

**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 9

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709 Cotton Mill Street
Cornwall, Ontario
K6H 7K7

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Salle des audiences
709, rue de la Fabrique
Cornwall, Ontario
K6H 7K7

Mercredi, le 22 février 2006

Appearances/Comparutions

Mr. Peter Engelmann	Lead Commission Counsel
Ms. Louise Mongeon	Registrar
Ms. Raija Pulkkinen	Commission Counsel
Mr. Peter Manderville Ms. Reena Lalji	Cornwall Police Service Board
Mr. Neil Kozloff Det. Insp. Colleen McQuade	Ontario Provincial Police
M ^e Claude Rouleau Mr. Todd Robertson	Ontario Ministry of Community and Correctional Services and Adult Community Corrections
Mr. Darrell Kloeze	Attorney General for Ontario
Mr. Peter Chisholm	The Children's Aid Society of the United Counties
Mr. Allan Manson	Citizens for Community Renewal
Mr. Dallas Lee	Victims Group
Mr. David Bennett	The Men's Project
Mr. David Sherriff-Scott	Diocese of Alexandria-Cornwall and Bishop Eugene LaRocque
Ms. Sara Siebert	Mr. Jacques Leduc
Mr. William Carroll	Ontario Provincial Police Association
Mr. Peter Engelmann	Dr. Peter G. Jaffe

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1 --- Upon commencing at 10:04 a.m. /

2 L'audience débute à 10h04

3 **THE REGISTRAR:** Order. All rise. À
4 l'ordre. Veuillez vous lever.

5 This hearing of the Cornwall Public Inquiry
6 is now in session. The Honourable Mr. Justice Normand
7 Glaude, Commissioner, presiding.

8 Please be seated. Veuillez vous asseoir.

9 **THE COMMISSIONER:** Thank you. Good morning,
10 all.

11 **MR. ENGELMANN:** Good morning.

12 Mr. Commissioner, we are ready to call our
13 next witness, Dr. Peter Jaffe.

14 **THE COMMISSIONER:** Yes.

15 **MR. ENGELMANN:** If the witness could be
16 sworn, please?

17 **THE COMMISSIONER:** Thank you.

18 Good morning, sir.

19 **DR. JAFFE:** Good morning, Your Honour.

20 **THE REGISTRAR:** Your name, please?

21 **DR. JAFFE:** Peter George Jaffe, J-A-F-F-E.

22 **PETER GEORGE JAFFE, Sworn/Assermenté:**

23 **THE COMMISSIONER:** Thank you.

24 **MR. ENGELMANN:** Mr. Commissioner, just
25 before we start, I just want to bring up a minor

1 housekeeping matter, if I could?

2 I've been advised by counsel that on a few
3 occasions there have been minor errata in the transcript.

4 **THE COMMISSIONER:** Right.

5 **MR. ENGELMANN:** I just want to work out a
6 protocol for how to deal with that.

7 **THE COMMISSIONER:** M'hm.

8 **MR. ENGELMANN:** So perhaps that's something
9 we can address with you later today?

10 **THE COMMISSIONER:** Yes, certainly.

11 **MR. ENGELMANN:** In a very brief manner.

12 **THE COMMISSIONER:** All right. Okay.

13 So are we talking spelling or are we talking

14 ---

15 **MR. ENGELMANN:** We're talking, I think in
16 one case, and Mr. Manson was kind enough to mention this to
17 me, in one case confusing the questioner with the witness.

18 **THE COMMISSIONER:** I'm sorry?

19 **MR. ENGELMANN:** Confusing the questioner
20 with the witness.

21 **THE COMMISSIONER:** Okay.

22 **MR. ENGELMANN:** And in another case using a
23 wrong word. So we'll just work out a way to do this and
24 whether that's going to be on the record or off.

25 **THE COMMISSIONER:** M'hm.

1 **MR. ENGELMANN:** But I understand from the
2 court reporters they usually use errata sheets that come
3 with the next day's transcript.

4 **THE COMMISSIONER:** All right.

5 **MR. ENGELMANN:** So we'll perhaps talk about
6 that and then discuss it with you this afternoon.

7 **THE COMMISSIONER:** Good. Thank you.

8 **--- EXAMINATION ON QUALIFICATIONS BY /INTERROGATOIRE SUR**
9 **QUALIFICATIONS PAR MR. ENGELMANN:**

10 **MR. ENGELMANN:** So, Dr. Jaffe, I just want
11 to run through very quickly your qualifications, if I can.

12 And, Mr. Commissioner, as with other
13 experts, by way of a letter dated January 27th all counsel
14 were advised as to how Commission counsel wished to qualify
15 Dr. Jaffe and we've had no objections. We ask that he be
16 qualified as an expert in child sexual abuse and, in
17 particular, in the institutional and community response to
18 it.

19 So I just want to run through briefly, sir,
20 Tabs 1 and 2, of a Book of Documents entitled, "Book of
21 Documents - Peter G. Jaffe, Ph.D., C. Psychologist". At
22 Tab 1 we have a document entitled "Curriculum Vitae".

23 **DR. JAFFE:** Yes.

24 **MR. ENGELMANN:** Is that your curriculum
25 vitae, sir?

1 DR. JAFFE: Yes, it is.

2 MR. ENGELMANN: And is it accurate and
3 relatively up to date?

4 DR. JAFFE: Yes.

5 MR. ENGELMANN: Okay. And then at Tab 2 can
6 you explain to us what we see there?

7 DR. JAFFE: Tab 2 is really a summary of
8 what the CV contains and some of the highlights in the
9 curriculum vitae.

10 MR. ENGELMANN: And again, is that a
11 document you had prepared, sir?

12 DR. JAFFE: Yes.

13 MR. ENGELMANN: And to your knowledge, is it
14 accurate?

15 DR. JAFFE: Yes.

16 MR. ENGELMANN: So just to run through it
17 briefly then, in your CV at Tab 1, I understand that you
18 are currently a professor in the Department of Education,
19 University of Western Ontario?

20 DR. JAFFE: That's correct.

21 MR. ENGELMANN: I understand you've been
22 doing that since approximately April of last year?

23 DR. JAFFE: Yes.

24 MR. ENGELMANN: In a full-time capacity?

25 DR. JAFFE: That's correct.

1 **MR. ENGELMANN:** And that you are also the
2 Academic Director of the Centre for Research on Violence
3 Against Women and Children?

4 **DR. JAFFE:** Yes.

5 **MR. ENGELMANN:** And I believe Dr. Wolfe was
6 also involved with that centre?

7 **DR. JAFFE:** He is a consultant, yes.

8 **MR. ENGELMANN:** Okay. Can you tell us about
9 the centre, your involvement in it and what the centre
10 does?

11 **DR. JAFFE:** Yes, the centre is there to
12 encourage applied research on issues that involve violence
13 against women and children, broadly speaking, in a variety
14 of contexts and to encourage prevention efforts in those
15 areas to raise public awareness through research.

16 We also develop a number of different
17 seminars; get speakers to come to the community.

18 One of the important aspects of the centre
19 is to encourage collaboration between academics at the
20 university in different subject areas and frontline
21 community professionals and also survivors of violence and
22 abuse.

23 **MR. ENGELMANN:** All right.

24 And when you talk about violence against
25 women and children would that include sexual abuse?

1 DR. JAFFE: Yes.

2 MR. ENGELMANN: And, sir, your CV indicates
3 that you are currently the Director Emeritus for the Centre
4 for Children and Families in the Justice System, and I
5 understand that was formerly known as the London Family
6 Court Clinic?

7 DR. JAFFE: That's correct.

8 MR. ENGELMANN: And your bio at Tab 2 states
9 this is a children's mental health centre specializing in
10 issues that bring children and families into the justice
11 system in London?

12 DR. JAFFE: Yes.

13 MR. ENGELMANN: I understand that you worked
14 with that particular centre and the London Family Court
15 Clinic for approximately 30 years?

16 DR. JAFFE: Yes.

17 MR. ENGELMANN: Can you tell us what your
18 role was then, what your role is now and what you were
19 trying to accomplish with the clinic?

20 DR. JAFFE: I was the Family Director of the
21 London Family Court Clinic and, as you mentioned, the name
22 changed over the years because we broadened beyond the
23 Family Court. We got involved in family, criminal and
24 civil proceedings. We also became more involved in
25 research and education so the name broadened to Centre for

1 Children and Families in the Justice System.

2 The Centre was founded by a local Family
3 Court judge, His Honour, Judge Maurice Genest, who has
4 since retired, but his view was that the courts were seeing
5 more and more issues around violence and abuse in a variety
6 of different contexts and that he saw the need to have a
7 clinical resource available to the Court to make referrals.

8 So that centre, which still exists and
9 obviously is a very busy centre, gets referrals from
10 lawyers, from the Court dealing with children and families
11 in a variety of different contexts. So they may be
12 children and adolescents in trouble with the law and,
13 obviously, a history of abuse may be one of the factors
14 that leads to their involvement within the justice system;
15 also get involved with dealing with child custody and
16 access disputes where there may be allegations of violence,
17 either spousal violence or child abuse; also involved in
18 preparing children who have to testify in court. So that
19 centre receives over 200 referrals a year of children who
20 are victims or witnesses or victims and witnesses and have
21 to testify in court.

22 So we work collaboratively with the
23 Children's Aid and the police and the Crown Attorney's
24 office; also prepare Victim Impact Statements potentially
25 related to -- regarding sentencing proceedings.

1 Most recently, we've had a number of
2 referrals of adult survivors of historical abuse related to
3 abuse in the context of a family or related to abuse with
4 trusted adults in the community who have come forward and
5 involved in civil proceedings.

6 **MR. ENGELMANN:** Okay. In that centre your
7 role now is Director Emeritus?

8 **DR. JAFFE:** Yes. Again, I was Director for
9 close to 30 years and then they put me out to pasture. I
10 was looking for -- as I was getting on in my years I
11 thought I want to spend more time doing more research and
12 writing and teaching future professionals. So I made the
13 move to the University of Western Ontario, but I continue
14 as a senior consultant and Director Emeritus of the centre
15 as a founding director.

16 **MR. ENGELMANN:** All right.

17 I understand as well, on the academic side
18 of things, despite the fact that your full-time work as a
19 professor is recent, that for the last 32 years you've been
20 a part-time professor at the University of Western Ontario?

21 **DR. JAFFE:** Yes. Since I started at the
22 Family Court Clinic I have been actively involved both with
23 the Department of Psychology and Psychiatry. So we would
24 take students on in clinical psychology and residents in
25 psychiatry. So we would be actively involved in training.

1 I would also be a regular lecturer at the Faculty of Law,
2 Faculty of Medicine, to lecture on issues around child
3 abuse and domestic violence.

4 **MR. ENGELMANN:** And you have researched and
5 written articles on family violence and child abuse?

6 **DR. JAFFE:** Yes, as part of -- one of the
7 unique things about our centre was that since day one we
8 very much look at ourselves as practitioners but also
9 researchers. In honouring the stories we have from
10 survivors of violence and children we want to make sure
11 we're able to share those stories more broadly. So we have
12 been actively involved since 1975 in publication of both
13 qualitative and quantitative research, looking at the
14 impact of violence on individuals and on society more
15 broadly.

16 **MR. ENGELMANN:** Now, I understand, sir,
17 while at the Family Court Clinic, you were involved the
18 assessment of victims of child sexual abuse.

19 **DR. JAFFE:** Yes.

20 **MR. ENGLEMANN:** Can you tell us whether that
21 would have been both children and adults who were abused as
22 children?

23 **DR. JAFFE:** Yes.

24 **MR. ENGLEMANN:** And how regularly would you
25 be assessing individuals in those situations?

1 **DR. JAFFE:** On a daily basis. So I'd have
2 regular contact with adults and children, adult survivors
3 and also victims of different forms of child abuse,
4 including sexual abuse.

5 Again, just to be clear, often individuals
6 may not come forward because they are identifying
7 themselves as survivors of abuse. I may be talking to a
8 parent in a child custody dispute and dealing with some of
9 their problem issues related to alcohol abuse or
10 depression, so the issue of childhood abuse would come up.

11 Generally, my work deals extensively with
12 the issue of abuse and the impact of abuse.

13 **MR. ENGLEMAN:** And what was involved in
14 such an assessment, just generically, sir? It depended on
15 who it is for?

16 **DR. JAFFE:** It depends on who it's for.

17 There would be different contexts.
18 Obviously, if you're involved in a child custody
19 evaluation, you are talking to both parents, grand-parents,
20 community professionals, teachers, family doctors, talking
21 to children, doing psychological testing and offering
22 recommendations to the Court as to the best child custody
23 and access plans. So again, it would be different
24 depending on the nature of the referral.

25 We get a number referrals from crown

1 attorneys around complicated cases where the crown attorney
2 felt that either the judge or the jury involved might need
3 to hear expert evidence about issues such as delayed
4 disclosure and the fact that often when children or adults
5 in intimate relationships are abused, they don't come
6 forward right away, so the crown attorney may want us to
7 come to court to talk about delayed disclosure or even
8 recantation.

9 Sometimes, for example, women would call the
10 police, disclose fully what happened to them. By the time
11 it came to court they had -- they didn't want to testify or
12 if they did testify they'd want to change the story because
13 of their concerns about the consequences to their intimate
14 partner ---

15 **MR. ENGLEMAN:** And deciding -- sorry.

