probably suffered the worst forms of abuse imaginable, physical as well as sexual, over long periods of time. To an individual, it was horrendous forms of abuse.

So this would be probably, hopefully, the worst outcome you would ever see, but to find that -- looking at that table, post-traumatic stress disorder, PTSD -- to find that four out of every ten are still suffering from that 20 years later is phenomenal because that is a very devastating disorder of flashbacks, nightmares, panic.

MR. ENGELMANN: So when you see the

percentages under "Current", that's telling us that these individuals are still suffering from the items listed there and we have some sense that this abuse has occurred 20 or more years ago in this case?

DR. WOLFE: It was at least 15 years ago and up to, I think, 25 years or 30 years in some cases.

MR. ENGELMANN: All right.

So 40, 42 per cent suffering post-traumatic stress disorder?

DR. WOLFE: It doesn't go away. That's my point. A lot of people falsely believe that over time you'll forget about it, you'll recover, you'll get over it. As a matter of fact, the most common statement that these men would hear from psychiatrists as well as people who should know better and psychologists is that it's time to get over it.

MR. ENGELMANN: So in the case of post-traumatic stress disorder, 42 per cent have it currently; 21 per cent had it?

DR. WOLFE: Yes.

MR. ENGELMANN: So in total 63 per cent of your subject group had post-traumatic stress disorder?

DR. WOLFE: Now or in the past, yes.

MR. ENGELMANN: All right.

What else did you find illuminating from

this work?

DR. WOLFE: Well, the other thing we -- and this is based on a diagnostic interview. This isn't just filling out a questionnaire. This is carefully looking to see if they fulfill the diagnostic criteria. The amount of alcohol -- these are men and men tend to have more substance abuse problems if they've been abused. That's the way they try to cope with it. Women do too, but men even more so. Again, 65 per cent of these men met criteria for a substance abuse problem. It was a very significant, one out of -- two out of every three.

MR. ENGELMANN: How does that relate to the norm, so to speak?

DR. WOLFE: The norm for alcohol disorders would be less than 10 per cent population. I have to add to that the norm for their area of the country is higher than that, but it's nowhere near 65 per cent.

MR. ENGELMANN: All right.

What else from the table that you found of interest that you would like to point out?

DR. WOLFE: Well, mood disorders were assessed because, again, we only knew mostly these disorders from women. We had only really looked at victims of familial abuse and most were women. But based on that, plus case reports, we knew that some men would be suffering

significant mood problems such as depression, suicidal ideation and, again, you find that a third of them were at one time or another and 25 per cent still were.

MR. ENGELMANN: All right.

So when you say "mood disorder", you mean depression?

DR. WOLFE: Most common is major depressive disorder, yes. And there is also dystimia, which is just every day feeling very, very low and unhappy, often unable to work.

MR. ENGELMANN: Okay. Was there some information -- I don't see it on this chart, but was there some information as a result of your work here, this empirical study, on difficulties these men had in being gainfully employed?

DR. WOLFE: Yes. Well, very, very few of them had a substantial work history. Again, part of that was the area of the country, but one of the outcomes of abuse is inability to have relationships, which often includes employee relationships. They get fired a lot. They have conflict with their employer. So it was very difficult to hold down jobs.

MR. ENGELMANN: All right.

And you have "Patterns of disorder". Is that where you see one or more -- sorry, two or more

together?

DR. WOLFE: Yes, because we noticed that a lot of these men not only have alcohol but post-traumatic stress as well, and as you see there, a very high number of them suffered both. That was the most common, PTSD and alcohol problem.

MR. ENGELMANN: And what about the criminal history? Was that revealing at all to you?

DR. WOLFE: It was very high. This is based on self-report because we didn't have access to police records. Fifty (50) per cent property crimes; 49, substance-related crimes, same amount; four out of ten having a history of violence. We have to ask ourselves why so many men are violent and end up in prisons. One of the common factors is they've been sexually assaulted as children. It's one of the risk factors.

MR. ENGELMANN: I am assuming again that these numbers are much higher than the norm.

DR. WOLFE: They are, yes.

MR. ENGELMANN: Anything else from that particular article, sir, that you wanted to refer us to?

DR. WOLFE: What doesn't show in the disorders themselves is the other symptoms they suffer from, such as a sense of betrayal, a very common feeling that they can't really trust anyone and people betray them,

and they suffer lifelong feelings of blame and guilt, self-blame and guilt.

I mean, for us, even though they have been exonerated by the Court, so to speak, because the individuals they accused were convicted, there is no question that they are telling the truth, they still feel to this day that somehow they were to blame. Somehow they were chosen by this person, so they must have done something to deserve this, and that's a very hard feeling for most people to get over.

MR. ENGELMANN: Is there any connection with the sense of betrayal you've talked about and the relationship issue you talked about earlier and the ability to maintain ---

DR. WOLFE: Yes, and it's all based on the fact that this is a breach of a relationship and the trust. So they're betrayed by someone they trusted; in this case, a religiously-affiliated organization. So these were messengers of God, so to speak. These were people that meant a lot to their upbringing, their lives, who were also serving double-duty doing other things. And so it was very hard for them to rectify in their mind why would someone who is a messenger of God also do something that I now see destroyed my life.

MR. ENGELMANN: So let's take a look at one other article then, if we can, sir. That's an article -- I think it's by Harriet MacMillan, at Tab 11 of your Book of Documents.

And is there something from this particular article and the research that was done here that you find of import for us on the impact of child sexual abuse?

DR. WOLFE: This is the article that is published in a major journal, the Journal of the American Medical Association. It is based on a large sample, a well-done study. This is the article I've talked about one in eight women and 5 per cent of the men reporting abuse, but it also said that they found a large amount of -- a large number of psychopathology or disorders among their sample, much higher than the norm.

MR. ENGELMANN: What types of disorders?

DR. WOLFE: Well, the same ones pretty much that I was describing, mood and anxiety disorders, post-traumatic stress disorders and substance abuse disorders.

MR. ENGELMANN: Okay. And what, if anything, do we learn from that about the impact of sexual abuse on children?

DR. WOLFE: Well, it keeps reminding us that it doesn't go away and that people will not heal. This is

not something you heal from unless you get the proper attention and assistance. It's an open wound. Broken bones heal; emotional scars don't unless you have assistance.

MR. ENGELMANN: You've told us about your sample of the 76 men and your work there and you told us that that was some of the most horrendous form of sexual abuse and physical abuse.

What if we have an example where it's perhaps just one incident? It happens 25-30 years ago and let us assume it's isolated, it's an isolated incident. What kind of an effect can something like that have on the child later on as an adult, if any?

DR. WOLFE: Well, the first thing I would have to ask is what was the relationship of that child to that person?

MR. ENGELMANN: Why is that so important?

DR. WOLFE: Because that is the fundamental breach of trust. People have a difficult time grasping the notion that 30 years later you could still be carrying around in your head self-blame and guilt and shame and so forth around something where someone groped you, a babysitter groped you once, but it can happen, and it can happen especially if that babysitter was your cousin or someone important to your life. Because you're constantly

battling in your mind, why would he do this to me? Why did I deserve this? I thought he cared about me.

So it really depends on how important that person was to you. It's often easier -- it's still difficult -- if the person didn't mean much. It was a bus driver, someone you saw once or twice, didn't mean anything to you, especially if you told someone and it was clarified that you weren't at fault. You probably will recover from that.

MR. ENGELMANN: So the closer that person to you, the closer the relationship, issues of that nature are going to be important?

DR. WOLFE: Yes.

MR. ENGELMANN: What about the authority that person is holding, the position of trust, what impact does that have?

DR. WOLFE: That plays a role as well because that adds to the confusion the child may feel. This is an important person, a messenger of God. This is the coach, the principal, psychologist. This is someone who our society puts a lot of respect in authority for and yet I feel something's going on that shouldn't be. There's something odd happening. So that confusion will occur and there's always a bit of self-doubt, self-blame and guilt when someone says "Everyone else seems to love this person.

Everyone else seems to think this person is a very important person, but I know a darker side."

MR. ENGELMANN: Okay. Perhaps then, Dr. Wolfe, we could take a look at another article that you co-authored, and that is the article that is at Tab 15. You refer to this article in your outline. It's the final bullet in your outline when you say:

> "Four factors that contribute to the long-term impact of child sexual abuse…"

So you've set those out, and as I understand it, they are more fully described starting at page 182 of Tab 15 of Exhibit 16; is that correct?

DR. WOLFE: Yes.

MR. ENGELMANN: So could you take us through those four factors that contribute to the long-term impact of child sexual abuse and tell us what that impact is?

DR. WOLFE: Well, the reason that we wrote this article -- and you'll notice it was written by Peter Jaffe and myself, so we did work together on this -- is that in our clinical practice we were seeing a lot of victims of abuse, men and women, and we were noticing common themes and from the literature as well. Others were saying that they seemed to see it's not so much what was done to you, it was who did it and what was their

relationship, and that has a lot to do with the entire process here and, of course, a lot to do with how accessible children are to the offenders. That's how they get access to them.

So those themes I describe as the basis of harm over the long-term. This is why it hurts you over the long term. And that means -- let's use an example, if this is a choirmaster that was the abuser.

MR. ENGELMANN: Yes.

DR. WOLFE: And that choirmaster had a very strong reputation for having a terrific choir, brought a lot of attention to the church, et cetera. This is a very respected, important person, but he's also abused people.

So the first theme has to do with who is the offender within that organization. What does he represent to the organization? He's a very important person.

And the second theme we found was what is the organization itself? How important is the Church in this case.

MR. ENGELMANN: So we've got the role of the perpetrator within the institution ---

DR. WOLFE: Right.

MR. ENGELMANN: --- and then we've got the significance of the institution to society at large?

DR. WOLFE: That's right.

MR. ENGELMANN: And those are both important factors?

DR. WOLFE: That's what we see over and over again. This was the hockey coach. This was a great teacher. This was a terrific school. If it's the janitor in the school, it may have a different impact on someone than if it's a teacher or a principal.

MR. ENGELMANN: All right.

So following through with your choirmaster example, there are a couple of other factors that you also relate to there, the extent of child involvement?