16 **DR. JAFFE:** So be called by the crown and
17 also called by defence. So sometimes defence lawyers would
18 be concerned about the nature of the allegations and the
19 inconsistencies or there may be cases where although an
20 individual was charged with a criminal offence, there may
21 be a self-defence argument, for example; abused spouses
22 that use violence to get out of terrible circumstances, so
23 it might be called by defence.

24 **MR. ENGLEMAN:** And during the course of
25 assessments, have you ever had occasion to assess pedophiles

1 and/or individuals who have committed sexual abuse against
2 children?

3 **DR. JAFFE:** Yes.

4 **MR. ENGLEMANN:** And how often would you have
5 been involved in such assessments?

6 **DR. JAFFE:** Hundreds of times. I haven't --
7 you know, I haven't kept track over the years.

8 Obviously, when you are dealing with
9 pedophiles, when you're dealing with individuals where
10 there's sexual attraction to children, in those cases I
11 would be doing out-patient. I'd be interviewing in my
12 office and getting collateral information. But ultimately
13 those individuals would often be referred to forensic
14 centres, residential programs such as formerly the Clark
15 Institute of Psychiatry or a regional centre we have in St.
16 Thomas for more in-depth forensic assessment would be
17 required, specialized phallometric testing or specialized
18 in-patient assessment.

19 **MR. ENGLEMANN:** Now, in your bio at Tab 2,
20 you indicate that you have worked with individuals. I'm
21 looking at the third paragraph, "individuals, institutions,
22 organizations and communities to identify and encourage
23 implementation of solutions to issues of violence against
24 women and children, and you cite as an example the fact
25 that you are a member of the Canadian Panel on Violence

1 Against Women.

2 Tell us just briefly what was involved there
3 and whether that panel also dealt with abuse against
4 children.

5 **DR. JAFFE:** Yes. The Canadian Panel on
6 Violence Against Women was a panel appointed by the federal
7 government in 1991 and that panel travelled across Canada.
8 We went to 139 interviews from coast to coast including the
9 Northwest Territories. We met with men and women and
10 children about their lives in regards to violence. We went
11 across the country.

12 We also went to a number of aboriginal
13 communities. So we spoke to a number of survivors of
14 residential abuse and talked about both the short term and
15 the long term impact. Many aboriginal communities were
16 talking about lost generations of children growing up with
17 parents who were -- had been abused themselves within the
18 residential schools, and the long term impact.

19 And that panel ended up producing the final
20 report in 1993, which talks about the challenge of Canadian
21 society to examine why all this happens, why it's
22 tolerated, you know, why there's been a collective silence
23 on many of these issues and there's a recommended action
24 plan that was developed.

25 **MR. ENGLEMAN:** Okay.

1 I understand as well you were involved in a
2 similar panel or perhaps in a review, is a more appropriate
3 word, with Justice Robins dealing with child sexual abuse -
4 - primarily child sexual abuse in the context of a case in
5 Sault Ste, Marie, but obviously, with broader implications.

6 **DR. JAFFE:** Yes. Justice Robins was asked
7 to review one high profile case in Sault Ste. Marie that
8 involved one offender with multiple victims, an offender in
9 a school system who has moved from school to school, rather
10 than having the abuse dealt with acknowledged. So that
11 report deals with the whole issue of sexual misconduct by
12 staff and school boards.

13 **MR. ENGLEMANN:** We have an executive summary
14 of that report and we will come to it later, but I just
15 wanted to reference that now.

16 I also understand that you were involved in
17 a report by the Law Commission of Canada dealing with the
18 impact of institutional abuse on children and adolescents.

19 **DR. JAFFE:** Yes.

20 **MR. ENGLEMANN:** And your bio indicates the
21 fact that you coauthored a number of books, many chapters
22 and many articles on family violence and child abuse among
23 other things. Is that correct?

24 **DR. JAFFE:** Yes.

25 **MR. ENGLEMANN:** And, sir, you indicate at

1 the bottom of the first page of your bio that you presented
2 workshops in numerous countries to groups including judges,
3 lawyers, mental health professionals, educators on various
4 topics, including domestic violence and children, the law
5 and the child, sexual abuse of students, et cetera?

6 **DR. JAFFE:** Yes.

7 **MR. ENGLEMANN:** And I understand, sir, that
8 you've also worked on the development of child witness
9 protocols?

10 **DR. JAFFE:** Yes.

11 **MR. ENGLEMANN:** And would that, sir, deal
12 with, for example, how to make courts a little less
13 intimidating for child witnesses or adult survivors of
14 child abuse?

15 **DR. JAFFE:** Yes. As part of the London
16 Family Court Clinic, there is a Child Witness Project
17 currently directed by Pam Hurley and formerly by Dr. Louise
18 Sas. So we've done a lot of work within the centre to try
19 to make the court more child-friendly and to avoid children
20 who come forward being re-traumatized by court proceedings.

21 **MR. ENGLEMANN:** And, sir, I understand that
22 you have appeared as an expert witness on a number of
23 occasions and you've been qualified as an expert on a
24 number of occasions before various levels of courts?

25 **DR. JAFFE:** Yes.

1 **MR. ENGLEMANN:** And there is some outline of
2 that on page 3 of Tab 1, just at the bottom of the page.

3 For example, you have been qualified as an
4 expert witness on the impact of sexual abuse. Correct?

5 **DR. JAFFE:** Yes.

6 **MR. ENGLEMANN:** Also on adult survivors of
7 sexual abuse, the impact of sexual abuse on adult
8 survivors?

9 **DR. JAFFE:** Yes.

10 **MR. ENGLEMANN:** Abuse within community
11 institutions?

12 **DR. JAFFE:** Yes.

13 **MR. ENGLEMANN:** And a number of other
14 matters that are listed at the bottom of that page?

15 **DR. JAFFE:** Yes, sir.

16 **MR. ENGLEMANN:** And sir, have you been an
17 expert in civil litigation or civil actions involving child
18 sexual abuse?

19 **DR. JAFFE:** Yes.

20 **MR. ENGLEMANN:** And have you been retained
21 by one side or both in these types of cases?

22 **DR. JAFFE:** Retained by both sides. More
23 commonly called by plaintiff, but also been retained by
24 defence to review other expert reports and so, again,
25 retained by both sides.

1 **MR. ENGLEMANN:** Dr. Jaffe, just before
2 leaving this area, how did you become involved and
3 interested in working as a psychologist and in particular a
4 psychologist dealing with child sexual abuse and domestic
5 violence?

6 **DR. JAFFE:** When I started as a graduate
7 student in psychology, one of my first mentors was the
8 chief of police in London, Ontario, who started a program
9 called the "Family Consultant Service".

10 **MR. ENGLEMANN:** M'hm.

11 **DR. JAFFE:** The Chief of Police believed
12 that a lot of police work dealt with child abuse and
13 interpersonal violence and felt that the police training
14 only went so far and he felt that there was a need to have
15 a group of specialists within the police service to assist
16 the police in this difficult job.

17 So starting and actually part of my training
18 in 1973, the service began. The London Police Service had
19 an unmarked police car and social workers and psychologists
20 and people with background in public health responded to
21 child abuse and domestic violence calls. The police went
22 first and secured the scene, arrested somebody which -- and
23 then we were called to counsel victims, perpetrators or
24 children exposed to violence.

25 Actually, the Chief's name was Walter

1 Johnson and he was one of the first who talked about --
2 with me about the intergenerational nature of violence.
3 The families that I was intervening with, he told me that
4 as an officer, he had seen their parents or grandparents
5 and he talked about how violence went across generations.
6 As a Chief, he believed that he had a fundamental
7 responsibility to be involved in the area of prevention.
8 So he was -- so I got involved -- I didn't -- back in 1973,
9 there weren't many police departments doing this work.

10 In Canada, he was very innovative and he was
11 a mentor and then I was very fortunate subsequently to --
12 when I moved to the Family Court Clinic, I had to work with
13 retired Justice Maurice Genest who was also -- had a
14 strong belief about prevention, about the court's role in
15 the healing process around different forms of violence and
16 abuse and helping young people in trouble with the law.

17 **MR. ENGELMANN:** So some of those cases that
18 you would have been involved in right at the start when you
19 were a graduate student, would they have involved some
20 forms of child sexual abuse?

21 **DR. JAFFE:** Yes. I was in the -- I found
22 the deep end early. I didn't, you know -- obviously we
23 know a lot more today than we did back then, but clearly I
24 had to hit the ground running because of the reality of the
25 nature of police work.

1 **MR. ENGELMANN:** Mr. Commissioner, those are
2 the questions I have for Dr. Jaffe. As I indicated
3 earlier, subject to any questions or comments from my
4 friends, that I seek to qualify him as an expert in child
5 sexual abuse and in particular the institutional and
6 community response to it.

7 **THE COMMISSIONER:** All right. Any questions
8 with respect to Dr. Jaffe's qualifications?

9 No one. All right.

10 Dr. Jaffe, I suppose I should be the one to
11 tell you, though, that you are obviously very well
12 qualified to give evidence today, but Dr. Wolfe I believe
13 did mention that he had taught you everything you knew. So
14 I thought you might want to send that back with you to Dr.
15 Wolfe.

16 **DR. JAFFE:** Your Honour, he is a legend in
17 his own mind.

18 **(LAUGHTER/RIRES)**

19 **THE COMMISSIONER:** On that note, we'll carry
20 on.

21 **MR. ENGELMANN:** I'm glad you have such a
22 good relationship.

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

25 **MR. ENGELMANN:** I'd ask, Mr. Commissioner,

1 then that the Book of Documents for Peter G. Jaffe be our
2 next exhibit which I believe is 23P.

3 **THE COMMISSIONER:** Yes, Exhibit 23P will be
4 the Book of Documents of Dr. Jaffe.

5 **--- EXHIBIT NO./PIÈCE NO 23P:**

6 BOOK OF DOCUMENTS - Peter G. Jaffe,
7 Ph.D., C. Psych.

8 **MR. ENGELMANN:** Dr. Jaffe, I'd ask that you
9 turn to Tab 3 and is this an outline of evidence that you
10 would have prepared for giving your evidence here today?

11 **DR. JAFFE:** Yes.

12 **MR. ENGELMANN:** You have a preamble to your
13 outline and in it you tell us the purpose of your evidence
14 is to examine ways that sexual abuse can be prevented in
15 communities and that the framework you're working from is a
16 public health model that is based on primary, secondary and
17 tertiary prevention. And I know we're going to be getting
18 into those three areas throughout your outline but perhaps
19 you could explain those terms for us right off the bat,
20 primary, secondary and tertiary prevention.

21 **DR. JAFFE:** In regards to child sexual
22 abuse, when we talk about primary prevention, we're talking
23 about universal programs and universal programs clearly
24 means programs that are available to every child, whether
25 they're programs in schools, whether they're public

1 education programs, broadcasts on television, whether
2 resources in the library, ensuring that every parent and
3 child knows the reality of sexual abuse and what it means.

4 Obviously, children by the nature of their
5 age and their status are at risk. Some children are more
6 vulnerable than others. So primary prevention is making
7 sure everybody knows about the reality of sexual abuse.
8 It's the same way we look at primary prevention on drinking
9 and driving, wearing seatbelts and smoking.

10 Secondary prevention is prevention that's
11 looking at early identification to ensure that those
12 children that may be at risk may be more vulnerable. For
13 example, children within residential programs were -- of
14 their caretakers in charge of their day-to-day care within
15 community institutions such as -- obviously, the classic
16 example is residential schools, making sure those children
17 in those situations who are potentially vulnerable have
18 safeguards in place.

19 Secondary prevention also refers to early
20 identification that children are being abused, that we
21 identify it at the earliest possible opportunity for
22 intervention. So for example, programs that train teachers
23 to respond to potential disclosures to ensure that children
24 are supported and get the help they require early on.

25 Tertiary prevention is probably a bit of an

1 oxymoron. Tertiary prevention really is treatment.
2 Tertiary prevention is trying to ensure that a bad
3 situation doesn't get worse. So clearly, tertiary
4 prevention refers to abuse that already has been
5 identified, it's serious and we're trying to avoid
6 individuals being re-traumatized by the systems they
7 interact with; justice, health care, education system, the
8 institution in which the abuse is alleged to have occurred.

9 Again, when we talk about tertiary
10 prevention we're really trying to reduce the possibility of
11 re-victimization.

12 **MR. ENGELMANN:** So you talk about a public
13 health model and public health framework.

14 **DR. JAFFE:** Right.

15 **MR. ENGELMANN:** I'm curious as to why you
16 use the term public health and also why do you think that
17 all three of these steps are necessary within that model.

18 **DR. JAFFE:** The public health model is
19 important because people can identify it and understand it.
20 I think public health is a good analogy because of the
21 serious consequences of abuse. We know from research in
22 one of the references, in the first tab is an article that
23 talks about the fact that when there's childhood abuse of
24 different forms, life outcomes are very much compromised,
25 you know, that childhood abuse may put individuals on a

1 trajectory which puts them at risk for alcohol abuse, for
2 depression, for suicide.

3 And it's important to recognize that there
4 are profound consequences, both in terms of life and death
5 consequences, also in terms of intergenerational impact
6 that as individuals in one generation are abused, the
7 danger gets passed on to subsequent generation because
8 childhood survivors of abuse become parents themselves and
9 may be at risk in a variety of ways to potentially
10 perpetrate or not be able to protect children. So there's
11 a number of risks that ripple on to subsequent generations.