DR. WOLFE: Yes, and that's a tough point to understand because it sounds like the child -- how much they're participating in it. What I mean by involvement is involvement in the institution and the voluntariness of the institution. School is not voluntary. You have to go to school, whereas a hockey team may be.

But we found that the men and women who were having terrific difficulties with it found that they were going back to these organizations where they were being abused because the place meant something to them. They wanted to be a good hockey player. They wanted to be a good student. So they couldn't walk away from it because of the abuse. They were stuck in that paradox. "I want to be a hockey player, but I don't want to be abused by my

coach. What do I do?"

MR. ENGELMANN: You talk about -- and I'm just looking at the bullet point for a moment on page 5 of Tab 3 -- the extent of child involvement voluntariness, and you say:

"Example: opportunities for grooming…"

DR. WOLFE: M'hm.

MR. ENGELMANN: "…unable to escape an abusive situation and likelihood to disclose."

Can you just elaborate on that a little bit? And I'm particularly interested on the likelihood to disclose, who that is and about what.

DR. WOLFE: Well, the pressure on the child to not disclose -- let's say even a situation where other children know that there's abuse going on ---

MR. ENGELMANN: M'hm.

DR. WOLFE: --- they've either been victimized or they see it at night. They see it at bedtime. There's pressure on them not to disclose because it will wreck everyone else's life. Oddly enough, people don't recognize the significance of it, as if winning the hockey game is more important than kids being abused. So their values are really out of proportion, especially if it's children. They really don't see the significance of

it.

So it's very tough for that child to disclose even if other kids know about it.

MR. ENGELMANN: M'hm.

DR. WOLFE: And it's very tough if the child is choosing to go to piano lessons or hockey games.

MR. ENGELMANN: So it's voluntary in that sense as opposed to having to go to school?

DR. WOLFE: That's right, yes.

MR. ENGELMANN: And the last point you have is the abuse and the post-abuse events. So is that actually what happened by way of abuse?

DR. WOLFE: Yes. The other common theme was what happened? What was the nature of the abuse? Was there violence involved? When there's violence and force involved, there's usually typically even more devastating symptoms. The person is going to be very frightened, but it's what kind of sexual involvement they had. Like penetration tends to have, again, more significant symptoms, but not always. Someone who is fondled once can also have lifelong symptoms because of the relationship.

The post-abuse events has to do with after you were abused either once or for many years, did you tell anyone? Did anyone believe you? Did anyone do anything about it? Did you see him move to another school or did

you see other people saying they accept his word over you? That has a significant impact on their adjustment.

MR. ENGELMANN: Can some of that post abuse be how the alleged -- the victim in this case and a perpetrator dealt with by various systems, whether that's the criminal justice system or other litigation?

DR. WOLFE: That is what it's referring to is the system's response, and the system can be the family as well. You could be a pariah now. You're the kid who got mom and dad divorced or you're the one who led to the father's suicide. I mean, there's significant outcomes for children as well as the family and the offenders.

MR. ENGELMANN: So you've listed these four factors as all contributing to the long-term impact of child sexual abuse.

Is there any order to those factors? Are they all of equal importance? Are you able to tell us?

DR. WOLFE: As far as we know, they're all of equal importance. They're just themes. Not everyone would fit all those themes.

MR. ENGELMANN: Sure.

DR. WOLFE: But it does seem to help explain why it lasts so long, why it hurts so much.

MR. ENGELMANN: If you fit all or most of those themes, what is likely to be the long-term impact?

DR. WOLFE: If you told someone and you're believed and the proceedings from that led to an acknowledgement that it happened, perhaps even punishment of the offender, the symptoms will decline over time, especially if you get treatment for that.

If not, if you don't tell anyone and keep it inside, or if you tell people and it's not believed, it probably will persist.

MR. ENGELMANN: Okay.

DR. WOLFE: We know of cases of women and men in their seventies and eighties who still suffer from it. So this is -- as I say, it simply doesn't go away on its own.

MR. ENGELMANN: Okay. So just to close off this area, if I can, how would you characterize the typical outcomes of child sexual abuse in adulthood and are there some core outcomes that you want to leave with us?

DR. WOLFE: I do. I think that I can narrow it down to about five typical outcomes.

In the one I call trust in relationships, most of these individuals find that they have had difficulty trusting others all their life. So they've gone from one partner to another, one job to another, difficulties with their son or daughter. They have difficulty just trusting others because of the breach of

trust that they suffered.

MR. ENGELMANN: Okay.

DR. WOLFE: The second has more to do with self control. They suffer from being able to control their own behaviour and, for men in particular, criminal involvement is an example of poor self control. They get angry easily, can't control their anger, lash out, beat their wives. It's not an uncommon problem.

MR. ENGELMANN: So they have trouble controlling their behaviour?

DR. WOLFE: Yes.

MR. ENGELMANN: Okay.

DR. WOLFE: The third area typically has to do with inappropriate coping. They have difficulty coping with the symptoms that they're having. These are, remember, cognitive symptoms, things in their head that they keep remembering or physical symptoms, arousal and tension, and in order to address -- try to control the symptoms, the simplest, most available method is to drink or take drugs. And so they will get into a life of avoidance of facing any reminders of it. That's the post-traumatic stress. And whenever they get the tension, they will try to hide it through drugs and alcohol.

The common pattern is in the twenties and thirties, they will be very high abusers of this and by

their forties, they may hit rock bottom and start to get help.

MR. ENGELMANN: Okay.

DR. WOLFE: The fourth has to do more with the anxiety and mood problems that we mentioned. It's very common that they suffer from significant symptoms affecting their mood and anxiety, panic attacks, difficulties going to work because of depression, suicidal ideation.

And the fifth area, which is more common among men than women by far, is confusion over their sexual identity and orientation. Here I found that for men that tends to begin really in their adolescence and often continues throughout their twenties. They're not sure if they're gay because they had sex with a man and they don't know what happened, whether that's going to -- that means that deep down inside they must be gay because they agreed to this or somehow participated in it, didn't fight back, didn't stop it. So they have a lot of confusion.

For women, they may have what we call hyposexual problems, meaning they're not interested at all in sex, their avoidance of sex or are hypersexual. That means they use sex all the time to get what they want. So again, their pattern of normal development is thrown off and it includes anxiety mood, sexual behaviour, anger and it can end up with a number of different outcomes like

that.

MR. ENGELMANN: Do some victims of child sexual abuse have all of these outcomes?

DR. WOLFE: Yes, they do. Yes, they do.

MR. ENGELMANN: Perhaps then, Dr. Wolfe, we could turn to the next area of your outline? I'm on page 5 at Caption 6, "The Disclosure Process and False Allegations".

Let me just start with a question. We've talked about children at the ages of 10 or 11. That's the peak age for child sexual abuse victims. So if we've got a child between the ages of 11 and, say, 14 with some sense of maturity, why wouldn't a child who is sexually abused at that age -- why wouldn't they tell their parents for starters?

DR. WOLFE: Well, some would. Let me be clear on that, that some would tell their parents. I would like to think my daughters would tell, and that's because they would feel safe in telling. They know it's okay to tell and they have been informed of what's wrong about this.

But as I say, the nature of sexual abuse is such that the offender will make sure they don't tell. If they think this is a child that might, then they'll leave them alone. They'll move on to someone that's more

vulnerable for whatever reason.

The disclosure process is difficult for adults. It's even more so for children. And by difficult I mean to make an allegation against someone who has authority -- and all adults have more authority than children -- to describe what happens, it's embarrassing. It means somehow you allowed this to happen perhaps, that you didn't stop it. You didn't yell and tell like you were told in grade school. You know, "Tell someone. Yell stop it." The responsibility is almost given to the child and they don't have the ability to do that. So there's a lot of pressure going against them in the disclosure process. It's very difficult unless they feel safe.

MR. ENGELMANN: All right.

And how would that apply if we're talking about children not disclosing to friends or others?

DR. WOLFE: Well ---

MR. ENGELMANN: Is it similar to the non-disclosure with parents? Are there other reasons?

DR. WOLFE: There's lots of reasons why you wouldn't want to tell your friends. It's embarrassing.

Interestingly, if they have a special relationship with an offender and the others may be jealous that you get invited to his house, you get music and beer and marijuana, whatever, they may be interested in that

too, but you don't want to tell them the sexual part of it.

MR. ENGELMANN: The kids ---

DR. WOLFE: I'm not aware of cases where they'll say "And yes, I also do this stuff with him" because that's kept as a special secret. "If you give that away, then I won't do this for you anymore. This is just you and me."

What I found was among some of the men they were shocked to find that when they would go to an offender's house, apartment or whatever, that there would be other boys they knew there and they'd think, "I thought I was the only special one." Instead of being shocked at how many were being abused, they're shocked that they're being tricked into thinking that they're that special.

MR. ENGELMANN: What about reasons, if any, for not disclosing to a police officer perhaps or a childcare worker?

DR. WOLFE: Well, the further you get away from mom -- frankly, the further you get away from mom who's the most trusted person for most children ---

MR. ENGELMANN: Yes.

DR. WOLFE: --- the more difficult it becomes. So the first person the child is going to tell is mother in almost all cases. If mother is not available, not a good listener for this, doesn't want to hear it, then

you're going to look for someone else maybe, and that could be a sibling, could be a grandparent. It could be a teacher. Those are the most typical people they trust. If there is no one else they trust -- and by trust I mean someone who actually has your interests at heart -- police officer, social worker, the further you move away, the less you know how they're going to respond and they may be closer in appearance and position to the person who abused you.

MR. ENGELMANN: Okay. You've talked about testing the water earlier, that sometimes the victim will test the water to see the response.

DR. WOLFE: M'hm.

MR. ENGELMANN: Is that somewhat applicable here as well?

DR. WOLFE: Absolutely. A lot of kids give signs. We just don't know how to hear them and see them. They will let us know something is wrong, but we don't ask the right questions.

MR. ENGELMANN: What if their friends have tested the water and what, if any, impact could that have on whether or not they are then going to go to the police officer or the social worker, the childcare worker?

DR. WOLFE: Well, what I heard from many victims was that they would see their friends be humiliated

if they tried to report that so and so groped them in bed at night. They might tell someone like the housemaster or something and they would be kicked out of the school or they would see the friend be teased by others, called queer. All that speaks to the pressure on children to keep it quiet. The natural silence, the shroud of silence that naturally occurs in childhood around sexuality, it's something that you don't want other people to know about.