12 Just to put the public health idea clearly
13 into context here, some of the recent researchers on child
14 sexual abuse have made the point that the correlation
15 between sexual abuse and later mental health problems in
16 life is as high as the correlation between smoking and lung
17 cancer. That's how high the association is.

18 To put that in context, not everybody who
19 smokes dies of lung cancer. Some people get lung cancer
20 because they never smoked but they live in a toxic
21 environment. Some people smoke their whole lives and
22 because of other factors, genetic, environmental factors,
23 they survive. My father smoked pipes, cigarettes, lived a
24 healthy life until he was 85. So many of us have examples
25 of -- although we know that smoking is a risk, you know, we

1 buy a package of cigarettes, you know, there's big
2 warnings, we recognize publicly that this is a serious
3 issue.

4 The problem with child sexual abuse is no
5 one has made those connections yet. People haven't
6 recognized that the short-term and long-term harm is at the
7 same level of relationships.

8 **MR. ENGELMANN:** All right. You reference an
9 article dealing with far-reaching consequences,
10 intergenerational consequences, and that's by -- it's a
11 professor, Dr. Felitti.

12 **DR. JAFFE:** Yes.

13 **MR. ENGELMANN:** And is that the article at
14 Tab 4?

15 **DR. JAFFE:** Yes.

16 **MR. ENGELMANN:** And you've chosen this
17 article in particular. It's not one you've co-authored?

18 **DR. JAFFE:** No.

19 **MR. ENGELMANN:** Why was it -- what is
20 significant about this work, just from the point you're
21 trying to make there about the far-reaching nature and the
22 intergenerational aspects?

23 **DR. JAFFE:** I think the title itself is
24 shocking and it's a wakeup call about how serious child
25 abuse is. The reality -- this is a major study looking at

1 almost 10,000 individuals who reported their history of
2 abuse. Obviously there's multiple risk factors. You may
3 be abused in multiple ways in the same family. You may be
4 abused outside the family but live in a dysfunctional
5 family that puts you at other forms of risk, and life
6 outcomes are quite profound in terms of the likelihood of
7 an individual becoming an alcoholic, becoming severely
8 depressed, being involved and suicidal, thinking and
9 actually completing suicide.

10 So the point of this article is that
11 childhood abuse can put you in a life trajectory where you
12 have a series of compounding problems.

13 But the reason I think this is really
14 important is that, as a society, we still don't get it.

15 **MR. ENGELMANN:** In what sense?

16 **DR. JAFFE:** We don't get it in terms of the
17 potential impact of sexual abuse. When I -- over the years
18 I've worked with hundreds upon hundreds of survivors of
19 abuse and the response they generally get is the same when
20 - in particular, if you focus on adult survivors. When
21 they come forward, the first thing they're told, "It didn't
22 happen" or "It couldn't have happened." Once there's a
23 finding that, in fact, it did happen, the next thing people
24 say "Well, maybe it happened, but it wasn't that bad. Get
25 on with your life. Forget it."

1 It's not just society at large. It's also
2 professionals, family doctors, others who think they're
3 providing wise counsel by telling somebody "Don't focus so
4 much on the abuse. Just get on with your life." So the
5 second response is "It happened, get over it. It wasn't
6 that bad."

7 The third response is the one that's the
8 most painful for survivors, is "Okay. It happened. It was
9 bad, but you're going to be screwed up anyway." That's in
10 quotation marks. "You were going to amount to nothing
11 anyway. You were poor. You had learning problems in
12 school. You were the oldest girl in a farm family. You
13 were never really going to go on in education. Nobody went
14 to school in those days."

15 So the third response is basically -- the
16 message to survivors of abuse is basically "You're damaged
17 goods. You weren't much good to begin with and no matter
18 what happened to you, you weren't going to amount to
19 anything anyway."

20 So I think articles like this, in looking at
21 this as a public health issue, gets people to wake up and
22 realize that the problem is serious, it has consequences
23 and it changes the whole life trajectory for many
24 individuals.

25 **MR. ENGELMANN:** And is that one of the

1 larger studies, to your knowledge, that's been done?

2 **DR. JAFFE:** Yes. Again, I use this as the
3 example of a major study, but I could've obviously filled
4 boxes with articles like this.

5 **MR. ENGELMANN:** Sir, going back to your
6 outline then, if we can, under the caption "Overview
7 Prevention Frameworks" you say:

8 "Prevention of child sexual abuse must
9 include multi-targeted and ongoing
10 endeavour that is integrated into all
11 community systems and institutions."

12 You use a very forceful term there. You say
13 it "must include." Why do you believe this is imperative?

14 **DR. JAFFE:** Child abuse is everyone's
15 business. People in every community institution, whether
16 somebody is working in a school, whether they're in a
17 service club, whether they're managing the CBC, they have
18 to look at primary prevention as a path and I think of what
19 the CBC -- I'll give you an example, a very concrete
20 example.

21 Just think about the following for the
22 hockey, for women's hockey and men's hockey, and just think
23 if the CBC put a full-minute ad during a gold medal game
24 about the impact of sexual abuse, the long-term harm that
25 it does, a call to victims to come forward to seek help

1 they require, to abusers to get help and to think about the
2 consequences, a full minute. You can imagine how much a
3 minute must cost for an advertiser to put on the CBC. Just
4 think about if those minutes could be donated by public
5 broadcasters to educate the public at large, it would start
6 to put the message out because everyone certainly would be
7 watching the gold medal game; hopefully would be watching.

8 So when I talk about everybody I want to
9 really be as inclusive. So it involves training every
10 sector and again it's -- what we know, one thing we know
11 about all forms of violence and abuse, whether we're
12 talking about bullying in school, domestic violence or
13 child sexual abuse, you have to name the problem. You have
14 to be able to talk about it out loud. You have to be able
15 to talk about it in public.

16 It can't simply happen within courtrooms or
17 it can't happen within a therapist's office. It's got to
18 be something that's seen as a public issue that's
19 important; so whether you're a mayor of a community
20 speaking out on the issue, whether you're a priest in a
21 Sunday homily talking about the realities of sexual abuse.

22 And again, what's interesting is this is not
23 universal. Many, as I think previous witnesses might have
24 said, that many institutions, many individuals still live
25 in denial that the issue really doesn't exist or it's not

1 that bad or the issue is too painful to talk about. People
2 are afraid to talk about these issues very publicly. This
3 is not -- this is -- and I recognize and I have
4 acknowledged that this is a very painful issue.

5 When I go to public functions, when I'm
6 invited to dinner at someone's house or I'm in a party and
7 somebody says -- meets me and says "What do you do for a
8 living?" and I say "Well, I work in the area of child abuse
9 and domestic violence," it's not a conversation stimulant.
10 People usually say "I'll get a drink and maybe I'll come
11 back and talk with you" but they never come back. People
12 don't want to talk about this. It's too painful.

13 So again, that's the overall theme about
14 primary prevention. Everyone has to talk about it and it's
15 got to be an issue that's beyond the courtroom.

16 **MR. ENGELMANN:** Sir, much of your outline,
17 the approach, your strategy appears to be aimed at children
18 and/or adolescents whereas in many communities, perhaps
19 including the community here, much of the child abuse or
20 the child sexual abuse that's been reported is of a
21 historic nature.

22 I'm wondering if these strategies address
23 all types of child sexual abuse, both current and historic.

24 **DR. JAFFE:** Definitely. I think there has
25 to be understanding and respect for adult survivors. When

1 I think about prevention at these different levels I can
2 visualize a 10-year-old client but I can also visualize a
3 70-year-old client. I've worked with aboriginal persons
4 abused in residential schools and their legacy as a parent
5 and a grandparent themselves, the harm, the lack of
6 acknowledgment or understanding. So clearly this goes
7 across the lifespan when we're talking about abuse.

8 **MR. ENGELMANN:** In your next section on
9 primary prevention and public awareness you make reference
10 to a couple of reports that have been commented on by some
11 of your predecessors here, the Badgley Report and the
12 Rogers Report, and you cite them in a favourable way as
13 Canada leading the way with research, but you make the
14 point that we get to develop a national public awareness
15 strategy to deal with this.

16 Are you saying from this that there just
17 hasn't been public awareness or are you saying that we as
18 Canadians can and should do more about it?

19 **DR. JAFFE:** I think the analogy often used
20 with these areas that we're probably 30 kilometres down a
21 100-kilometre road in the sense that we're simply no longer
22 at the beginning of the path. People now recognize,
23 because of the number of front page stories, because of
24 media coverage, whether we're dealing with Mount Cashel or
25 other institutions, we now recognize this as a public

1 issue. When you have the Premier of the province
2 apologizing about historical abuse that took place within a
3 training school context, it's a public issue. So we're no
4 longer at the starting point.

5 The problem is there is still a lot of
6 resistance, a lot of denial, a lot of discomfort. We've
7 produced a lot of reports, and I think the Badgley Report
8 and the Rogers Report are two wonderful examples of reports
9 that have inspired many people to do good work, including
10 there are many people across this province and across this
11 country who are doing good work.

12 But there's still others who are asleep at
13 the switch and there's others - unfortunately, the reality
14 of reports, and I think it's one of the challenge, if I can
15 raise it for this inquiry, one of the challenges is how do
16 you ultimately come to some ideas that have arms and legs.
17 With the Rogers Report, people look at it, they're excited
18 by it, but then it ultimately ends up on a bookshelf
19 somewhere and there's no accountability mechanism. So I
20 think that often one of the missing pieces. How do you
21 keep the spirit and the vision alive and how do you make
22 sure it's a sustainable effort rather than a document which
23 ends up on a bookcase?

24 **MR. ENGELMANN:** We're heard from some of the
25 previous witnesses about Badgley and Rogers and the fact

1 that Badgley focused public awareness on prevalence of
2 child sexual abuse. Would you agree with that?

3 **DR. JAFFE:** Yes.

4 **MR. ENGELMANN:** And we've also heard that
5 Rogers and Badgley had a number of recommendations, and I'm
6 just wondering -- we've put in a little bit of the Rogers
7 Report in your Book of Documents at Tab 5, and I'm just
8 interested in those recommendations dealing with public
9 awareness, and they start at page 21 of Tab 5, right at the
10 bottom of the left-hand portion of the page.

11 **DR. JAFFE:** M'hm.

12 **MR. ENGELMANN:** Sir, it appears that there
13 are a number of recommendations in this area ranging from
14 14 right through to 22.

15 I'm not sure if you're able to help us here,
16 but I'm just wondering if you could highlight some of those
17 recommendations that you think might be particularly
18 important from a public awareness point of view, and if you
19 could keep in mind that I believe this was done between the
20 years '89 and '90 -- these recommendations would have been
21 made in 1990 -- and whether you know from your own practice
22 and experience whether some of these have in fact been
23 acted upon?

24 **DR. JAFFE:** I think the short answer was
25 they've all been acted on in bits and pieces.

1 My personal view, from traveling across
2 Canada, that there hasn't been a sustainable effort to
3 really bring these to life comprehensively across all
4 sectors.

5 So I can show you any community across
6 Ontario where they're shining lights and down the road,
7 people are still in darkness around the issue.

8 So there's been a lack of comprehensive,
9 integrative approach to the issue.

10 For example -- just to take some examples,
11 take Recommendation 15 about looking at the issue of
12 education. One of the courses I teach now -- at the
13 Faculty of Education for future teachers, I teach a course
14 called -- together with a colleague named Ray Hughes -- I
15 teach a course called Safe Schools. It's a course for
16 future teachers about issues around bullying, harassment,
17 sexual abuse, reporting responsibilities of teachers,
18 children living with violence. So this is a course. It's
19 an elective course. So teachers don't have to take it, and
20 it's the first course of its kind in Canada where the focus
21 is entirely around safety and safety in its broadest sense,
22 about safety within schools, safety on the way to school
23 and safety in homes and communities.

24 So to me, here's the recommendation that you
25 see in front of you and it's taken 16-odd years even to get

1 this into one faculty of education on an elective basis.

2 So change happens at a snail's pace, in my
3 view, and it's hard to get institutions to really embrace
4 this. It's also hard to have institutions held
5 accountable. Unfortunately, it's often not until lawsuits,
6 until someone says "Why didn't you do something" and
7 "Here's a report published in 1990". Unfortunately, many
8 people don't wake up until something has happened within
9 their setting. So people see this as somebody else's
10 problem. So that's why I use that as an example.

11 Another recommendation, if you look at
12 Recommendation Number 19, in terms of regulating
13 broadcasting and look at violent and sexually exploited
14 material, we've gone from a situation -- when this
15 recommendation was made, the situation is dramatically
16 worse. We have a generation of youth growing up with more
17 violence than ever before, whether it's video. Ninety-four
18 (94) per cent of all video games involve themes of
19 violence. The object of the game is to kill people.

20 We grew up in a culture where we still
21 accept -- when you go to junior hockey games, the National
22 Hockey League, we still accept violence in sport as
23 something that we can't control.

24 It's interesting that we can control it
25 during the Olympics. It's interesting that we can play

1 hockey during the Olympics and there's no fighting or in
2 college hockey there's no fighting because it's not
3 allowed, but we still see violence as an integral part of
4 entertainment, whether it's hockey, whether it's World
5 Wrestling entertainment, video games, and now we have the
6 Internet in terms of child pornography, access to all kinds
7 of material.

8 So this recommendation ---

9 **MR. ENGELMANN:** We've taken a step
10 backwards?

11 **DR. JAFFE:** It's taken a step backwards.
12 We're dealing with an industry that's much more powerful.