MR. ENGELMANN: Now, these issues of non-disclosure, and we've talked about children between the ages of 11 and 14, does it change somewhat when they get older? Is it easier as they get into their later teens or early adults to come forward and disclose, in your experience?

DR. WOLFE: In my experience it's never easy, although it does become a little more clear because adults now realize right from wrong a lot better. They now understand the breach of trust issue that happened. They may share it with a friend, an adult friend who says "You were abused." If someone is able to name it clearly and say "What happened to you was abuse," that allows them now to start to realize, "Yes, even though I thought he cared about me and I really thought I was special, now I realize I was abused." They will feel more comfortable and safe describing it, but still they wrestle -- most wrestle with

that distinction. "Was I really abused or was it a misunderstanding? I really cared about him and I still care about him. So I don't want to destroy him, but I also feel that what he did somehow has affected me."

MR. ENGELMANN: Is that why it's never easy, or are there other reasons as well?

DR. WOLFE: Those are some of the most significant reasons, I think, but there's all sorts of reasons in your own life. Just like I said, with battered women people say "Why don't you leave? It's pretty easy. If you're being beaten up by your husband why don't you leave?" It's like saying to a child "If someone tries to have sex with you, why don't you kick him and run?" It's not easy, especially if that person meant something to you.

So with battered women we know that they love the person; they're financially connected to the person; they have children with the person; they share a house with the person. It's not easy to just say "I'm going to leave." You look for other solutions.

Here with children as well, you care about the person, and even as an adult if you tell someone, it might mean your community loses their priest. It might mean your community loses their principal. It might mean a destruction of your community and your family.

MR. ENGELMANN: Okay. Now, you list -- and

I'm looking at page 6, your second point -- you list -- you reference an article. The article is at Tab 10. This is the Kendall-Tackett, Williams and Finkelhor piece, and I don't know if we necessarily have to go there. It's the Impact of Sexual Abuse on Children: A Review and Synthesis of Recent Empirical Studies. But you list four or five of the most common reasons that victims do not disclose. Is that correct?

DR. WOLFE: Yes.

MR. ENGELMANN: Is there anything you want to add about that or elaborate on that?

DR. WOLFE: Well, I think it's important to repeat that even though sitting here neutrally we could say, "If that happened to me, I'd tell somebody." I say if it happened to my daughter I would hope that she would tell somebody. But the reality is that it's not that simple. There's always stigma. There's always a sense that maybe I did something wrong, maybe I misinterpreted it. That's the -- and the lack of societal understanding means that it's not clear how they're going to respond when I do try to tell them.

And then the whole issue of denial we have to come back to, that I mentioned earlier.

MR. ENGELMANN: M'hm.

DR. WOLFE: We're still living under a very

strong cloud of denial that this is really just a few bad apples, and if we could only find a way to detect them and get rid of them, it wouldn't happen. The reality is it's all of us to some extent. It's a significant issue and so I think it continues to be difficult for them to disclose.

MR. ENGELMANN: So the reasons you've listed there, stigma, homosexuality, I'm assuming what we're talking about here is the male victim of the male perpetrator?

DR. WOLFE: Yes.

MR. ENGELMANN: Lack of societal understanding, presence of positive feelings for the offender, embarrassment or fear over the victimization or the belief that they were not really victims. You set those out. And I'm wondering if there's any commonality between these reasons. These are reasons why victims would not want to disclose and why they either would or would not make a false allegation.

DR. WOLFE: Well, the commonality is the relationship that I mentioned earlier, I believe, the fact that it's not black and white in the child's mind. They care about the person in most cases. They may not 20 years later. They may be angry at that person. But it's still difficult because it's not clear to them why this happened and that person meant a lot to them.

MR. ENGELMANN: Okay. So some of these reasons here, would they also be reasons why people would make a false allegation or would not make one?

DR. WOLFE: I think it speaks to the same issue of false allegations. It's very difficult to disclose a real allegation, and it's very difficult to disclose a false allegation for all the same reasons. You'd be stigmatized. There would be pressure on you around what you said and who this person was, so both are very difficult.

MR. ENGELMANN: Now, you make a comment that the number of false denials is greater than the number of false allegations. Is that something you've determined through your own research and experience, or is that just something from the literature?

DR. WOLFE: I'd say this is pretty well-established knowledge that we don't know how many false allegations there are, and we're going to come to that, but we do know that they are outstripped by false denials by a very large magnitude. But most of the attention is always raised on false allegations.

Now, it's our natural tendency to not want to jump to conclusions and, of course, due process is important.

MR. ENGELMANN: M'hm.

DR. WOLFE: But sometimes because of our issue of denial we want to believe that really it's kids going too far. We empowered people, different races, to have more equality and then they went too far. You might take that view. Women had equality and then they went too far, and now we're giving it to children and they're going too far, and that's simply wrong.

MR. ENGELMANN: I just wanted to take you to a couple of pieces on this issue, and one is the article at Tab 8, and this is the abstract from David Finkelhor. And is he, by the way, rather well-known in this field?

DR. WOLFE: He was one of the very first researchers, sociologist, and wrote one of the first books, 1979. Very well-known.

MR. ENGELMANN: And in the abstract which is at Tab 8, if you could turn to page 42. Just at the bottom right-hand portion of that page we have the caption "Fabricated Reports of Sexual Abuse."

DR. WOLFE: M'hm.

MR. ENGELMANN: If you want to take a look at that, and then flip over onto the next page. The author writes:

> "Evidence suggests fabrications constitute a relatively small fraction of the reports received. A review of

five studies concluded that fabricated reports occurred in 4 to 8 per cent of all reports."

It goes on:

"These estimates are based on in-depth examinations and evaluations."

What is your knowledge of studies and these types of percentages, sir, if any?

DR. WOLFE: There's not been a lot done since then. That was in '94. I'm not aware of any newer studies on it. Very difficult thing to study, to get real facts about what's false and what's not. You have to base it on actual criminal trials and such. Very rarely is it concluded that it was an actual fabricated event.

So that 4 to 8 per cent is based on best available information we have of all the reported cases of child sexual abuse are false. Now, false means not just fabricated. Some are fabricated but some are false because they are exaggerated or misinterpreted entirely.

MR. ENGELMANN: And by "misinterpreted" what do you mean?

DR. WOLFE: Typically it's an adult making the report not a child. So it's an adult saying "My daughter came home from a custody visit on the weekend and she said Dad gave her a bath and touched her privates."

MR. ENGELMANN: M'hm.

DR. WOLFE: And those are -- of the false allegation or the unproven ones, those are the more common type.

MR. ENGELMANN: Yes, I notice you have a bullet on that point. You say:

> "False allegations are believed to be rare."

You say:

> "No official figures exist. When they do arise they are more likely to be in the context of child custody disputes."

So who is making those allegations typically in child custody disputes?

DR. WOLFE: One of the parents.

MR. ENGELMANN: Okay.

DR. WOLFE: Sometimes a relative, but not the child.

MR. ENGELMANN: You then go on and say:

> "The number of false allegations made by adults in historical abuse cases
>
> is not known but is believed to be very low."

DR. WOLFE: Yes. That's all I can say at this point. We know so little about how many are actually false because we've only recently had hearings like this to even discuss adults.

MR. ENGELMANN: You do say though that although they're rare, allegations may be influenced by monetary or other incentives or a total recall of historical events.

DR. WOLFE: M'hm.

MR. ENGELMANN: Is there is some literature that suggests that or some research?

DR. WOLFE: Yes. The strongest literature is, of course, on memory. We all know that memory isn't perfect and so we have to be cautious in terms of interpreting the allegations and getting proper evidence for them.

I know that you and I probably wouldn't remember everything that happened to us when we were 12, even if it was traumatic or frightening and so forth. The details fade. The dates fade, even whether it was a gym teacher or an English teacher can be confused.

So memory is always an issue. You need other corroboration for that.

The other issue is with civil suits. A skeptic could think that when there's money involved that

someone's going to embellish or falsify what happened to them. I'm not aware if that happens, but you have to keep it in mind. It could influence someone's memory.

MR. ENGELMANN: I'll just be a moment.

(SHORT PAUSE/COURTE PAUSE)

MR. ENGELMANN: All right. Dr. Wolfe, I would like to turn then to Part 7, if I can, of your outline.

DR. WOLFE: M'hm.

MR. ENGELMANN: That's the difficulty for persons working with children, and you've described for us a number of types of professionals that would work with children. You talk about social workers, healthcare providers, et cetera, and you say they have difficulty in responding to these cases.

Can you give us some of the reasons why that difficulty exists to your knowledge?

DR. WOLFE: Part of them or really my next point there, there are issues of understaffing, insufficient training, lack of resources. Historically, those who work with children are the most underpaid part of our society. They've been women. They've been childcare workers and it's always been considered -- well, they've always been poorly paid for that even though it's a very important responsibility.

Similarly, there hasn't been proper training and screening in all cases. So the infrastructure and support is nowhere near the same it would be in another sector of society such as law enforcement where they have much more training around what they have to do in their job than they would in childcare. Child welfare does have a lot more training today, especially around investigation, but still not enough I think in terms of child development, what's normal for children and how to tell the difference between a normal story and a perhaps falsified one.

MR. ENGELMANN: And you talk a little bit about some of the difficulties with smaller agencies or communities in working with children.

DR. WOLFE: Yes. I think it's -- the problem is exacerbated when you have a small agency and community because it's all resource-based. They're dependent on the government mostly for these things. It's not a service. It's not something "fee for service" and unfortunately, our system both here and in the U.S., the child welfare system is set up more as a detection and monitoring system, not a family service system. And we've been unsuccessful at getting the second half of the family service part of Children's Aid. It's really one of protection, not prevention and treatment.

I wanted to mention there that I came across

a statistic that still -- I think it's worth repeating it. Two dollars is spent on research for every hundred dollars in cancer area; so two per cent is spent on research. In the area of child sexual abuse, five cents is spent on research for every hundred dollars spent on investigation and treatment. So clearly it's beneath the radar in most places. We don't think it's important enough to research or the resources aren't there for it.