13 **MR. ENGELMANN:** Have we seen some progress,
14 sir, perhaps in Recommendations 20, 21 and 22, to your
15 knowledge?

16 **DR. JAFFE:** Definitely.

17 **MR. ENGELMANN:** Twenty (20) being
18 professional associations.

19 **DR. JAFFE:** Yes.

20 **MR. ENGELMANN:** Twenty-one (21), child and
21 youth-serving organizations and 23, that churches develop
22 policies and procedures?

23 **DR. JAFFE:** Definitely. I think there's
24 progress.

25 I don't want to be -- certainly, this is

1 hard enough, and I don't want to be depressing and
2 discouraging to the inquiry, but I want to be realistic
3 that we certainly have a long way to go and some of these
4 things we've certainly had more success with than others.

5 We've also failed to do research. I mean,
6 there hasn't been a comprehensive study going back to
7 Rogers saying, you know, "Where are we in 2006?" So
8 there's no accountability mechanism.

9 For example, if you -- and I just take a
10 contrast. Many counsel will be familiar with inquests.
11 You know, when there's an inquest, there's reports that
12 come out and the Coroner then does a follow-up to an
13 inquest, looking at a number of recommendations. I've been
14 involved in a number of inquests dealing with domestic
15 homicides, and in the Province of Ontario there's active
16 tracking as to what recommendations have actually been
17 followed through on.

18 With some of these broad-based national
19 strategies, and even provincial ones, there isn't the same
20 level of accountability and transparency as who has really
21 done something and who is just talking about it.

22 **MR. ENGELMANN:** You've talked about the need
23 for a national public awareness strategy.

24 **DR. JAFFE:** Yes.

25 **MR. ENGELMANN:** What, sir, in your view, is

1 the consequence of a lack of this strategy?

2 **DR. JAFFE:** That a lot of our efforts are
3 really efforts in bits and pieces, that's it's sort of
4 piecemeal programs that aren't necessarily connected to
5 each other, that we're often reinventing the wheel. There
6 may be some wonderful work being done in a neighbouring
7 community that doesn't benefit another community.

8 So there really needs to be a centralized
9 strategy. We're all Canadians, victim survivors,
10 perpetrators, professionals. We can get ready access to
11 the cutting-edge work that's available, whether one is
12 looking at public education programs, whether one is
13 looking at protocols. We don't have to keep reinventing
14 the wheel and we can benefit and hold each other more
15 accountable.

16 **MR. ENGELMANN:** You've also indicated, I
17 believe, that although there is no such strategy in the
18 United States, that some not-for-profits organizations have
19 done some good work there. In particular, I note at the
20 second page of your outline, you refer to a group called
21 Stop it Now.

22 **DR. JAFFE:** Yes.

23 **MR. ENGELMANN:** And you indicate in the
24 penultimate paragraph there, the third point up, about four
25 points, where they have taken some steps ---

1 DR. JAFFE: Yes.

2 MR. ENGELMANN: --- in public awareness. Is
3 that correct?

4 DR. JAFFE: Yes, and again I chose Stop it
5 Now as a very concrete example, a website you can go to to
6 get excellent information and I like the way they have
7 articulated their key strategies, which is really reaching
8 out both to victims and abusers to seek help to be able to
9 disclose the violence, also trying to work with support
10 systems, friends, family, co-workers, how to deal with
11 confronting abusers when people are concerned that there's
12 potential abuse, and how to actually -- you know, one of
13 their main themes is how you actually create a climate
14 where people no longer tolerate the abuse of children.

15 MR. ENGELMANN: Do you know, Dr. Jaffe, if
16 similar work to Stop it Now has been done in Canada and, if
17 so, whether that's done by not-for-profits or other
18 institutions?

19 DR. JAFFE: Yes. You would find some
20 similar work would be in bits and pieces. Certainly public
21 health units across Ontario certainly would make child
22 abuse and domestic violence a priority issue.

23 So there's certainly -- there's no lack of
24 places. I think the trouble is it has to be more focused.
25 You know, if you type in the words "child sexual abuse" on

1 the Internet, you'll get two million hits. Anyone who's
2 done Internet research, you know, it may not be helpful.
3 You can spend hours but not really get to where you need to
4 go.

5 **MR. ENGELMANN:** M'hm.

6 **DR. JAFFE:** And I think it's got to be more
7 centralized, where it's a website -- for example, another
8 great American website related to domestic violence. The
9 Family Violence Prevention Fund has a website and their
10 website is endabuse.org and everybody can remember it,
11 because obviously the name means something. You can go to
12 that website and it's got all kinds of resources you can
13 download; resources for public broadcasters, if they want
14 to put advertisements around different topics related to
15 violence and abuse.

16 **MR. ENGELMANN:** So these are resources that
17 are available to individuals, ---

18 **DR. JAFFE:** Yes.

19 **MR. ENGELMANN:** --- to youth-serving
20 organizations, ---

21 **DR. JAFFE:** Yes.

22 **MR. ENGELMANN:** --- and to institutions,
23 whether it's government or other, if they wish to take
24 advantage of it.

25 **DR. JAFFE:** Yes, and I think the key issue

1 is, you know, you can create the resources but you have to
2 get people to utilize them and acknowledge that they exist.

3 **MR. ENGELMANN:** All right.

4 Sir, next, under "Public Awareness" you talk
5 about child pornography.

6 **DR. JAFFE:** Yes.

7 **MR. ENGELMANN:** And I'm wondering if you'd
8 tell us why the issue of child pornography should be part
9 of a primary prevention campaign or strategy.

10 **DR. JAFFE:** Clearly we're dealing with a
11 problem that's getting more complicated. You know as I --
12 my older example of the Rogers recommendation about the
13 media, clearly as you're trying to develop strategies to
14 deal with the media, the problem expands exponentially in
15 terms of the challenges that are present. I think with the
16 issue of child sexual abuse, child sexual abuse has now
17 gotten more complicated because it's not just happening in
18 homes and churches and schools, it's happening much more
19 broadly and through child pornography, in terms of the
20 availability of child pornography.

21 To some extent, people look at pornography
22 as something that's harmless and passive and I think there
23 has to be recognition that child pornography is child
24 sexual abuse, that children are exploited in a variety of
25 ways and we're also providing images to fuel this problem.

1 **MR. ENGELMANN:** You say that these abuse
2 awareness messages with respect to child pornography should
3 be targeted to adults. Why is that, sir?

4 **DR. JAFFE:** Adults are in charge of the
5 world. I mean, adults have control. Adults run the
6 corporations. They run the credit card companies. They
7 run the Internet systems. Ultimately when we're talking
8 about prevention and the prevention of child abuse, we
9 can't leave that to children to defend themselves and
10 protect themselves. Adults have to be in charge. Adults
11 have to be the protectors, not the abusers and the
12 exploiters. Adults have to be the protectors, not the
13 bystanders to when this happens, not knowing what to do.

14 **MR. ENGELMANN:** All right.

15 Let's go to the next section. There's a
16 typo in the caption. I understand that it should be,
17 "Primary Prevention Programs for Children and Adolescents".
18 Correct?

19 **DR. JAFFE:** Yes.

20 **THE COMMISSIONER:** With Children?

21 **MR. ENGELMANN:** There's an extra
22 "Prevention" in that caption. It should read "Primary
23 Prevention Programs for Children and Adolescents", not
24 "Preventing Children".

25 **THE COMMISSIONER:** Right.

1 **MR. ENGELMANN:** So under this particular
2 point you suggest that we -- again the primary prevention
3 is about education. Why is it you say that, sir?

4 **DR. JAFFE:** Well, ultimately when we're
5 talking about primary prevention, you want to make sure
6 that the whole community knows about the reality of child
7 sexual abuse. Although we can reach out to children,
8 ultimately reaching out to adults, you know, is more
9 important. I reviewed -- just as an example, I attached an
10 article about the outcome of prevention efforts. One of
11 the questions I'm sure that's in your mind and counsel's
12 mind as well will be, you know, although the prevention
13 programs are available, to what extent are they successful?

14 **MR. ENGELMANN:** Yes.

15 **DR. JAFFE:** And there's two answers to that.
16 One is there's some limited success in the extent that
17 children, when they have the programs presented, understand
18 more about the reality of sexual abuse. But we don't have
19 the research that actually, you know, tracks 10,000
20 children over 10 years to see whether or not they've
21 actually utilized the skills.

22 We have retrospective studies, for example,
23 at our centre, at the Centre for Children and Families in
24 the Justice System. We've done research with children who
25 have been abused. We did research with over 500 children

1 who were abused, where someone was found guilty of the
2 abuse, there was a finding of abuse, and we asked them
3 about their exposure to prevention programs and what worked
4 and what didn't work.

5 One of the things we've learned is that one
6 of the reasons some prevention programs don't work is they
7 don't address the real nature of abuse, because often when
8 people talk about abuse, they're more comfortable talking
9 about strangers. They're not comfortable talking about the
10 reality that abuse happens in trust relationships.

11 So how do you tell children that the world
12 is not really a safe place and it may not be safe in the
13 places they turn to most often for support? So many
14 children, when they thought that abusers were bad people --
15 in many cases, if the abuser was a parent, was a member of
16 their faith community, a teacher, a professional, it's very
17 confusing because they are not bad people. They're good
18 people held in high esteem often. Not only that, but the
19 abuse often happened in the context of "process of
20 grooming" where it wasn't that they were taken at
21 knifepoint or gunpoint and they were forced to do things in
22 a violent way. Often the abuse happened, you know, over
23 weeks and months where there was, taking showers together,
24 soaping each other. It often wasn't seen as a violation at
25 the time. It was seen as playful. In fact, for many

1 children it was pleasurable.

2 So it's very confusing because when we talk
3 about prevention, the messages kids get is these are bad
4 people doing horrible things, when in fact they were people
5 they admired and respected and trusted doing things that
6 were often pleasurable that were normalized for them.

7 **MR. ENGELMANN:** So with perhaps the wrong
8 focus on where the problem was, your centre found that some
9 of these prevention programs were not very effective?

10 **DR. JAFFE:** Yes.

11 **MR. ENGELMANN:** And in fact, that if we
12 wanted to -- I realize you talk about the Kaufman article
13 and some of the questions there about that prevention
14 programs may be ineffective.

15 What you're talking about from the centre in
16 London, is that what we see at Tab 18, the "Tipping the
17 Balance to Tell the Secret"?

18 **DR. JAFFE:** Yes.

19 **MR. ENGELMANN:** And the work by Louise Sas
20 that you were referring to, I just want to give counsel and
21 everyone here a reference. Is some of that what we see
22 discussed at page 194 of that particular article?

23 **DR. JAFFE:** Yes.

24 **MR. ENGELMANN:** Okay. And this was based on
25 -- this research was based on the centre's observations of

1 approximately 500 victims of child sexual abuse?

2 DR. JAFFE: Yes.

3 MR. ENGELMANN: Is there anything else of
4 significance from that study that you'd like to leave with
5 us at this time, sir?

6 DR. JAFFE: I think a major theme is that
7 we're -- as adults we're uncomfortable talking about sex.

8 MR. ENGELMANN: M'hm.

9 DR. JAFFE: As adults, we're uncomfortable
10 talking about body parts and naming them. I'm sure every
11 family has their own words for different parts of the body.

12 One of the messages we have from kids is
13 that you have to use proper words to name things. You have
14 to be able to describe the acts and you have to start
15 earlier. Many of the programs -- the average age which
16 children were abused was around grade 4 and 5, being 10
17 years of age and some of the programs didn't start until
18 much later. So children didn't learn at an early age about
19 the reality, the nature of the abuse, what abuse really
20 means, who the abusers are.

21 So I think that's one of the things, as
22 adults -- and I think if you did a survey of the population
23 at large, my guess is the vast majority of parents would be
24 uncomfortable talking about the topic of sex, let alone
25 talking about sexual abuse, let alone sexual abuse by

1 trusted adults in their lives. So these are difficult
2 topics. So it's still -- even in 2006 it's difficult for
3 many parents to engage in these discussions.

4 And one of our conclusions from this study
5 at the centre was that parents have to be partners. You
6 know, parents have to -- it just can't be educators with
7 children. Parents have to be aware of what children are
8 learning and have to be important partners with those
9 programs.

10 **MR. ENGELMANN:** And, sir, I'm just looking
11 at the second point on page 4 of your outline and I'm
12 wondering if that might be particularly important when
13 we're dealing with an adult who may be in an authority
14 role, as the alleged abuser?

15 **DR. JAFFE:** Yes, it's very -- one of the --
16 and I apologize because I might jump all over the place
17 here ---

18 **MR. ENGELMANN:** That's fine.

19 **DR. JAFFE:** --- but I think one of the
20 things, for example, working with Justice Robins, dealing
21 with the abuse that happened within Sault Ste-Marie by a
22 teacher, when we reviewed the literature in the area, one
23 of the things that was quite striking is that most teachers
24 who are abusers are amongst the most popular teachers.
25 They are teachers who are coaches. They're teachers who

1 are involved in drama. And again, I'm not -- I want to be
2 clear that the vast majority of coaches and drama teachers
3 are dedicated professionals but some, a small number who do
4 abuse children, are amongst the most popular. So the
5 children have many barriers to overcome. First of all,
6 they're being abused by a trusted adult; then, they're
7 being abused by a trusted adult who is well respected and
8 liked and popular.

9 **MR. ENGELMANN:** That popularity would be not
10 just amongst the other students but perhaps also the
11 parents?