MR. ENGELMANN: I'm curious about your comment about the Litmus Test and some of the difficulties there. You talk about a careful balance between healthy awareness and caution and you go on over to the next page about being careful about drawing overzealous conclusions.

Can you elaborate on that briefly, sir?

DR. WOLFE: Well, some say that we've teeter-tottered between a society that took no interest in it, never -- it wasn't on the radar at all, to one that flipped the other way where everyone is an abuser and it's a witch hunt. I think whenever we discover something right around our midst that concerns us, yes, there is a tendency perhaps to be over-inclusive for a while. But what I meant here was you have to have a worker in this area, whether it's a psychologist, a psychiatrist, childcare and so forth, and teachers and parents who have a healthy balance between some scepticism about what's going on and who is

this person with my child versus an appreciation of their role.

It's a tough balance to achieve. You want your children to meet other people and be safe and comfortable with them, but you also want them to be alert to the fact that there's boundaries and rules. Unfortunately with child sexual abuse, the approach we've always taken is to leave it in the hands of children to protect themselves, whereas in physical abuse, oddly enough the approach is always to leave it in the hands of adults. We teach parents don't hit your kids. We focus on, in our communities, around safety for children from our schools and our parents. Child sexual abuse, the message is always about keeping yourself safe and we've done very little around educating parents and even informing potential offenders of the traps of getting caught, making sure that they get help instead of doing this.

The other issue I want to raise there is it's very difficult working in this field if you're interviewing an adult who was abused coming forward because they may have all these other problems. They may be an alcoholic at this point. They may be a life abuser. They may be a criminal and now they're also telling you that they're a victim of abuse. Their way of expressing it may be very much -- not distorted but confused by the problems

they're having. It's very difficult for them to say as I'm telling you right now what happened. They may be in tears. They may be very angry. They may be very paranoid. They may come to the meetings drunk. So that all makes it very difficult to investigate these cases.

MR. ENGELMANN: Your last point in this section talks about the fact that the legal process, whether that's a criminal justice process or a civil process, may hinder the treatment.

I'm wondering if you could elaborate on that for us and explain to us why that might be the case?

DR. WOLFE: Well, there is some concern that if a person has visible symptoms, let's say it's a civil case and civil outcomes are going to be dependent upon harm and damages, so if you have a lot of problems, you'll get a higher settlement. If you go to treatment and try to deal with your problems, you may not get as high a settlement. So unfortunately, a person is caught in that paradox.

With children nowadays, it's shifted. Nowadays, we realize you can’t just let the child sit and do nothing until they go through the process even if they -- even if hopefully if they do get better because it's too much harm. You have to deal with it right away.

MR. ENGELMANN: What about the criminal justice system? Do you have some sense as to why an

ongoing criminal process might hinder the ability to treat the alleged victim?

DR. WOLFE: I think the major concern there is that they are worried that the treatment would affect their statement, that talking to a therapist is going to somehow change your own expression of what happened to you in your evidence. So they want to keep it clean.

MR. ENGELMANN: So does that have a tendency to delay some of that therapy?

DR. WOLFE: Absolutely.

MR. ENGELMANN: And what impact can that have?

DR. WOLFE: Suicide. People -- because what we always have to consider is that living under the pressure and the pain that goes along with that leads some people to kill themselves. Serious substance abuse incidents, we've had many cases of overdoses, self destructive behaviours, cutting themselves, harming their family. Any of that can happen. So it just takes a little bit added pressure on that person's life and they may tip.

MR. ENGELMANN: Now, the last part of your report, Dr. Wolfe, deals with what you've called "important considerations". I'd like to just have you elaborate on a couple of points if I may.

You say in your second point, looking at how

public institutions have responded in the past, now respond and could better respond in the future would be very valuable both for Cornwall and on a much broader level.

I'm wondering if you can explain to us why you said that and why you set that forward in your view?

DR. WOLFE: I think in advance of that I'll just clarify that Canada is probably one of the leading countries of the world in terms of dealing with this issue. I think that we have -- since I've lived here in 1980, we've done a lot to address this and are often cited in international books and journals around what we do. So keeping in that role, I think that the way we handle our situations today is helping other countries deal with theirs.

We were well into dealing with the Mount Cashel crisis when the Boston Diocese crisis occurred, and I remember speaking to David Finkelhor prior to that asking him if he had ever heard of these big institutional things and he had not. And I said you will because they're happening here and they're bound to happen there, and they have.

So the importance of this is that we now can look back and look forward and say "How can we improve upon this?" We have to. This is an evolving process.

No one can be blamed for not being as aware

as we are today about how to address these problems because we simply did not know how pedophiles worked and some of the warning signs as well as we do today.

And I think it's very critical that we take this opportunity to say how can we keep children safe? That's what this is about. How can we prevent this from happening and destroying our communities and make sure that justice is done?

MR. ENGELMANN: You've talked about Canada as an example. I take from that you're somewhat proud of Canadian work in this area, although recognizing problems exist.

Your third point suggests that:

> "Those working in the field need to recognize and learn to address widespread ignorance and denial…"

And you go on:

> "…by encouraging society to address, report and prevent the sexual victimization of children."

Is this still the case? You've talked about accomplishments. Do we still have widespread ignorance and denial or are we there?

DR. WOLFE: Unfortunately, we still have it, by all means. The analogy to women abuse, again, I think

is important. A Member of Parliament stood up in 1982 and said, "I don't beat my wife. Do you beat your wife?" And they all laughed. It was denial. It was a thing that "It's a bunch of whiners." Someone else known to our province called them that.

Little by little we now realize, because we've done full-scale investigations, inquiries and the Canadian Panel on Women Abuse, to recognize it is a very significant problem. Thirty (30) per cent of women report it, and I don't think you would find a man today that isn't aware of the possibility. They still may deny it or just think it's not as significant as it is.

Child sexual abuse is nowhere near to even that level. We haven't had a Canadian panel that really looks across the country and says, "How bad is this? What should we be doing? Why aren't we allowing them to get the resources they need?" So we're at least 15 years behind even where we are on women abuse, but we're 15 years ahead of where we were.

So I would say, yes, there is widespread ignorance and denial still. Most people still think it's a stranger. Most people still have trouble believing that someone you trust and love could do this to children and a lot of people still want to believe that it's a few bad apples doing it and it's a few weirdos that are reporting

it.

MR. ENGELMANN: You say in your next point:

"The public also needs to know about the nature of abuse so that they too know how to respond."

My question to you is why is the public response to child sexual abuse important?

DR. WOLFE: I view public -- or child abuse, physical and sexual, as a public health issue. I think we have to look at it that way. This is an epidemic. An epidemic doesn't have to affect 50 per cent of the population. It's not bird flu or avian flu that we're talking about here, but we're talking about something that affects one out of five women, one out of ten men. That's a public health issue. That's like having poison in the water. When you look at it from a public health point of view, you say, "Well, then you have to inoculate the population." You have to make everyone aware of it. You don't just go looking for the people who might get it.

When you're dealing with women abuse, child abuse, these are the things that are endemic in society and to inoculate and prevent, you have to educate everybody, and that's the only way to do it.

So this is a public issue. This is no longer a family secret. This is no longer a community

stain and blemish or embarrassment. Any community can have this problem and does and has to recognize that this is part of the responsibility to other communities as well as their own to make people aware of it and help to stop it from reoccurring.

MR. ENGELMANN: Dr. Wolfe, your next point, you make the comment that:

> "Sexual abuse and exploitation are less frequent in countries with the following qualities…"

And I understand that there's a slight misstatement on that list. If you could just tell us about that?

DR. WOLFE: Well, the first point was moved from somewhere else by mistake. Lack of societal understanding should be struck there.

MR. ENGELMANN: All right.

So we'll just take that out.

And what about those other factors then? What have studies shown?

DR. WOLFE: These are studies based on world community, not just North America, and they say that basically it comes down to equality and education and law enforcement and legislation protect children. No surprise there, but countries that have more equality for men and

women and girls and boys, countries that offer education to girls as well as boys, countries that have a higher level of training, education around law enforcement, they have the proper laws in place around child exploitation as we do here, efficient law enforcement and what we call social control, meaning that we really pay attention to when things get out of hand. You don't just let it slip and hope it goes away. You try to deal with it right away.

So all those things protect children in worldwide communities. They find in Africa that when they educate girls, their rates of crime and poverty and all sorts of things go down just by educating girls.

So the evidence is very clear as to ways to decrease this over time.

MR. ENGELMANN: All right.

Your last point on the page:

> "Advising children how to prevent sexual exploitation by adult acquaintances as opposed to strangers is much more complex and more difficult to implement."

Just comment on perhaps some aspects of a solution.

DR. WOLFE: Well, yes, the difficulty here is if it's any of us, if it's anyone in the child's life,

how do you begin to teach them about this?

We have the same problem -- I now work in the area of dating violence, and I work with adolescents in trying to help them understand how to keep themselves safe, not just around sexual abuse by adults, but partner -- dating partners and peers that might get them to drink and take drugs and so forth. It's the very same issues. It's very difficult to say that someone who you care about could also hurt you, but it can be done.

We just have to move away from the belief that if you -- you know, by scaring children or leaving it in their hands to make -- to stop and tell and yell. We have to take the responsibility as adults and not rely on the children.

I can't say that there's a single solution for that, but it's going to come down to education. We've educated children around smoking, drunk driving, proper health, nutrition, all sorts of things. We now have to educate them around safety in relationships. It is very doable. It just has to be introduced at a young age in a way that helps them understand how to trust people and stay safe.

MR. ENGELMANN: And as you've said, I think, before, this is more than just educating children.

DR. WOLFE: Absolutely. Yes, that's right.

It has to be -- parents have to be very much on the page, school and so forth. The whole community has to understand why we're doing this.

Let me give you an example. RBC funds after-school programs for children around the country, and I said to them that they should be a leader in terms of screening people, because that is a magnet for abusers potentially. So they're going to have in place a form that the parent would read that says "Our policy is that no teacher or no employee takes a child on a trip," blah, blah, blah, so that you now know that's their policy and if some teacher says, "Hey, Jimmy's a great kid. I want to take him to the game this weekend," you can report that, not as an abuse, but say "I understand it's your policy." So right from the beginning if someone starts to breach the boundaries, they're stopped.