12 **DR. JAFFE:** Yes. There is a -- you know,
13 it's not uncommon. I've been in court hearings in a
14 criminal context where a Crown Attorney may be with a child
15 and a single parent; on the other side of the room where
16 the alleged perpetrator is -- there is a whole gallery of
17 supporters from that community. So when you disclose about
18 a popular individual in any institution there is usually a
19 following.

20 So it's one of these that's very surprising
21 because as parents in the general public we think that we
22 are going to know who an abuser is. It'll be somebody who
23 looks strange; you know, they're going to have a third eye;
24 you know, there is going to be certain tattoos or jackets
25 or you know they are weird people, so to speak. Abusers

1 are popular, friendly, outgoing. They like children. They
2 have positive attributes, but they also exploit children
3 and hurt them and do universal damage. So it makes it very
4 hard.

5 One of the things we'll come back to with
6 the Robins Review, one of the things we found in the
7 literature is that the first response is one of disbelief
8 and the next response is to get rid of the problem.

9 **MR. ENGELMANN:** What do you mean "get rid of
10 the problem"?

11 **DR. JAFFE:** Get rid of the abuser but get
12 rid of an abuser quietly. Actually, there is -- in the
13 literature the term often used is "passing the trash".
14 Passing the trash, and that's when we looked at -- we use
15 the literature of sexual abuse across the U.S. and Canada,
16 the number one response to a teacher who had abused a
17 student was to get them to another school or another school
18 district. So passing the trash is transferring the problem
19 someplace else because it's too difficult, too painful to
20 have the public disclosure about it, to have the inquiry.
21 I mean, obviously, the potential costs around litigation;
22 different proceedings that may ensue.

23 So, in fact, most abuse -- the abuse that
24 gets disclosed is the tip of the iceberg. A lot of abuse
25 never gets disclosed or gets swept under the carpet or

1 becomes the problem of another institution; another school
2 or another hockey team, another parish.

3 **MR. ENGELMANN:** But it's not just schools
4 where you saw that type of pattern?

5 **DR. JAFFE:** It happens -- again, you know,
6 the examples that I have worked with -- I have worked with
7 schools, churches, community recreational clubs, hockey
8 teams. It goes across all segments of society.

9 **MR. ENGELMANN:** Just a couple more points on
10 the primary prevention part, if we can, sir? You reference
11 an article by David Finkelhor and that's an expert we have
12 heard of before, and I'm at the third paragraph in page 4
13 when you talk about:

14 "....programs for children and
15 adolescents that address the issues of
16 sexualized behaviour problems and
17 unwanted sexual advances are
18 important."

19 You also reference the fact:

20 "Adolescent sex offending is a problem
21 that is often missed in discussions of
22 sexual abuse".

23 That particular article is at Tab 9; is it
24 not?

25 **DR. JAFFE:** Yes.

1 **MR. ENGELMANN:** Is there something in
2 particular that you wanted to point out from that
3 particular article?

4 **DR. JAFFE:** Perhaps the last page, page 138.

5 **MR. ENGELMANN:** That goes with the
6 "Conclusions", sir?

7 **DR. JAFFE:** Yes. Sorry, the second-last to
8 the last, page 138.

9 If we look at the middle of the page
10 starting -- the second full paragraph there is some
11 specific policy recommendations?

12 **MR. ENGELMANN:** Yes.

13 **DR. JAFFE:** So, again, this article reviews
14 the primary prevention programs and looks at what's working
15 and what's not working. He outlines Finkelhor's and the
16 co-author outlined three major areas. One I have already
17 addressed is the importance of engaging parents in this
18 discussion; that parents have to be partners. The other
19 important conclusion is that prevention has also to deal
20 with the reality that perpetrators may also be older
21 adolescents and it's not uncommon ---

22 **THE COMMISSIONER:** I'm sorry, I didn't catch
23 it, that they are what?

24 **DR. JAFFE:** That the perpetrators may be
25 older adolescents.

1 **THE COMMISSIONER:** Older adolescents.

2 **DR. JAFFE:** And the fact, I think the
3 Project Guardian that I'll refer to later on, the multi-
4 victim, multi-offender case in London, Ontario, that John
5 Liston may have referred to, in that situation the
6 adolescents were often groomed into sexual abuse; then, the
7 adolescents inducted the new boys into the system. So
8 either children were abused by older adolescents or the
9 older adolescents were the new victim finders to draw them
10 into whether it's a group of offenders or an individual
11 offender. So we have to recognize that -- and part of that
12 also deals with the whole issue of bullying and threats
13 from other children which obviously is an important part of
14 prevention programs.

15 The third area is the importance to have
16 prevention programs that appeal to boys. Boys don't want
17 to talk about this. Again, there is a fundamental
18 difference between the way boys and girls are raised. Boys
19 are raised to be strong and silent, to keep feelings to
20 themselves, to be tough guys, to maintain a tough guise, G-
21 U-I-S-E; you know, to pretend that everything is okay; to
22 have the body armour.

23 So it's much more difficult for boys to
24 disclose the reality of what they have experienced. They
25 have many barriers. Simply talking about bad things that

1 have happened to them, being vulnerable; acknowledging that
2 they couldn't deal with things, they couldn't protect
3 themselves.

4 Often boys may feel like they are part of
5 what happened because they have been groomed over time.
6 They may blame themselves and they may feel that they were
7 an active participant so, therefore, it's their fault as
8 well.

9 **MR. ENGELMANN:** Just on that point you have
10 referenced Project Guardian, and John Liston did talk to us
11 about it so I'm not sure how much we'll go there. But he
12 indicated to us and the reports indicated that not one of
13 those boys who were sexually abused came forward, whether
14 they were current cases or historic cases, not one.

15 How does that deal with the boy issue that
16 you've referred to?

17 **DR. JAFFE:** That's the issue. I interviewed
18 some of the survivors from the Project Guardian case and I
19 asked them very directly about whether or not they had ever
20 been to a prevention program in the school and whether they
21 ever heard this discussion and asked them about their --
22 you know, why they never told anybody, because I think the
23 Project Guardian case is a monument to the problem that
24 boys and men experience, the silence on dealing with this
25 and talking about it.

1 The boys -- the men, young men who I spoke
2 to were very clear that they didn't see it as abuse because
3 they became willing participants over time. They didn't
4 see this as weird person forcing them to do things. These
5 were trusted adults. One of the offenders in Project
6 Guardian was a school principal. So somebody who is a
7 trusted, respected individual in the community made it very
8 difficult to disclose it.

9 Some of them received favours. Some of them
10 -- the perpetrators, had money and were able to -- whether
11 it was buying them a package of cigarettes or giving them a
12 meal or offering them a trip to Toronto to see a Blue Jays
13 game. So there was all kinds of enticement. They didn't
14 identify it necessarily as abuse and then they didn't want
15 to talk about it.

16 The other reality when you are a boy abused
17 by a man is also an issue around your sexual orientation.
18 You know, when you are abused at an early age what does it
19 mean to you as a man? Does it mean, you know, that your
20 sexual orientation is not heterosexual and what does that
21 mean given the stigma we have in society?

22 And again, although we are much more open,
23 and clearly in Canada this has been part of an active
24 debate about same sex marriage, even during part of those
25 debates there are still many groups who come forward who

1 talk about being gay as a sickness, an illness or something
2 used in the most pejorative terms. So there is still
3 stigma. So if you disclose as a boy, there is a big
4 barrier to get over.

5 **MR. ENGELMANN:** That's yet another reason
6 then why they wouldn't disclose?

7 **DR. JAFFE:** Yes.

8 **MR. ENGELMANN:** Yes.

9 **DR. JAFFE:** I mean, ultimately one of the
10 challenges, and it's sort of the undercurrent in many
11 cases, this is all around boys and men and how we get
12 socialized, what we talked about.

13 Girls are more likely to disclose than boys;
14 girls are more likely to try to get help. I mean, girls
15 are socialized to share secrets.

16 I mean, I talked to girls who were abused. They're more
17 likely to have found somebody else in difficult
18 circumstances.

19 Boys tend to talk to no one.

20 **MR. ENGELMANN:** And you've seen this in your
21 professional work and in your academic work, sir?

22 **DR. JAFFE:** Yes, over and over again.

23 Can I just share a story ---

24 **MR. ENGELMANN:** Sure.

25 **DR. JAFFE:** --- just an anecdote to show you

1 how powerful this is?

2 **MR. ENGELMANN:** M'hm.

3 **DR. JAFFE:** As I mentioned, at the Faculty
4 of Education at the University of Western Ontario I teach a
5 course called Safe Schools. So it's a course for future
6 teachers. So these are -- there's a number of mature
7 students, but a lot of men and women in their early
8 twenties hoping to be teachers. In the course we talk
9 about violence and abuse, bullying. We talk about domestic
10 violence and child abuse, and my lecture on Tuesday morning
11 was about how to engage boys and men in this discussion.
12 How do we get men to drop that mask of the tough guy and
13 how do we get men to acknowledge their vulnerability, their
14 weaknesses, the reality of ways in which they have been
15 bullied or violated.

16 And we talked about media images. We talked
17 about Don Cherry. There's somebody else who could talk
18 about sexual abuse publicly and he would have more impact
19 than I would have in a whole career. Don Cherry, in a full
20 minute, talking about sexual abuse and seeking help would
21 have more impact than all publications by Jaffe and Wolfe
22 put together. That's the reality of Canadian society.
23 That's who men listen to. If it doesn't happen on Hockey
24 Night in Canada, it doesn't really matter. And that's a
25 big issue for boys.

1 I'm talking to the group of students in my
2 class about how we get socialized as boys and then how do
3 we talk about this. Why do bad things happen and no one
4 says anything about it. Why are we bystanders to violence?

5 Anyway, it was a two-hour lecture and
6 discussion. At the end of it, one of the young men raised
7 his hand and he said, "You know, I'm 24 years old. This is
8 the first time I've actually talked about what it means to
9 be a man and how I've been socialized and how I think about
10 these things. This is the first time I've actually been in
11 a safe environment to talk about this with other men and
12 with women." I looked at the other young men in the class
13 and they all acknowledged the same thing. This has never
14 been part of a discussion with their fathers, their
15 brothers. It doesn't happen.

16 So underlying much of what we talk about,
17 when you look at all the research and the literature, a lot
18 of it is about what it means to be a man and how we get
19 socialized over the years, because that's part of the
20 conspiracy of silence. We don't talk about it because it's
21 too hard. It's too painful.

22 **MR. ENGELMANN:** Okay. I was just about to
23 turn to the secondary prevention -- I don't know if this is
24 an appropriate time to break?

25 **THE COMMISSIONER:** Why don't we take a short

1 break. We'll come back at 11:30. Thank you.

2 **THE REGISTRAR:** Order; all rise. À l'ordre.
3 Veuillez vous lever.

4 The hearing will reconvene at 11:30.

5 --- Upon recessing at 11:17 a.m./

6 L'audience est suspendue à 11h17

7 --- Upon resuming at 11:37 a.m./

8 L'audience est reprise à 11h37

9 **THE REGISTRAR:** Order; all rise. Veuillez
10 vous lever.

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

14 **PETER GEORGE JAFFE, Resumed:**

15 **EXAMINATION-IN-CHIEF BY/INTERROGATOIRE EN-CHEF PAR MR.**

16 **ENGELMANN (cont'd/suite):**

17 **MR. ENGELMANN:** Dr. Jaffe, if I could refer
18 you then to page 4 of your outline, outline at Tab 3 of
19 Exhibit 23P, the caption "Secondary Prevention", and your
20 first sub-point is "Professional Awareness: Teachers,
21 Families, Doctors, etc."

22 Now, earlier on in your preamble you told us
23 that secondary prevention pertains to programs for at-risk
24 children and adolescents. So when you refer to at-risk
25 children and adolescents, are you referring to all children

1 and adolescents or a subset of them? What is the focus
2 there?

3 **DR. JAFFE:** It's both. When you're talking
4 about secondary prevention, we're talking, in part, about
5 early identification to the first time, for example, the
6 grooming process happens between an offender -- a potential
7 offender and a victim to identify the early warning signs
8 that may be connected to abuse, behaviour that would be
9 suspicious in the eyes of, for example, an employer.

10 You know, if you're running a children's
11 treatment centre and the Director of the Centre finds a
12 favourite child to take home to their cottage every
13 weekend, this is a problem.

14 So looking at the -- talking about secondary
15 prevention is being aware of potential warning signs, early
16 identification that abuse is happening and also looking at
17 children who may be more at risk.

18 Perpetrators of sexual abuse, one of the
19 things they count on is abusing vulnerable children.
20 Vulnerable children may not have the same credibility when
21 they come forward when they tell their story. They may be
22 more dependent on the perpetrator of the abuse.

23 **MR. ENGELMANN:** From your point of view, who
24 are those vulnerable children or those children that are
25 higher risk or at higher risk?

1 **DR. JAFFE:** Children in trouble with the
2 law, children who may be in a custody or a detention
3 facility. They're already seen, using everyday language,
4 they're already seen as bad kids. So if they disclose
5 something, they have no credibility because they already
6 are seen as somebody who has stolen or hurt somebody else.
7 They have no credibility.

8 Children who may be developmentally delayed,
9 they may not be able -- children may be more vulnerable by
10 the nature of their situation.

11 Children from single-parent families. You
12 may have -- and again, I'm very cautious, Your Honour. I
13 don't want to stereotype -- every time I speak I don't
14 intend in any way to stereotype one group or another, but
15 for example, a single-parent mother who is desperate for a
16 positive role model for her son and is so grateful that
17 there is a big brother, a Boy Scout leader, a priest who
18 takes an extra interest in their son. You're talking about
19 the potential of individuals who may be vulnerable.

20 **THE COMMISSIONER:** Now, I was going to ask
21 you -- you're talking about, I suppose, people that are
22 economically disadvantaged being a single parent ---

23 **DR. JAFFE:** Yes.

24 **THE COMMISSIONER:** --- but we hear about
25 abuse in private schools as well. And so it does transcend

1 economic lines as well.

2 So can you give us a little bit of an idea
3 about privileged children?

4 **DR. JAFFE:** Yes.

5 **THE COMMISSIONER:** Who would they be that
6 fall prey to these people?

7 **DR. JAFFE:** Your Honour, that's an excellent
8 question because you may be vulnerable by economic
9 situation, but you're also vulnerable by being in a place
10 away from your parents.

11 So, for example, I'm just taking examples
12 from the media, Upper Canada College, which we would see in
13 general, a situation of extremely privileged youth,
14 privileged families. They're still -- when you're in
15 residence at Upper College, you're suddenly -- you're away
16 from your family. There's one less set of eyes to watch
17 over you if you're there for extended periods of time if
18 you don't have an advocate outside, if there's less
19 contact. So again, vulnerability may be situational by
20 being within a residential facility, independent of race or
21 class or economic situation or by the nature of your
22 problems or difficulties.

23 You know, in a mental health centre -- you
24 have very vulnerable youth at a mental health centre.
25 Actually, I was involved with a situation. Just a very

1 concrete example of a youth who was in a residential
2 facility in a major metropolitan centre, ran away from that
3 facility, but they were in that facility because they were
4 -- had stolen cars. They disclosed that they had been
5 abused to the police and in that situation, they weren't
6 believed because they were just seen as a delinquent youth.
7 They already had lots of problems and they were disclosing
8 abuse because they were trying to get out of their other
9 difficulties.

10 So there's vulnerability by the nature of
11 the circumstance and the facility.

12 **THE COMMISSIONER:** So could we say then that
13 really any disadvantage, whether it be situational,
14 economic, mental or physical, can lead to this kind of an
15 abuse?

16 **DR. JAFFE:** Yes. All children are at risk,
17 but we have to be especially vigilant for those.

18 **THE COMMISSIONER:** Yes. All right.

19 **MR. ENGELMANN:** So now in your outline you
20 talk about the training of community professionals and you
21 talk to us about the need, first of all, for a professional
22 awareness and you say that professional awareness is key.

23 Are you referring to any particular
24 professionals when you're saying this?

25 **DR. JAFFE:** All frontline professionals and

1 volunteers who come in contact with children.

2 **MR. ENGELMANN:** Just give me some examples?

3 **DR. JAFFE:** Family doctors, teachers,
4 nurses, counsellors in a variety of settings, anyone
5 involved with youth. And again, although I used the word
6 "professionals", it also extends to volunteers, coaches
7 maybe involved with youth sports; so any professional
8 volunteer who is involved with children.

9 **MR. ENGELMANN:** That would include, for
10 example, child protection workers or child welfare workers?

11 **DR. JAFFE:** Yes. I assume them in every
12 answer.

13 **MR. ENGELMANN:** Right. Might include police
14 officers?

15 **DR. JAFFE:** Yes.

16 **MR. ENGELMANN:** And might include just
17 general people working in the youth or criminal justice
18 system dealing with youths?

19 **DR. JAFFE:** Yes. I appreciate when you ask
20 that question that certainly, it's a good reminder when I
21 answer that we always think about child abuse as the work
22 of police and the Children's Aid and we don't recognize
23 that it's not just a job for those organizations. It's
24 everyone.

25 **MR. ENGELMANN:** So then in your outline at

1 the bottom of page 4 and on the top of page 5, you indicate
2 certain elements that you believe are important when it
3 comes to training of community professionals. I'm just
4 wondering if you could perhaps expand upon a few of them,
5 Dr. Jaffe, and why you think it's particularly important
6 that those elements be found in training modules for
7 professionals working with children?

8 **DR. JAFFE:** For example, the first point
9 there is:

10 "Understanding the facts of child
11 sexual abuse."

12 Many professionals still fail to recognize the fact that
13 most abuse happens in the context of trust relationships
14 and professionals in the front lines working with children
15 have to have an open mind about what's possible. Every
16 allegation has to be taken seriously on the face of it.
17 Many individuals still like to talk to children about
18 strangers and the importance of recognizing that most abuse
19 is in the context of family and trust relationships outside
20 the family. So that's a major topic. If you fail to
21 understand that basic point, then you are dealing with
22 children with a constant sense of disbelief.

23 **MR. ENGELMANN:** Now, that's been out there
24 even pre-Badgley but certainly it was something that was
25 discussed in Badgley.

1 DR. JAFFE: Yes.

2 MR. ENGELMANN: Has this been part of
3 training for professionals, to your knowledge?

4 DR. JAFFE: It has, but there is still
5 resistance. There are things you can tell people but there
6 is still an overwhelming sense of denial. If you look at a
7 continuum on any issue related to any social change, you
8 have to go through progressive steps. You go from denial
9 that the problem even exists, you know, to some general
10 awareness that the problem may exist but you can't believe
11 it's that bad, to an understanding that it may be worse
12 than you thought; actually integrating it into your
13 everyday practice. So there's steps you have to go
14 through.

15 Many professionals are still at the level of
16 denial. For example, if I talk to -- and I'll use an
17 example -- when I talk to groups of teachers about child
18 sexual abuse, of the Robins Report, the only topic they
19 want to talk about are false allegations. Even though it
20 represents a small minority of cases, the topic is all
21 false allegations.

22 It's hard to talk about child sexual abuse
23 because good teachers, caring, nurturing teachers can't
24 believe that somebody else would abuse a child and the
25 first place they go to is "It can't happen and if it does

1 happen the child must be making it up”.

2 So it’s a painful discussion when
3 professionals have to talk about themselves. We like to
4 talk about other people and those bad guys out there, but
5 it’s hard to look within any profession. That’s one of the
6 challenges.

7 **MR. ENGELMANN:** All right.

8 So that’s a key element to some of the
9 training you think frontline professionals should get.
10 Sorry.

11 **DR. JAFFE:** Again, the second point:

12 “Understanding how child sexual abuse
13 happens.”

14 Understand that it happens in the context of a trusting
15 relationship that evolves overtime, that somebody doesn’t
16 walk up to a child and says, “Can I have sex with you?”
17 Somebody has a longer term relationship with a child,
18 invites them over to their house; offers them treats.
19 There is a whole grooming process that adults need to
20 recognize.

21 **MR. ENGELMANN:** We’ve heard about
22 accessibility. Is that an issue here?

23 **DR. JAFFE:** Yes.

24 **MR. ENGELMANN:** The accessibility of certain
25 individuals to children?

1 **DR. JAFFE:** Yes. Unfortunately, most people
2 who choose professions related to children are very
3 dedicated and good advocates for children but some are in
4 that profession because they have easy access to children
5 by the nature of their role and status. So we have to be
6 aware of the devil within the system, not just lurking in
7 the bushes.

8 **MR. ENGELMANN:** Your third point I would
9 have thought is self-evident but you say that this needs to
10 be "restated in training of frontline professionals"?

11 **DR. JAFFE:** Yes. I think adults, and again,
12 this is more within systems than between systems, there is
13 this conspiracy of silence around what happens with
14 children. People are totally unclear as to -- even though
15 we know there is mandated reporting, often adults are
16 bystanders to critical information. They see somebody --
17 the example I used earlier, somebody taking a child, a
18 favoured child from a residential facility to a cottage on
19 the weekend and they don't talk to that adult about having
20 appropriate boundaries.

21 So again, we have difficulty having that
22 conversation from one professional to another or within
23 communities. It's not like you are accusing everybody of
24 sexual abuse but you are talking about healthy and
25 appropriate boundaries that professionals should have, how

1 people interact with children and how you become an
2 advocate for children in those circumstances.

3 But in most historical abuse, many adults,
4 you know, saw bits and pieces about what's happening,
5 didn't want to believe it. Ultimately -- and again, I
6 don't want to overstate this, but the first response is
7 always loyalty to your own. Adults can identify more with
8 other adults than they can with children in vulnerable
9 positions. So you think first about what happens if you
10 report this, about the consequences to that adult rather
11 than the first response is always the safety and security
12 of children.

13 **MR. ENGELMANN:** So that might be the support
14 by the other teacher or the principal or other individuals
15 in an institution?

16 **DR. JAFFE:** Yes.

17 **MR. ENGELMANN:** You've got on the next page
18 -- I have just a couple of questions on some of these
19 points. You understand the "importance of a well conceived
20 one adult-one child policy". What do you mean by that at
21 the top of page 5, the second bullet?

22 **DR. JAFFE:** Again, the importance of having
23 advocates available for children in these circumstances.
24 And again, in some community institutions, there's clear
25 signs about the availability of an ombudsperson available

1 for any concerns or complaints, being clear that adults are
2 there to protect children but also letting children know
3 there is access to other adults if the person in charge of
4 them isn't protecting them.

5 **MR. ENGELMANN:** Another question on one of
6 these points, the fourth point down:

7 "Understand the pro-active role youth-
8 serving organizations need to take".

9 You are saying that this is an important element of
10 training of frontline professionals. What do you mean by
11 that pro-active role?

12 **DR. JAFFE:** Pro-active means that this is a
13 topic of conversation. This is something that is not
14 reactive. You don't wait until bad things happen and then
15 talk to kids about it. You talk to kids about it before it
16 happens. We may come to this example later but a good
17 example is when you talk to hockey coaches.

18 **MR. ENGELMANN:** Yes, I'd like to take you
19 there later.

20 **DR. JAFFE:** Okay.

21 **MR. ENGELMANN:** Because I know you have done
22 some work with minor hockey and that might be a very good
23 example of a pro-active organization. Is that fair to say?

24 **DR. JAFFE:** Yes.

25 **MR. ENGELMANN:** All right. What about, you

1 say:

2 "Understand the role of the CAS and
3 police in allegations of sexual abuse".

4 Is this something that is important for all frontline
5 professionals to understand or is this something that,
6 really, is just for those frontline professionals working
7 for the CAS and the police?

8 **DR. JAFFE:** No, I think all professionals
9 need to have an understanding how the different systems
10 work. A lot of people, for example, don't understand the
11 different role and mandate of child protection as opposed
12 to police. There is different, obviously, different
13 proceedings. There may be criminal proceedings but there
14 also may be civil proceedings.

15 So for example, one of the issues that
16 Justice Robins addressed is often there may be somebody
17 accused of sexual offences with children within the
18 criminal context that are found not guilty, the standard
19 being beyond a reasonable doubt. But yet, there is lots of
20 other evidence within a civil proceeding. If you are an
21 employer, somebody may be found not guilty in the criminal
22 justice system but you can still terminate them, based on
23 all the evidence you have accessed to within a context of a
24 civil proceeding where you are looking at a balance of
25 probability.

1 So there is a lot of confusion as to how
2 these things get investigated and who takes on what role.

3 **MR. ENGELMANN:** Okay. Are there some other
4 points there, Dr. Jaffe, that you would want to expand
5 upon?

6 **DR. JAFFE:** No.

7 **MR. ENGELMANN:** Now, you then talk about
8 some of the specialized training, and in particular
9 training for police and CAS workers. You say that
10 specialized joint training on forensic interviewing skills,
11 you say this is essential.

12 Why do you say that, sir, and what is meant
13 by "forensic interviewing skills"?

14 **DR. JAFFE:** By forensic it's obviously
15 working within the context of the court system or potential
16 civil and criminal hearings that may follow, so clearly
17 with children the importance of appropriate questions, not
18 leading questions and not obviously leading children to
19 come to some conclusion.

20 So clearly, when we talk about forensic
21 interviewing, it's safeguarding the information that
22 children have to offer and not being involved in
23 interviewing children to the point where the process itself
24 corrupts the possibility of a court or a an employer making
25 an appropriate decision about what took place.

1 Clearly, I think, one of the most important
2 things in my view is working collaboratively, that the
3 police and the Children's Aid have to be partners when it
4 comes to dealing with child sexual abuse and also, in my
5 view, historical abuse. There has to be a close working
6 partnership and understanding of how these issues get
7 addressed.

8 **MR. ENGELMANN:** Now, we've heard from a
9 previous witness that these protocols between CAS and
10 police became mandatory in or about 1985. In fact, he told
11 us about negotiating the protocol in '85 and I think
12 implementing it shortly thereafter in London.

13 I believe you've indicated or you provided
14 us with a copy of that same protocol at Tab 12?

15 **DR. JAFFE:** Yes.

16 **MR. ENGELMANN:** Sir, this is, as I
17 understand it, the most recent protocol between the London
18 Police Service -- or at least it's one of the most recent.
19 It's from 2002. It's the most recent one we had from this
20 witness, Mr. Liston, whom you're familiar with?

21 **DR. JAFFE:** Yes.

22 **MR. ENGELMANN:** How important do you think
23 it is to have these protocols between the police and
24 Children's Aid Societies with respect to who investigates,
25 how they investigate, et cetera, allegations of child

1 sexual abuse?