So I think there's ways, if everyone starts to appreciate it, not to accuse people of anything, just to make sure everyone knows -- everyone's on the same page that if the rules are broken, that's a warning sign. You do something about it right away.

MR. ENGELMANN: Okay. I'll just be a moment.

(SHORT PAUSE/COURTE PAUSE)

MR. ENGELMANN: Your last point in your

outline, Dr. Wolfe, you make the statement:

> "An inquiry could be helpful to those who have already been affected and may help with awareness and prevention in the future."

Is that something you feel strongly about and, if so, why?

DR. WOLFE: I feel strongly about all of this, I will say, and the reason is just like the whole area of mental health, it's marked by stigma. Anyone with a mental health problem feels they can't talk to people because they'll be stigmatized.

As we address stigma, then it becomes more normal and natural and acceptable for someone to get help.

The area of child sexual victimization is one of stigma for men as well as women. So to be able to decrease that stigma, we'll end up with people being able to address their problems even if they're very longstanding problems.

It also means the importance of avoiding re-victimization through the process. A lot of people report, you know, it's like a blunt instrument they go through a lot of the process of investigation in court and so forth. It's not easy and for some of the good reasons. It can't be easy but sometimes they are over-victimized because we

really don't want to believe that this goes on around us, and we have to -- along with all this comes better training and awareness, so that we are doing the proper job and maximizing recovery for children and adults.

MR. ENGELMANN: Thank you very much, Dr. Wolfe. Those are the questions that the Commission has of you.

This might be an appropriate time for the afternoon break in any event.

THE COMMISSIONER: Why don't we break until 3:30?

MR. ENGELMANN: I am having to advise you, sir, that we have a list and an order for cross-examination, so we are ready to go there.

THE COMMISSIONER: Thank you.

THE REGISTRAR: All rise. Veuillez vous lever.

--- Upon recessing at 3:12 p.m. /

L'audience est suspendue à 15h12

--- Upon resuming at 3:39 p.m. /

L'audience est reprise à 15h39

THE REGISTRAR: This hearing of the Cornwall Public Inquiry is now in session.

Please be seated. Veuillez vous asseoir.

THE COMMISSIONER: Mr. Engelmann.

MR. ENGELMANN: Mr. Commissioner, I just want to let you know the order of counsel.

The first group up is the Citizens for Community Renewal, Mr. Wardle, followed by the Victims Group, Mr. Lee, followed by the Men's Project, Mr. Bennett, followed by -- sorry? It's Father MacDonald, Giuseppe Cipriano.

Then it's the Children's Aid Society and it is Mr. Chisholm. Then it is Corrections and I'm going to make a mistake on the name again. Rouleau? Me Rouleau.

And then the Attorney General, Ms. Judie Im. I'm not very good with names.

Then we have lawyers for Mr. Leduc and that's Chris Avery. And then we have the Diocese and that is David Sherriff-Scott.

We have the Cornwall Police, John Callaghan, and the Ontario Provincial Police, Mr. Kozloff, and I'm not sure if Mr. Carroll has any cross-examination, but presumably he would be after the OPP and that's for the OPPA.

THE COMMISSIONER: All right.

MR. ENGELMANN: That is the list, as I know it.

DAVID ALLEN WOLFE, Resumed/Sous affirmation solennelle:

--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.

WARDLE:

THE COMMISSIONER: Good afternoon, sir.

MR. WARDLE: Thank you, Mr. Commissioner.

Dr. Wolfe, I would like to go back if I can to your outline of evidence, which is Tab 3, and ask you just to turn up the third page.

I have just a couple of questions about what you describe as being the evolution of our attitudes towards sexual victimization of children. You recall giving some evidence about that this morning?

DR. WOLFE: Yes.

MR. WARDLE: Let me just start with trying to get some -- maybe put a little more specific timeline on this. You said that there had been an evolution which had taken place and you started with the stranger-danger sort of paradigm, which you said was in the 1950s and 1960s.

Do you recall that?

DR. WOLFE: Yes.

MR. WARDLE: And then you indicated that over time there had been a change in our understanding with what you call the acquaintance molester; correct?

DR. WOLFE: Yes.

MR. WARDLE: And you made a distinction between prior to 1980 and after 1980 and I took 1980 to be the point where there was statistics begun to be kept on

this in the United States.

DR. WOLFE: Yes.

MR. WARDLE: And is it fair to say that in Canada, because you were really giving us a very general sort of picture, and I want to be a little more specific about Canada, that our understanding of this as a society sort of starts in the late 1980s.

Would that be fair?

DR. WOLFE: No. We had some understanding of it. It started -- it's been gradually evolving. I mean, every decade, our understanding has improved dramatically.

MR. WARDLE: Would you agree with me though that a first -- maybe not a first step but a very major step was the events at Mount Cashel and the publicity that those events eventually generated?

DR. WOLFE: That was the first national exposure around a lot of these issues of what's going on in the community as opposed to the home.

MR. WARDLE: And that took place in the late 1980s; correct?

DR. WOLFE: That is when the inquiry was, yes.

MR. WARDLE: In fact, the Hughes Inquiry started in 1989; is that correct?

DR. WOLFE: Yes.

MR. WARDLE: And that was really the first case in Canada where there had been organized activity involving sexual abuse of minors taking place at a religious institution. Correct?

DR. WOLFE: First time?

MR. WARDLE: The first time it was reported.

DR. WOLFE: To my knowledge, but I can't say that I know a lot about when it was reported earlier. There could have been other events like that that I'm not familiar with.

MR. WARDLE: And it's fair to say, is it not, that that received a large amount of publicity in the national press?

DR. WOLFE: Yes.

MR. WARDLE: And is it also correct that around the same time there were a number of other events that came to light, and I'm thinking, for example, of the Granview School situation here in Ontario?

DR. WOLFE: Yes.

MR. WARDLE: And the St. Joseph's School in Alfred?

DR. WOLFE: Yes.

MR. WARDLE: And the St. John's School.

DR. WOLFE: I am not familiar with that one.

MR. WARDLE: All right. But those were all around the same time period?

DR. WOLFE: The disclosure, yes.

(SHORT PAUSE/COURTE PAUSE)

MR. WARDLE: In your outline of evidence, you make a distinction between, first, intra-family and extra-family is the way I would describe it, abusers who come from within a family setting and abusers who come outside the family setting. Correct?

DR. WOLFE: Yes.

MR. WARDLE: And then you distinguish -- for those who come outside the family, you distinguish between strangers and what you call "acquaintance molesters"?

DR. WOLFE: Yes.

MR. WARDLE: And you've already testified that out of the total, strangers would be the smaller percentage of the total and acquaintance molesters would be the preponderance, if I can put it that way. Correct?

DR. WOLFE: Outside the family, yes.

MR. WARDLE: And then you go on in your summary, and you did this, this morning, to talk about people in positions of trust or authority. Correct?

DR. WOLFE: Yes.

MR. WARDLE: So do I take it that there are acquaintance molesters who are not people in positions of

trust and authority?

DR. WOLFE: Yes, there are. You know, like a bus driver or something like that, although there is some degree of trust there, but there are some that have a very minimal relationship with the child, but they are still what we call known to the child.

MR. WARDLE: And then there are others obviously who are -- I mean this is not either a "yes" or a "no", it's a continuum, I assume. There are people who have more levels of trust and authority. Correct?

DR. WOLFE: Yes.

MR. WARDLE: And am I right that you identify that the ramifications of child molestation increase if the molester is in a position of trust and authority?

DR. WOLFE: Yes, typically, yes.

MR. WARDLE: And you describe in your summary, and I am now at page 4, you give some examples of people with authority,

> "…teachers, camp counselors, coaches, religious leaders, law enforcement officers, doctors and judges".

Do you see that?

DR. WOLFE: Yes.

MR. WARDLE: And what I take it to be saying

is that molesters who have those positions create particular problems in the abuse process because they are in a position to dominate their victim?

DR. WOLFE: I wouldn't use the word "dominate". It's that they are in a position of trust where they would be more likely to be believed because they have other reasons why they would have time with the child, and they have positions of authority where we bestowed upon them knowledge and authority. So whatever they say must be true.

MR. WARDLE: Now let's be a little more specific. I take it a person in a position of authority could include, for example, a priest.

DR. WOLFE: Yes.

MR. WARDLE: And it might be important in looking at that relationship to look at the type of community that's involved; correct?

DR. WOLFE: How do you mean "type of community"?

MR. WARDLE: For example, in a small Roman Catholic community the opportunities for priests, for example, to be in positions of authority with people under their care may be heightened. Is that fair?

DR. WOLFE: It is, although I'm not sure it's any different than in any community. Every church,

every priest has very similar authority among the population.

MR. WARDLE: All right.

But is it fair that you would look not only at the -- in trying to look at the ramifications for the abuse for the victim, you would want to examine not only the relationship between the abuser and the abused but also the institutional setting from which the abuser comes. Is that fair?

DR. WOLFE: Yes, because in some communities where it's, let's say, tight-knit, it may be just one church and the church is very important to that community, then anything that threatens that church would also threaten the community.

MR. WARDLE: All right.

So in that kind of a community there would be -- for somebody who was predisposed to this type of activity, it might be easier for that person to prey on minors?

DR. WOLFE: Under certain circumstances, yes. If they are highly desired, difficult to get a teacher or priest of that expertise, that sort of thing, then yes, they could be in an ideal situation ---

MR. WARDLE: M'hm.

DR. WOLFE: --- for them.

MR. WARDLE: And another example of someone in a position of authority could be someone in government, for example?

DR. WOLFE: It could be, yes.

MR. WARDLE: Or someone in the justice system?

DR. WOLFE: Yes.

MR. WARDLE: It could be a police officer, for example? That would be a person that, from the perspective of a minor, would be considered to be someone in authority.

DR. WOLFE: Yes.

MR. WARDLE: It could be someone working in Corrections?

DR. WOLFE: Yes.

MR. WARDLE: And I heard you say that -- I think again before lunch -- that the abuser who is an important person, a person of authority, has an edge over the victim.

DR. WOLFE: Yes.

MR. WARDLE: And I wanted to just, if we could, to turn up the article that's at Tab 15. This is the article you co-wrote with Mr. Jaffe and Jennifer Jetté.

DR. WOLFE: Dr. Jaffe, yes.

MR. WARDLE: Dr. Jaffe. I'm sorry.

DR. WOLFE: And now it's Dr. Jetté, but at the time she wasn't.

MR. WARDLE: Dr. Jaffe and Dr. Jetté.

DR. WOLFE: Yes.

MR. WARDLE: Have I got them both right now?

DR. WOLFE: Yes, you do.

MR. WARDLE: Thank you.

And I'd ask you just to turn up -- if you could turn to page 182. And just turning on the right-hand side to the bottom, this is under the heading "Factors Contributing to Harm." Do you see that?

DR. WOLFE: Yes.

MR. WARDLE: And then under "Significance and Role Within Society" the second sentence says:

> "When an institution or organization is highly valued the community typically holds both the establishment and its members in high esteem. For example, communities rightfully hold education institutions and those who work within these institutions in high esteem and parents readily transfer their authority to teachers, principals and other school personnel."

And then the article goes on to say:

"Accordingly, children may be particularly vulnerable to abuse by individuals within these institutions whom they and others put in positions of trust and authority."

And I take it the same would be true of an organization like a church?

DR. WOLFE: Yes.

MR. WARDLE: And then going over the page the article says -- and this is under the next heading "Role of the Perpetrator Within the setting" and it starts by saying:

"The role that a perpetrator plays within an institution relates both to a child's vulnerability to abuse and to the consequences and aftermath."

And I want to just focus, if I can for a minute, on the first part of that. The "child's vulnerability to abuse". First of all, the article says:

"Adults and children tend to trust certain individuals because of those individuals' positions and expertise within a respected institution, e.g. teacher, minister or Scout leader."

And then it goes on to say:

"Such implicit trust carries added risk because parents are less likely to scrutinize the activities of such well-respected individuals and children are more likely to do as they're told."

So I take it, first of all, that the placement of the abuser within an institution has important ramifications for their opportunities to abuse to begin with.

DR. WOLFE: Yes, it does.

MR. WARDLE: And I'm again dealing with religious leaders. In the next paragraph you go on to say -- or the three of you go on to say:

"For example, religious leaders are often considered representatives of God, so children may be taught from a young age to treat their authority and position with respect."

So I take it -- I mean, we may be stating the obvious here, but I take it that someone in that kind of position has an enhanced ability to -- and I won't use the word dominate, but to have the child trust them.

DR. WOLFE: Yes.

MR. WARDLE: That would be the word you would use, trust.

DR. WOLFE: Yes.

MR. WARDLE: And so coming back to your comment this morning about the abuser having the edge, it gives them the edge in starting the grooming and seducing that leads down the road to an abusive relationship?

DR. WOLFE: Yes.

MR. WARDLE: Okay. And am I right as well that there's a second ramification, and that is that the relationship between the abuser and the abused and the institutional context also affects the ability of the victim or their willingness to disclose the abuse at the time; correct?

DR. WOLFE: It does, yes.

MR. WARDLE: So for example, if this is a person inside an institutional system which the victim values highly -- and I think you used the example of a hockey team -- then it may affect the individual's willingness to go out on a limb and report something that takes place?

DR. WOLFE: Yes, it does.

MR. WARDLE: And similarly for a religious institution, if the minor was brought up in an atmosphere where the religious institution was highly valued and everyone in that community valued the religious institution in the same way, that would have an impact on their

willingness to report abuse, would it not?

DR. WOLFE: It often does, yes.

MR. WARDLE: Okay. And am I right -- and I'm not going to take you to this, but reading the other articles which you touched on this afternoon about the long-term impact of abuse, am I right that the institutional setting of the abuser can also have an effect on the long-term ramifications of the abuse for the victim?

DR. WOLFE: Yes. For example, if it was a teacher, the victim may have a fear of school, doesn't want to go on in their education. They lose their religion if the person was a clergy member. So it can very much affect their connection to that institution.

MR. WARDLE: And also in a more general way, to the extent that there has been a trust relationship which has been -- there has been a betrayal of trust, that can have just, you know, devastating long-term impact on the well-being of that individual throughout their whole life; isn't that correct?

DR. WOLFE: Yes, it is.

MR. WARDLE: Okay. And am I right, from what you said this afternoon, that if there has been a failure by the system as a whole, and by that I mean the justice system, to respond appropriately when the allegations were first raised, that has potentially a

devastating impact for the victim on a long-term basis?

DR. WOLFE: Yes. If indeed they made an attempt to stop it and to seek justice and it didn't occur, they may be disempowered to do that again. They may feel it's hopeless.

MR. WARDLE: Just a couple of other questions for you.

You mentioned this morning the need for a coordinated response by institutions, and I'm not sure I understood fully what you meant by that.

DR. WOLFE: Well, let me show what the opposite of that is. An uncoordinated response is that it's someone else's problem or it doesn't exist. So no one knows how to handle it.

A coordinated response is to seek investigators that are trained, representation that knows about the issues, counsel, parents that understand the support they need, mental health. So it has to be coordinated in terms of how we handle the allegations and of course what the child -- it's the child and not us -- what they're going through because it's not -- without that coordination, the assumption could be that you're going to put him through the court system much like you would an adult and an eight-year-old can't handle that.

MR. WARDLE: And do you have a view as to

whether that kind of institutional response should be public in nature?

DR. WOLFE: Not -- you mean, the actual investigation aspect? I don't have a response to that. In terms of publishing names of ---

MR. WARDLE: No, I wasn't being that specific.

DR. WOLFE: Oh, okay.

MR. WARDLE: I was just asking whether you believe that the institutional response should be, you know, public in terms of community perception.

DR. WOLFE: Yes, I do.

MR. WARDLE: And why do you think that?

DR. WOLFE: We have to take it out of the shadows. We have to -- this is something we can't be embarrassed of and we can't bury it in darkness and say that it's an embarrassment so we don't want people to know about it. That's how it perpetuates. So it has to be public and it also has to be public if it's discovered to be false or wrong or whatever. People have to be informed what the outcome is.

MR. WARDLE: And I just note here if I -- this is in the same article at Tab 15 on page 187. I'm not sure this is your recommendation or one of your colleagues' recommendation, but under "Implications for Science and

Practice" ---

DR. WOLFE: M'hm, yes.

MR. WARDLE: And then the subheading is "Education and Practice Guidelines". The article says:

> "Education and training efforts should be directed at the institutions themselves, e.g. staff, volunteers and Board Members, as well as at community professionals who provide services to survivors. Community should ensure an ongoing commitment to training and awareness on this topic rather than superficial or isolated efforts."

And then it says:

> "A starting point for education would be to have institutional leaders clearly name the problem within their settings and verbalize a commitment to redress past abuse."

How important do you think that factor is?

DR. WOLFE: We discovered in the area of women abuse that naming the problem is step number one. So it is a very important step. Otherwise, we all -- I think it's human nature tendency to try to call it something it's not. You know, as a wife, it was an argument with your

wife or something like that and here we have to really call it what it is. So I think it's a very important step. It says "This is going on. This is what it is. We're going to put a name on it."

MR. WARDLE: Just a couple of other questions. You referred this morning to scarecrows and I took it what you meant by that is that a child in a certain setting -- not a child in a certain setting but a potential abuser in a certain setting should see warning signals that their activities aren't welcome there.

DR. WOLFE: Sorry. A child?

MR. WARDLE: No, an abuser in a particular setting. Is that what you meant?

DR. WOLFE: Even a step before that that every -- I think of it in terms of the setting itself that if I'm in a setup, a church, a school or a daycare, I'm going to put scarecrows around it to keep out people I don't want. That's all that means.

MR. WARDLE: Give us an example of what you mean by that.

DR. WOLFE: Well, these are not things on the lawn and no offence, the Wizard of Oz, it's not something visible. It's something in their policy. So the Board Members need to know that here's what we need to understand about how these individuals work.

To give you an example, when I was a student, I volunteered at a runaway centre in Florida. What a better place for abusers to go than a runaway centre. I happened to have worked previously at a mental health organization. One day I showed for work at this new job at the runaway centre and there was a felon that I knew was a pedophile sitting there in a nice suit waiting for a job interview. And we're not supposed to of course divulge to others our knowledge of their mental health problems but we're also supposed to protect children. So I went in and I told the Executive Director that I knew that there's a reason he should not hire him. This Director had no idea that a pedophile would come and interview for a job -- this is in the '70s -- to ever crossed his radar.

So scarecrows, proper education and saying when you interview people, make sure you check their records and don't just do police checks. They're not going to be efficient or effective to catch a lot of these individuals. You need to speak to other people and then you need to have policies around for the safety of children that people don't take children by themselves, et cetera. There's a lot of different ways to have scarecrows.

MR. WARDLE: And I took it from what you were saying this morning that these people are very determined. You described them as being very good at what

they do.

DR. WOLFE: They are very determined and sometimes I wonder now that we have more scarecrows, now that we have more awareness where are they going and they're probably going to the Internet we're discovering. So they're still there. They don't go away. So we have to find better ways of detecting where they are but they have moved on. There are fewer of them, to the best of our knowledge, in institutions that they used to work out of, schools and churches and things.

MR. WARDLE: Thank you very much, Dr. Wolfe.

DR. WOLFE: You're welcome.

THE COMMISSIONER: Yes, sir.

MR. LEE: Good afternoon, Mr. Commissioner.

--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR. LEE:

MR. LEE: My name is Dallas Lee. I am counsel for the Victims Group, Dr. Wolfe.

Earlier today you explained that there is no typical background for a pedophile in terms of his socio-economic or ethnic background. I'm wondering whether the same holds true for victims.

DR. WOLFE: That is true. There is no typical victim either. It could be anybody, absolutely anybody.

MR. LEE: Has there been any research done

or do you have an opinion as to whether or not there is a higher prevalence of victims from lower income families as opposed to higher income families?

DR. WOLFE: The only connection there is that lower income families are more likely to use their community services. So whereas I might be able to hire a nanny or put my children in a special camp or something, someone with less money might have to put them in a program where there is a lot of kids relative to the amount of supervision. So they are at a higher risk only because of the fewer resources that they may have.