2 DR. JAFFE: They're essential. I don't
3 think the system can exist without a clear understanding.
4 I mean, clearly these protocols have to be founded on some
5 mutual trust and respect of the role of different
6 professionals, but then I think it has to be clear as to
7 how these matters proceed.

8 MR. ENGELMANN: Okay. We'll come a little
9 bit more to protocols later. Since we're dealing with CAS
10 and police, I wanted to just touch upon that.

11 You say in the middle of page 5 or you seem
12 to be expressing a concern about training that was
13 suspended.

14 DR. JAFFE: Yes. I think one ---

15 MR. ENGELMANN: Can you talk to us about
16 that and why you thought that was significant enough to
17 include?

18 DR. JAFFE: I think this -- maybe address
19 this under the heading of the concept of sustainable
20 change, that often when a tragedy happens there's a lot of
21 emphasis suddenly on a particular topic and there's a lot
22 of focus on training and improving protocols, but then the
23 crisis is over and people stop doing it.

24 This is a good example where a number of
25 historical cases came forward; a number of inquests came

1 forward that suggested there was a lack of genuine
2 collaboration between different professionals, including
3 Children's Aid and police. So there was a big emphasis on
4 this, but then when the issue is no longer in the
5 spotlight, funding falls by the wayside and it's not really
6 sustained.

7 **MR. ENGELMANN:** I'm just curious, sir, and
8 you indicated earlier to me that sometimes you're not great
9 with dates but do you have some sense as to when that
10 training would have started and when it would have ended,
11 this joint training?

12 **DR. JAFFE:** Sorry, I can't recall the exact
13 dates.

14 **MR. ENGELMANN:** All right.

15 But you believe -- you say this should be
16 readdressed. Why is that, sir?

17 **DR. JAFFE:** Because I believe it's an
18 ongoing issue. Again, without oversimplifying this, some
19 people when you talk about the issue of child sexual abuse,
20 they say, "Okay, we've already done that. These are -- you
21 know, they're all old cases. It's over. It's not
22 happening anymore. We don't need this." So it's something
23 -- people looking for a quick fix to put something in place
24 but there's not the sustained effort for ongoing training
25 for new professionals that come into the system.

1 The joint training is essential because what
2 you're trying to communicate to new police officers and
3 Children's Aid workers is they are part of a team. You
4 know, they may be working for different organizations with
5 different ministry funding but at the end of the day,
6 they're collaborating together to protect children.

7 **MR. ENGELMANN:** You just talked about being
8 part of a team and we've talked about a number of elements
9 that you think are required with respect to training for
10 frontline professionals dealing with children who may have
11 been victims of child sexual abuse.

12 How important is it from your perspective
13 that the leaders of those teams are committed to this
14 training for their frontline workers?

15 **DR. JAFFE:** I think it's essential and
16 people quickly learn what the leaders really believe, how
17 important is this. I mean, who do you assign to the job?
18 How much funding is in place, how much training? I mean
19 the extent to which somebody goes through the motions.

20 I think institutions -- and I say this of
21 all institutions including my own -- we're good at creating
22 paper but nothing is really happening. So you can create
23 the appearance of progress by having documents in place but
24 then you do an audit to see, okay, are you actually living
25 up to this information?

1 One of the good examples; domestic violence
2 is an area where there's been lots of progress with the
3 police. With domestic violence now most -- if you're
4 looking in Ontario, the OPP -- most city police forces have
5 somebody who is the domestic violence coordinator, somebody
6 who reviews the domestic violence occurrences. They're
7 looking in detail as to how an individual officer have
8 reviewed it, whether or not charges should have been laid.
9 You know, if there's two charges laid, if they're charged
10 both the man and the woman, was there a primary aggressor?

11 So not only are there protocols in place,
12 but there's people who review these on a regular basis.
13 It's seen as a priority area. I'm not sure we have done
14 this as consistently in the area of child abuse.

15 **MR. ENGELMANN:** So we may have the protocols
16 in place but we don't stop there?

17 **DR. JAFFE:** We don't live them, and I think
18 and it would be an interesting study to actually do audits.
19 You know, again, it would be another interesting research
20 study to actually look at what's on paper and then look to
21 what extent people are actually working or to what extent
22 there are historical documents that have been forgotten.

23 And it's true of many different professions.
24 It's always surprising. The gap between theory and
25 practice is often huge.

1 **MR. ENGELMANN:** The next area you deal with
2 in your outline is professional awareness regarding child
3 pornography. And if you could just help us out with key
4 points in respect of professional awareness regarding child
5 pornography and which professionals again that you're
6 speaking to?

7 **DR. JAFFE:** Again, I mean that in the
8 broader sense of professionals and, again, I think my
9 general comment about child pornography it's keeping up
10 with the reality of child sexual abuse. Although the focus
11 of this inquiry is on historical abuse and prevention of
12 future abuse, the reality as we move forward and technology
13 develops we are looking at new challenges through the
14 Internet.

15 For example, now when -- you know, we talk
16 about bullying, for example, and I do bullying prevention
17 programs in schools. Most of us think about bullies being
18 tough guys on the school ground or the hallways. Well,
19 bullies now use the Internet. There's websites created to
20 abuse other children, to make fun of them. So we have to,
21 when you talk to parents and teachers and students about
22 bullying, there's a whole new reality because of the nature
23 of the technology.

24 So with child sexual abuse, to deal with
25 child sexual abuse and look at the future, we also have to

1 look at the reality of the Internet and availability of
2 ongoing child sexual abuse through the use of pornography
3 and how it's produced, how it's utilized.

4 **MR. ENGELMANN:** You say that:

5 "Professional groups and organizations
6 should be encouraged to establish
7 policy statements that reflect zero
8 tolerance for child pornography."

9 Correct?

10 **DR. JAFFE:** Yes.

11 **MR. ENGELMANN:** What about other employers,
12 other institutions?

13 **DR. JAFFE:** Yes. I mean, my view is it goes
14 across all segments. You would want it not only from
15 organizations that are serving children but you would also
16 want that from that every employer. Again, when you talk
17 about leadership, we're talking not only at the political
18 level but also business and corporate responsibility around
19 this and also organizations that are working with children
20 and adults who are abuse survivors.

21 **MR. ENGELMANN:** Now, your next section is
22 "Professional Duty to Report Training and Specialized
23 Sexual Abuse Training".

24 We have had some discussions with previous
25 witnesses about this duty to report. So I just want to

1 focus on the training about the duty to report. Who is
2 doing that training, which organizations?

3 **DR. JAFFE:** It's usually in the hands of the
4 Children's Aid and, obviously, Children's Aid have a
5 leadership role but many of the trainings are in
6 partnership potentially with police or they're in
7 partnership with other organizations, children's mental
8 health centres. I'm involved -- for example, there's
9 examples that concern Ontario about how do we deal with
10 children who are exposed to domestic violence. We now know
11 children can be hurt through physical abuse or sexual
12 abuse, but we also know children may be at risk when
13 they're exposed to violence and their own harm in terms of
14 the emotional harm that may ensue.

15 So there's ongoing training around those
16 issues; how do the police and other organizations disclose
17 children exposed to violence in their family and doing it
18 in a way that is supportive and helpful rather than re-
19 victimizing them and their parent that may be a victim of
20 abuse.

21 **MR. ENGELMANN:** When you've done this
22 training who were you training?

23 **DR. JAFFE:** Various clients. I go wherever
24 I'm asked. I talk to community groups, community
25 organizations, service clubs who are interested as good

1 citizens. I talk to groups of educators. I talk to
2 lawyers and judges about the nature of this issue and what
3 happens in the front lines or what should happen.

4 Perhaps one of the -- taking you to the
5 third point in that heading on reporting, one of the
6 challenges in reporting is the problem with dealing with
7 your own system, because the minute you raise awareness
8 around bullying, violence, sexual abuse, the reality is you
9 have perpetrators within systems. So one of the appendices
10 ---

11 **MR. ENGELMANN:** Are you going to go to Tab
12 11, the Thames Valley ---

13 **DR. JAFFE:** That's correct.

14 **MR. ENGELMANN:** --- Catholic School Board?
15 Okay. Let's go there.

16 **DR. JAFFE:** One of the examples, if you look
17 at Tab 11 -- maybe just come back for a moment and put
18 things into the context -- I deal with abuse wearing many
19 different hats. I'm involved actively with the court
20 system, looking at the impact of abuse, providing
21 assessment services, referrals for victims and survivors
22 and perpetrators. I also wear the hat of an institution.
23 I have to practice what I preach.

24 **MR. ENGELMANN:** And that's because you're a
25 school board trustee?

1 **DR. JAFFE:** Yes, I'm a trustee with the
2 Thames Valley District School Board which is in south-
3 western Ontario. It takes in London, Middlesex County,
4 Elgin County and Oxford County. So as a long-serving
5 trustee on the Board, I also have to deal with this, you
6 know, from the view of being an employer and recognizing
7 incidents happen within our own schools and often with our
8 own employees.

9 In the acknowledgement of that, we have a
10 policy that talks about child abuse and protection and it
11 doesn't just talk about children being abused by parents
12 but also recognizes the reality that there may be an
13 occasion when the adult we're concerned about is one of our
14 own employees. So the policy clearly doesn't just talk
15 about other people. It also talks about abuse, harassment
16 and employee misconduct.

17 **MR. ENGELMANN:** So you not only -- yes, you
18 deal with your own employees and/or officials?

19 **DR. JAFFE:** Yes.

20 **MR. ENGELMANN:** And is this something that's
21 been in place for some time? I note that this particular
22 policy is effective in June of 2000. Were there policies
23 and/or practices in place or procedures in place for
24 dealing with problems, allegations against teachers or
25 other employees before then?

1 DR. JAFFE: There were practices in effect
2 for some time but this is a more formal, updated version of
3 what the policy is. So it's trying to ensure consistent
4 practice.

5 And again, if I -- perhaps an important
6 point on this is if you look at the policy, and again I
7 won't take you through the whole policy, but I think one of
8 the unique responsibilities you have as a school board is
9 that you have to ensure the safety of your students; that's
10 first, but you also have another relationship and that's
11 with your employees. You have to be a fair employer. You
12 have to make sure that their rights are respected and
13 protected.

14 So there's acknowledgment within this policy
15 that it's a vital role and we are often walking and trying
16 to find a very delicate balance in terms of how information
17 gets handled, how it gets reviewed, at what point you're
18 worried about a student's safety and security being
19 compromised, at what point an employee is removed, for
20 example, from a classroom, at what point they're suspended
21 with pay or terminated.

22 So there is a number of steps. So these
23 have to be -- it's a very delicate balancing act and,
24 obviously, as an employer I'm conscious about safety of
25 children being a priority but I'm also conscious about the

1 possibility of false allegations or allegations that may
2 not meet even a civil standard but have serious
3 consequences if they're not handled properly for both the
4 student and also the employee.

5 **MR. ENGELMANN:** I note this policy actually
6 restates the duty to report ---

7 **DR. JAFFE:** Yes.

8 **MR. ENGELMANN:** --- from the *Child and*
9 *Family Services Act* and it deals with how and when
10 investigations have to take place; things of that nature.

11 **DR. JAFFE:** Yes.

12 **MR. ENGELMANN:** I think we'll come to this
13 later, but we've heard some evidence about such policies
14 that employers had in place already in the '80s, late '80s,
15 at least with youth-serving organizations, with respect to
16 reporting how things were to be investigated and just
17 having a protocol for investigating allegations against
18 staff. I don't know if you're familiar with a pamphlet
19 called "Put the Child First" and some of that work with
20 youth-serving agencies.

21 **DR. JAFFE:** Yes. And again, it's the kind
22 of work that has to be done on a regular basis. It's got
23 to be built into a system so it's not something that
24 disappears. It's interesting. I've actually -- I'm always
25 curious as to what things are written and how they actually

1 get acted on, and we had a situation where there were some
2 warning signs prior to the alleged abuse and one of the
3 principals or vice-principals in our system was asked about
4 whether they heard about the Robins Report and all of the
5 recommendations, and they didn't know who Justice Robins
6 was, which hurt me on his behalf, but it strikes me that
7 you have to have documents that are living and breathing.
8 You know, they can't be gathering dust somewhere. You have
9 to be talking about this on a regular basis and it's got to
10 be information that's readily accessible.

11 **MR. ENGELMANN:** I assume, since you say
12 you've worn all hats on this one, that even as your role as
13 the employer you've had allegations of child abuse, child
14 sexual abuse that you have had to deal with?

15 **DR. JAFFE:** Yes. And it's always -- if I
16 could, it's always a shock. Not a shock to me, I'm too old
17 to be shocked anymore and I've seen too much, but for the
18 average person who deals with this, the average teacher or
19 trustee, there is still a general belief that these are
20 historical; you know, that even as things come out, Mount
21 Cashel or other front page stories, these are -- it's old
22 news. You know, it's an old problem. "We didn't know but
23 we know now. Don't worry." It's simply not the case.
24 These things continue to happen and require ongoing
25 vigilance.

1 **MR. ENGELMANN:** Let's then turn to your
2 outline again at Tab 3. Under the caption "Tertiary
3 Prevention" you have community agency collaboration.

4 Now, you've told us earlier that tertiary
5 prevention, and you talked to us about the oxymoron there,
6 is directed towards preventing re-abuse or re-victimization
7 or re-traumatization once it has happened and has been
8 disclosed.