MR. LEE: So do you see a positive correlation between a poorer family having to put the child into a social service setting as opposed to a more well-off family being able to pick and choose where the child may go?

DR. WOLFE: Well, it's also compounded with education. So hopefully -- well, education and socio-economic standing are very correlated. So people who have more education tend to be a little bit more watchful of where their kids go. They may be aware of some of this but also they have more options, but it's -- I'm not here saying that it has anything to do with people with less money putting their children in harm's way. That's not what it is. It's that they are trying to access resources

and the pedophile is looking for opportunities where there is a greater need and that tends to be where there is less money.

MR. LEE: Have you found any connection between a victim's socio-economic background and his likelihood of disclosure if he is abused?

DR. WOLFE: I have not heard of that, no.

MR. LEE: What about in terms of access to treatment options. Is a poor victim more likely to seek treatment or not seek treatment?

DR. WOLFE: As a child, you mean?

MR. LEE: As a child or as an adult who discloses the abuse after the fact?

DR. WOLFE: I don't think willingness to seek treatment is connected to income level either because you can -- most people can have some access to treatment regardless of income in our country but not necessarily a choice. So as an adult, it might be more difficult. As a child, child treatment is available to anyone and I don't think it's -- I don't think there's any bias in terms of income.

MR. LEE: Changing pace a bit, you mentioned earlier today that a pedophile might look for children whose parents are having trouble at home perhaps or separating, maybe they've recently divorced, as being

particularly vulnerable.

Are there any other characteristics that you can point to that a pedophile may look at in order to -- I mean my understanding of what you've said today is that a pedophile is likely to -- to be some conscious choices. There's going to be a conscious decision that child "A" is perhaps more susceptible to being a victim than child "B".

So I guess my question is for example if a pedophile were to become aware that a child had a history of physical abuse in the home, would that make the child more desirable, perhaps easier to groom?

DR. WOLFE: Not more desirable, but perhaps easier to groom. Simply stated, they look for what the child needs and provide it, and that's not hard to do. So if they are coaching the child, visiting, you know, knowing a little bit about the child's life and see that what that child needs is a father-figure, what that child needs is a new hockey uniform, what that child needs is something I can provide, they donate that to the mother. The mother is very appreciative and the grooming begins.

So they just simply look for what's missing in that child's life. It could be love. It could be someone who treats them nicely and doesn't hit them. It could be time, just spending time with the child, numerous things. And because of that, sometimes we hand our

children right to them unwittingly.

MR. LEE: Now, I take it those factors play a part not only in the initial selection of the child, but then in integrating yourself -- the pedophile into the family and staying within the family?

DR. WOLFE: Yes. Some of the offenders actually become close family friends. That's the best way to maintain the trust. I think I mentioned earlier; to seduce a child, sometimes you have to seduce the child's caregiver. Simply meaning, you have to convince them that you're trustworthy and so they too have suffered when they find out the breach of trust, they too have suffered abuse, and often, even though not being a direct victim, they are a victim of their child's abuse and feel very guilty over that.

MR. LEE: Is there a consensus in the literature and, if not, perhaps we can get your opinion on whether or not pedophilia is a dysfunction that develops or whether or not it's always there? I mean to put it simply, I guess, are you born a pedophile or is this something that you become?

DR. WOLFE: Well, if I could answer that, I think I'd be -- I would be the leading expert. We just don't know if it's biological and, you know, sexual orientation is probably biological, like I say,

heterosexuality, homosexuality, so probably pedophilia, but we also know that certain things can influence any one of those three -- bisexual as well. So someone can, that we believe, be more influenced to be homosexual, be more influenced to be pedophile because of life experiences, but we don't know.

MR. LEE: So theoretically, in your opinion, it's possible that somebody's life experiences could lead them to become a pedophile as opposed ---

DR. WOLFE: It is, but I want to clarify that someone who is abused in childhood isn't a ticking time bomb to become an abuser. We always believe that in physical abuse, but it's not true. It's a risk factor. It's going to increase the likelihood that you'll hurt your children if you were beaten as a child. It's a risk factor that you may prey on children if you were preyed upon, but there's a preponderance of individuals who do not repeat the cycle.

MR. LEE: Now, getting back to the life experiences, in your opinion, is there more of a tendency for somebody who is denied normal sexual relations to become deviant?

DR. WOLFE: Can you explain that to me?

MR. LEE: I suppose what I'm thinking, if we take as an example a priest who is denied normal sexual

relations by the very nature of what he does, by the institutions that he works within and that he's a part of, if he enters that monastic lifestyle, what are the effects on him?

DR. WOLFE: Well, there's debate there whether the lifestyle causes deviance or whether there is deviance to begin with, and I really can't answer either way and I wouldn't want to stand here and oppose their choice, their belief about that.

Some would argue that you can see the -- that's not -- you can see them -- the lifestyle of a priest, for example, and they choose that as a way of controlling whatever you may suffer from initially. You may have a desire, see yourself as having an inclination and thinking this is a way of controlling it by staying in a circumstance where sex is forbidden. And others would say you gravitate towards it because it's hidden.

So there's no way I can answer that clearly and I do not believe for a minute that the priesthood causes people to become a pedophile. I don't think that that's true. If it were, then we'd have an even bigger problem on our hand.

MR. LEE: Now, regardless of whether -- it sounded to me like the two options you gave there and the two streams of thought are that perhaps somebody who

realizes he has a problem thinks that going in the priesthood, for example, is a good way to control the problem. The other one could be -- some people I'm sure would argue that the priesthood and the rules could cause pedophilia. I understand you're not taking position on that either way.

Either way, though, does it make in your opinion incidences of sex abuse higher, the nature of the institution?

DR. WOLFE: There are certain institutions that have higher incidences of offenders, if that's what you're saying, like the priesthood.

MR. LEE: I suppose my question is does the priesthood have a higher incidence of sexual abuse?

DR. WOLFE: From what we know, yes, it does; higher than other typical institutions.

MR. LEE: Can you give us an idea of how much higher? Has there been research done on that?

DR. WOLFE: No. I can't give you any numbers. The only numbers I know is when the -- I may be getting this wrong, but the American Conference of Bishops did a report in '04 and they took it upon themselves to investigate their own known cases of sexual abuse, and there were 14,000 of them since the '50s. Those are the ones that were known to them, that were reported and

documented. So in a way, they're taking the courage to look at it themselves. But we don't have any comparisons to other institutions or organizations.

MR. LEE: I'd like to go back to something you mentioned a couple of minutes ago. The question is whether or not most perpetrators of sexual abuse -- so I suppose I'm not necessarily asking just whether or not pedophiles, but actual perpetrators of child sexual abuse were also victims themselves.

DR. WOLFE: Some were, yes. It's a risk factor. So sometimes they are introduced to sex in that manner and they repeat the same patterns. It could also be that -- we don't know yet, but it could be that pedophiles seek out, as I say, certain children that they think have a propensity to be interested and accept this type of relationship, sexualized relationship, and then they're going to repeat it. It's very possible that they can pick out children that have a propensity to begin with. We don't know. I don't think so, but it's possible.

MR. LEE: Do you have any opinion on the likelihood of a victim of childhood sexual abuse turning into a perpetrator?

DR. WOLFE: There are some statistics on it, following up adults and that kind of thing. The likelihood is, as I recall, less than 15 per cent who recidivate --

not recidivate, but who repeat the abuse of others once they're an adult.

MR. LEE: So as you said, it's a risk factor and at the very least it increases the chances of becoming a perpetrator?

DR. WOLFE: It does, yes, especially if untreated.

MR. LEE: Now, how does that affect -- if you have a community that doesn't investigate or allows or condones or whatever language you want to use, covers up allegations of sexual abuse or turns a blind eye at allegations, is the abuse likely to grow like a cancer? If you have a perpetrator who abuses "X" number of children and it goes completely unchecked, the odds say some of those children are going to become perpetrators. Would you agree with that?

DR. WOLFE: Yes, the odds are that if it's unchecked, then this becomes normal behaviour, acceptable, or at least not punished, and it can continue. But part of that answer is that you're going to see more than perpetuation, increase in sexual abuse; you're going to see an increase in violent behaviour because, especially among men who are abused sexually, they have much higher rates of violence than they do high rates of sexual assault of children or adults.

MR. LEE: So the effects are going to be widespread then?

DR. WOLFE: Yes.

MR. LEE: And I take it the effects are going to be widespread throughout the community, not just within -- for example, a victim of sexual abuse is not just going to be violent in relation to his own family. The effects are going to be on the community as a large.

DR. WOLFE: Yes.

MR. LEE: Now, you've explained today how our understanding of sexual abuse has evolved over the years. Keeping in mind the evolution of our understanding and the fact that we're more sophisticated now in these areas as we were before, 20 or 30 years ago, let's say, when a complaint was brought forward, was the level of sophistication and knowledge enough that the complaint should have at the very least been taken seriously?

DR. WOLFE: Yes.

MR. LEE: In your opinion, was the understanding sophisticated enough that there would have been at least, if not a legal duty, at the very least a moral duty to investigate complaints?

DR. WOLFE: Well, it was clearly in the *Criminal Code*. It was clearly in the *Child Welfare Acts*. It has been since the '50s in the *Child Welfare Acts* to my

-- well, it's probably always been there, but it's been much more clearly defined since the '50s. So the legal and moral obligation has always been there. The knowledge of how to deal with it and the denial and confusion is what was getting in the way of acting.

MR. LEE: Before I leave this area, I'm curious whether or not studies have shown whether most pedophiles are sexually active with children.

DR. WOLFE: How many of them are pedophiles but really control it, contain it, or use pornography and that? We don't know. At least I don't know. I've not run into that. I know -- I can state that certainly there are some that are inactive, that are able -- and some ---

MR. LEE: Sorry; that are not active?

DR. WOLFE: That are not active. In fact, they argue that child pornography is a necessary way of controlling their abuse of children, missing the point that child pornography is abuse of children.

So some argue that that's how they control it, and others say that by -- you know, that they try to contain it by getting married and suppressing it.

We just simply don't know how many of them aren't active, or may have been active once and then got caught or got treatment.

MR. LEE: I'd like to turn to a bit of a

discussion about self-governing bodies and their duty to investigate complaints. I'm thinking of -- I mean, you can take the church, you can take boy scouts. You can take the Law Society of Upper Canada, the College of Physicians and Surgeons, whatever it is. These are bodies that their purpose is not generally to investigate crime or to investigate sexual abuse. Nonetheless, do you believe that they have a duty and are required to investigate complaints when it comes to them?

DR. WOLFE: Yes, they do. Any organization or individual who works with children in any capacity has that duty and they have had that duty for several decades now.

MR. LEE: You've mentioned the fear -- you've mentioned that in your opinion certain organizations or institutions may not carry out investigations during the past and not carried out investigations using the fear of scandals as one reason why they may not. I believe you pointed to the fact that there is always some uncertainty when children come forward with complaints of sexual abuse, that perhaps they're not telling the truth, perhaps they've misunderstood.

Do you have any other reasons that you could point to that are prevalent for why an institution may not investigate and may not live up to the duty that you

believe they have?

DR. WOLFE: I believe the most common reason is the reputation of the person accused. Usually that is a respectable person who has done a lot of good things for their organization, as I said earlier. So they would be very hurt by that alone. They may lose their director, they may lose their priest and such, and then the embarrassment and so forth that I mention I think are the other important reasons. Financial reasons. People quit going to the school. People take their children out of the camp. There's financial reasons. There's all sorts of reasons why you may not want this stain on your reputation.

MR. LEE: You've discussed today, to some extent, the effect it will have on victims, in particular a victim who may be testing the waters to see what the reaction to, ---

DR. WOLFE: M'hm.

MR. LEE: --- if not coming out all the way with the allegations of abuse, at the very least seeing what the reaction might be.

I'm curious as to what the effect of this might be on perpetrators, potential perpetrators; for example, where an allegation is made within a church or within a school and the perpetrator has moved and there are no real repercussions. What, in your opinion, is the

effect on a would-be perpetrator who hasn't acted yet out of fear perhaps of the repercussions, who sees that really there aren't any?

DR. WOLFE: If they have a motivation to abuse a child, then they're just going to get better at -- they're going to learn from that experience that they have to be more careful. So if they see someone else getting caught, then that teaches them how to avoid getting caught. So if they see someone moved, that may -- that just warns them that they could indeed -- it's not -- they have to be careful of what they do, and they are.

MR. LEE: So you think there's some deterrent value in having the perpetrator moved?

DR. WOLFE: I wouldn't say there's much deterrent value. In fact, it just makes them better at what they do. So the person who has moved, he has learned that he has to be more careful, and the person who saw him move learns he has to be more careful. So I'm not sure anything would stop. I don't think that it deters anyone. If there's someone watching who is a potential -- like you say, someone who is thinking about it, has a proclivity towards that, I'm not aware that that would stop them, because part of the problem is it's hard for them to say "I might do that too. Where do I go for help?"

MR. LEE: Would you agree that not only

might it not stop them, it may well encourage them given that the perpetrator was caught, the cat's out of the bag, everybody knows what has happened, and the worse thing that has happened is he has been moved to go do it somewhere else?

DR. WOLFE: Yes. It does speak to how un-seriously, I guess, we take that and the lack of consequences for it.

MR. LEE: We've talked -- or you've talked, rather, a fair bit today about the breach of trust and the fact that perpetrators are generally in a position of authority and the devastating effects of that relationship collapsing on the victims.

Given that these people are generally in a position of authority, and you've touched on this briefly but I'd like to get a bit more into it, how does the victim's reaction to authority in other aspects of his life become affected by the abuse by an authority figure?

For example, I'm thinking generally do victims have trouble with school work, or with employment, or with the police because they see those people as authority figures and they've been hurt by an authority figure?

DR. WOLFE: I think that's a good point. I didn't really talk a lot about their view of authority, but

that -- I did mention their trust in relationships and it's a very similar issue. They have a lot of authority problem, especially among men. They will report that they get angry easily. They yell at their boss, they get into fights. So because they were abused by someone in authority they don't trust authority anymore and they sort of have a prejudged view of what this person might be like.

MR. LEE: Is that fairly symptomatic of victims of sexual abuse?

DR. WOLFE: Yes, I think it's very symptomatic of them, especially men.

MR. LEE: You've mentioned obviously that there are significant ramifications on a victim's personal relationships when it comes to abuse. I assume that extends to his family, his wife, his kids, if he gets to the point where he has wife and kids; am I correct?

DR. WOLFE: Yes.

MR. LEE: How does it affect his need for social services?

DR. WOLFE: A victim's going to need someone to talk to. Perhaps job training, education, a lot of different types of social services may have been interfered because they no longer trust that -- the normal course of events, as I mentioned.

So they will -- what I see typically is they

have a lot more medical problems because that's okay to have medical problems. They are a disguised way of saying "I'm really suffering;" so headaches, vague symptoms, fatigue, insomnia. You go to your doctor for that, but you don't really talk about the underlying reasons that you have that. You may not even know the underlying reasons.

MR. LEE: Now, I found it especially interesting today when you were discussing -- and I thought Mr. Engelmann asked a good question when he said that it seems like victims keep on putting themselves in the position to be abused, and you mentioned the fact that there may be a general confusion of what is going on, they may be getting something out of it. Like you said, maybe they're getting the beer or they're getting the money, or whatever it is, or they're getting the prestige of hanging out with the cool teacher, and that they think of themselves as privileged in some way.

I'm wondering as part of the child's process for rationalizing what's going on, whether or not they tend to repress or deny the fact that the abuse is occurring at all. I suppose what I'm asking is generally do these children fully realize that they're being abused and something improper is going on, but they rationalize that it's worth it in order to get these benefits?

DR. WOLFE: Oh, I definitely think they

rationalize it and may even believe that it's not wrong. Keep in mind -- and I haven't said this, but keep in mind that a lot of the offenders don't think that what they're doing is wrong, that they believe this is okay, in fact, maybe even a good thing. There are groups -- the Man/Boy Love Association that promotes sex between men and boys, believes that it's a good thing.

And a lot of the offenders truly -- I don't think it's just a ploy, but I think they truly believe that it's their sexual orientation. So "I'm not here to harm you, I'm just here to teach you." So the child has been introduced in it in that way and he may even have the sense that if you don't like it that's okay, stop. So how could this be wrong if he says I have control over it, but you really don't.

MR. LEE: Is there some kind of repression at play there? I mean, you tell me whether or not repression is a right word. Are they repressing what is happening? Are they repressing the details or are they just justifying it?

DR. WOLFE: I don't think it's repression, which is really putting it out of your mind or out of your memory, forcing it out of your memory.

What it is is distortion. It's distorting reality, redefining what is going on, using different

terms. So instead of saying, "I'm having sex with you", to put it bluntly, I'm saying, "I'm showing my affection towards you and you mean a lot to me", and this is why, as I say, it is so difficult because you said they may put up with the sex in order to get the trinkets but in reality the sex could be pleasurable. It may not even be thought of as sex for them. You know, it's adult privileges. You're able to do things that other kids can't do, especially in adolescence.

MR. LEE: So where does repression come into play? Certainly, we've seen victims who haven't said a word to anybody for 35 years and all of a sudden they come forward. Is the repression at play there generally or is repression not a big factor in the case of sexual abuse?

DR. WOLFE: Well, repression means that you don't remember it. It means -- repression, the actual definition means that you have forcefully -- sorry, suppression is forcefully and repression is unconsciously put it out of your mind.

So it is possible that someone can, because it was unpleasant or as they began to realize how unpleasant it was, try to suppress it, put it out of their mind forcefully. Most of the time, they do have memories of it. They just don't want to go there and keep from discussing it, but the

idea of it popping back into memory does occur. Typically that occurs more often when it was a traumatic event, something that really frightened you and like any form of shock, you may not have the memory of it for some time.

MR. LEE: That unwillingness to go there, as you put it, does that result in a tendency to underplay the scope of the abuse, the severity of the abuse as opposed to overplaying it or is there no correlation whatsoever?

I guess what I am asking is you obviously have extensive experience interviewing victims of sexual abuse, counseling them, analyzing them. Do you generally find that their story is -- when they sit down, do they just give you the story and that's the end of it and you get the truth or is there some kind of tendency to make you pull it out of them a bit?

DR. WOLFE: Well, both happen, but often they are reluctant to try to tell you everything because they are embarrassed, ashamed. They may not remember details and they are afraid that by speaking to me, that I might be an investigator and I'm trying to find out if they're telling the truth, and that's not usually my job. I'm there to find out what happened to them and then process what to do about it, but not investigate.

So typically, they're not going to have a memory of every detail that we might want if it happened yesterday and they can't remember that. So we have to go with what they have.

MR. LEE: Mr. Commissioner, I've noticed the time. I expect to need probably 15 or 20 minutes extra. So I don't know if it is best to adjourn until tomorrow.

THE COMMISSIONER: Well, yes. I think what I would like to do is keep to the timeframes, especially for the first day. Those of you who are not used to driving to Cornwall, you'll see that it is a bit of a drive.

And so why don't we adjourn until tomorrow and you will be on first.

Dr. Wolfe, you are available tomorrow, I take it?

DR. WOLFE: Yes.

THE COMMISSIONER: Thank you.

Mr. Engelmann, how much time do you think we'll need with -- well, I guess you don't know.

MR. ENGELMANN: I'll speak to counsel after we finish just to get a sense.

THE COMMISSIONER: Terrific. All right. Because then we may or may not be calling -- you will have someone for tomorrow?

MR. ENGELMANN: Absolutely.

THE COMMISSIONER: All right. Great. Thank you.

Let's resume at 10 o'clock tomorrow.

--- Upon adjourning at 4:32 p.m./

L'audience est ajournée à 16h32

C E R T I F I C A T I O N

I, Marc Demers a certified court reporter in the Province of Ontario, hereby certify the foregoing pages to be an accurate transcription of my notes/records to the best of my skill and ability, and I so swear.

Je, Marc Demers, un sténographe officiel dans la province de l'Ontario, certifie que les pages ci-hautes sont une transcription conforme de mes notes/enregistrements au meilleur de mes capacités, et je le jure.

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Marc Demers, CVR-CM