9 So in this aspect of the tertiary response
10 or tertiary prevention, are we looking at just current
11 cases of child victims or are we looking at child victims
12 and the term you've used earlier, adult survivors?

13 **DR. JAFFE:** Yes. We're looking at current
14 and historical cases. So there can be incidences of abuse
15 that come out where clearly an individual, a child or an
16 adult, is suffering related to the aftermath of the abuse,
17 the short term and long term impact, and our concern is
18 what can we do as a community not to allow them to be re-
19 victimized by the very process that they may now be
20 involved in.

21 **MR. ENGELMANN:** So in your own involvement
22 in this area of doing assessments, presumably you dealt
23 with everything from the child victim to the much older
24 male or female victim?

25 **DR. JAFFE:** Yes. So in the last year I have

1 seen, again, children as young as 10 who've been abused and
2 adults as old as 70 dealing with historical abuse.

3 **MR. ENGELMANN:** Now, under this section you
4 begin by saying that:

5 "Community collaboration is critical
6 for the investigation and prosecution
7 of child sexual abuse perpetrators and
8 for the treatment of victims of child
9 sexual abuse."

10 Why is this community collaboration so critical?

11 **DR. JAFFE:** I think it's important that
12 victims and perpetrators of abuse get a consistent message
13 about the nature of what's transpired, the harm that it's
14 created.

15 I think when different systems work in
16 their own silos, so to speak, and don't speak to each other
17 or don't collaborate, it's difficult for the healing to
18 properly take place. So I think, in short, when we talk
19 about collaboration, it's got to be genuine. There as to
20 be a partnership, social service and health and people
21 working in the justice system and the education system.
22 There has to be genuine collaboration. There can't be
23 mixed messages or confusion about, you know, "It didn't
24 happen" or "It wasn't that bad," or, you know, "You were
25 messed up anyway." We can't give those messages, which

1 sometimes we do.

2 **MR. ENGLEMANN:** How does that collaboration
3 help reduce some of the trauma that might be induced
4 through this process?

5 **DR. JAFFE:** I think individual institutions
6 represent families. The community represents a much larger
7 family. So if you're making a disclosure, whether it's
8 within a school system or a church system, and people are
9 mad at you, as the child or the adult survivor, for
10 breaking the silence on the issue, if you get shunned, you
11 know, if you get treated like the problem because you
12 disclosed it, there could be all kinds of repercussions.

13 So there are things that we can do that are
14 helpful and supportive. There are things that we can do
15 that re-victimize people and how they're treated.

16 **MR. ENGLEMANN:** We've heard, and I know
17 you've got a point here about ensuring that investigators
18 who are specifically trained in interviewing children,
19 conduct the forensic interview. You say in the case of
20 historical child sexual abuse, some similar training for
21 interviewing adults survivors -- it's just at the top of
22 page 7.

23 Just before getting into that, what about
24 the number of interviews that people are put through ---

25 **DR. JAFFE:** Yes.

1 **MR. ENGLEMANN:** --- what, if any, effect
2 does that have or can have?

3 **DR. JAFFE:** It's problematic. I mean,
4 clearly, we don't want to put children through repeated
5 interviews that are unnecessary and that's one example of
6 why you should have collaboration between the Children's
7 Aid and the police.

8 **MR. ENGLEMANN:** M'hm.

9 **DR. JAFFE:** So repeated interviews by
10 repeated professionals. And again, obviously once you
11 involve the justice system, then, you know, if you're a
12 child you could be interviewed by multiple people. If
13 you're in a civil suite, you know, you're involved --
14 interviewed by the defence expert and the plaintiff experts
15 and interviewed over and over again so that the process
16 itself obviously can be re-victimizing or re-traumatizing.

17 **MR. ENGLEMANN:** You've mentioned that
18 concern for a child victim. What about the adult talking
19 about historic child sexual abuse?

20 **DR. JAFFE:** Yes. With adult survivors I
21 think it's also critical to have all the partners at the
22 table. There may be adult mental health professionals who
23 are used to working with adult survivors, understand the
24 presentation of adult survivors. Survivors aren't always
25 friendly, cooperative people; survivors are angry,

1 distrustful, suspicious of any professional, even their own
2 lawyer. When you're talking about being violated in
3 childhood, you know, in a trust relationship, you remain
4 vigilant about every relationship, and many survivors are
5 angry, suspicious, distrustful. They use alcohol and drugs
6 to medicate themselves and deal with the pain.

7 So it's important that you have community
8 collaboration and you're involving only Children's Aid who
9 may understand what an adult survivor dealt with in
10 childhood, what some of the early passages may have been in
11 terms of grooming and involvement in the behaviour.

12 I think it's also important to involve
13 survivors. Many workshops that I do with lawyers and
14 judges, we ask a survivor to speak so survivors can inform
15 the process, to understand what an individual may go
16 through. So again, I'm talking about collaboration in its
17 broader sense.

18 **MR. ENGLEMAN:** I note under the section you
19 talk about a multidisciplinary team approach that's been
20 adapted in many of the States in the U.S.

21 What about in Canada?

22 **DR. JAFFE:** Yes, and again, unfortunately,
23 many of our teams have developed out of tragedies. Many of
24 the teams, once there's been a major case in terms of --
25 although I think in London we had good collaboration, but

1 certainly Project Guardian that's been referred to earlier
2 brings together many professionals and survivors, and
3 Project Jericho in a neighbouring jurisdiction brought
4 together many different professionals. So I think --
5 unfortunately, it's tragedies that bring us together. It's
6 important to maintain the work that those tragedies often
7 stimulate.

8 **MR. ENGLEMANN:** So not just the protocols,
9 but also those relationships?

10 **DR. JAFFE:** Yes, and the ongoing -- because
11 certainly when you're talking about long-term -- talking
12 about historical abuse and, again, I guess one of the best
13 known examples in Canada is the abuse of aboriginal
14 children in residential schools, you're talking about
15 profound impact over many generations, so there needs to be
16 ongoing support for those individuals.

17 But let me just give you one example,
18 perhaps, just to -- many -- the average adult professional
19 or adult in a community is often surprised to hear that
20 somebody was abused by a priest in childhood, but they
21 still want that priest to perform their wedding ceremony
22 years later. They still have an ongoing relationship.

23 I have -- I was involved in one case in the
24 Sarnia area where the abuser was a community volunteer
25 involved in recreational groups. Actually, they were -- an

1 outstanding citizen in that community -- they're actually -
2 - they were in Canada's Who's Who in Canada and the
3 perpetrator used to show the victims where the name was in
4 Who's Who and it was right -- close to Jean Chrétien's name
5 in the Canadian version of Who's Who. That's how important
6 they were in that community.

7 So in spite of being violated sexually for a
8 number of years, when they got married they invited the
9 perpetrator to their wedding. They had an ongoing
10 relationship.

11 When the disclosure finally happened and a
12 group of men came forward -- in this case there was
13 criminal conviction as well as subsequent civil litigation
14 -- there was a sense of disbelief about how could you be
15 abused in childhood by this trusted individual, but still
16 maintained the relationship.

17 So the average adult doesn't get it, but
18 what's more difficult is professionals don't get it. Often
19 -- and again, I say this with respect, Your Honour -- often
20 judges and lawyers, in fact, use the fact that there's an
21 ongoing relationship to say "Well, it couldn't have been
22 that bad because you continue to see Doctor so and so or
23 Father so and so or Mister so and so."

24 So that's part, in my view, of understanding
25 the unique nature of historical abuse and that not all

1 victims and survivors choose the same path.

2 **MR. ENGLEMANN:** Now, you've talked about
3 these teams and who they include, the multidisciplinary
4 teams. Child protection, police, prosecution, child
5 interview specialists, child witness advocates, those are
6 all examples of some people who would be working on these
7 multidisciplinary teams?

8 **DR. JAFFE:** Yes, and I think a point that --
9 although it's not written there, I assume that they were
10 informed by survivors and I don't know if this point has
11 been made earlier and I apologize if I repeat it. You
12 know, the first rape crisis centres in Canada or the first
13 shelters for abused women, they weren't founded by
14 psychologists or lawyers or doctors of any kind. They were
15 founded by survivors of abuse. People came forward and
16 said "This is what's happened to me. This is how I'm being
17 treated. I don't have a safe place to go."

18 So the reality, although professionals are
19 now certainly aware and awake to the reality, I think part
20 of disciplinary work is including survivors. Again, not to
21 say that there are some professionals who do the work who
22 themselves are survivors, but it may not have been
23 identified. You know, if you're working with a large group
24 of people, just by statistical odds you're going to have
25 people in that group who may be survivors understand at a

1 very personal level what it means even though they're
2 wearing a hat as a police officer.

3 **MR. ENGLEMANN:** Okay.

4 You talked to us about protocols. I note in
5 the second bullet you make the point that any organizations
6 that act in a parental capacity, and you give some
7 examples, should have protocols.

8 **DR. JAFFE:** Yes.

9 **MR. ENGLEMANN:** And presumably, you're
10 saying comments about those protocols and the -- like, with
11 the police and the Children's Aid, it's more than just
12 having something on paper. You need a commitment to
13 implement and actually implement and keep informed?

14 **DR. JAFFE:** Yes.

15 **MR. ENGLEMANN:** And do organizations such as
16 these often have interagency protocols with either the
17 local CAS and/or the local police knowledge?

18 **DR. JAFFE:** Yes.

19 **MR. ENGLEMANN:** That wouldn't be -- was that
20 just in London, Ontario, or is that your experience
21 throughout this province?

22 **DR. JAFFE:** It's throughout, but there's --
23 again, when we use the word "collaboration". There is
24 meaningful collaboration and there is superficial
25 collaboration. You know, collaboration, you can have a

1 group concerned about child abuse and they can meet about
2 once a month and have lunch and have coffee together but
3 nothing is really happening. So it's superficial. It's
4 the appearance of collaboration but it's really
5 socializing.

6 And then there is collaboration where it
7 actually evolves into actual practice in terms of how
8 people actually relate to each other and involved in these
9 investigations and the aftermath of the investigations.

10 One of the -- I'm not sure if this is the
11 right place and stop me if it's not. I think one of the
12 issues as well is, I think, talking about how this work
13 affects people.

14 **MR. ENGELMANN:** Sure.

15 **DR. JAFFE:** And I think one of the realities
16 that we often don't talk about is when police officers or
17 Children's Aid workers, Crown attorneys and judges get
18 exposed to this work there is often a sense of vicarious
19 trauma.

20 Often when I talk about "vicarious trauma"
21 what we know from research is whether you're a therapist or
22 whether you're a judge, whether you're a police officer
23 looking at videotapes of abuse and categorizing who the
24 offenders and the victims were, this work can traumatize.
25 So the same sense of depression, hopelessness, helplessness

1 that victims feel, professionals who intervene feel
2 overwhelmed. Being overwhelmed can mean different things
3 to different people. There is often gender differences
4 about how professionals cope with it.

5 **MR. ENGELMANN:** We were going to come to
6 this a bit later, but my understanding is that this is even
7 more so the case when we are dealing with multi-victim or
8 multi-offender investigations?

9 **DR. JAFFE:** Yes.

10 **MR. ENGELMANN:** Is that a fair comment?

11 **DR. JAFFE:** Yes. I think it's easier to
12 think there is one bad guy out there and I think we can all
13 cope by thinking there is one bad guy out there, but when
14 there is many people involved in the abuse of children,
15 when they are organized in that abuse, when there's people
16 in positions of power in institutions that we look up to,
17 then it's -- the impact is much more profound.

18 So there is -- it shakes people to their
19 very roots. When you are an individual Children's Aid
20 worker, a psychologist, a police officer investigating
21 this; especially when they are institutions that you belong
22 to yourself when you -- you know, it's a coach and you
23 coach hockey yourself. You are a psychologist and this is
24 a psychologist abusing children. It affects you in a
25 profound way -- or if you have children.

1 One of the things, for example -- one of the
2 things we found when we talked to the survivors of abuse
3 from Mr. Robins', Justice Robins' review in the schools,
4 that many of the women in that case who were abused, they
5 had trouble letting their own children go to school even
6 though their children were going to good schools with good
7 protocols in place and policies and a new generation of
8 teachers. They had trouble letting their own kids go to
9 school because they felt that it was a dangerous place and
10 the level of vigilance was immobilizing. That same thing
11 happens to professionals who are exposed to this.

12 The only reason I wanted to mention this, I
13 think it's one of the things that shuts down
14 investigations. People don't want to talk about it.
15 People don't want to deal with it. It's very painful and
16 I've been involved with many police officers and Crown
17 attorneys who were impacted in a very profound way and
18 can't carry on investigations or prosecutions because the
19 level at which this touches them in their own life, their
20 own connection to the community and also their own children
21 who they now see as vulnerable in a different way.

22 So it's a very painful issue. I mention
23 this because when something happens in a community,
24 everyone is affected in a variety of ways who are connected
25 to this.

1 **MR. ENGELMANN:** Well, just from that and the
2 broader impact on the community you talk at your next point
3 in this section about the need for investigation and
4 treatment, the training -- the investigation and treatment
5 needs to be interdisciplinary?

6 **DR. JAFFE:** Yes.

7 **MR. ENGELMANN:** So what you're talking about
8 there is you shouldn't just have training for one frontline
9 profession; it should be done together?

10 **DR. JAFFE:** Yes.

11 **MR. ENGELMANN:** And how do you envision that
12 and does that happen and can that happen?

13 **DR. JAFFE:** It does happen but there has to
14 be a commitment. There has to be a commitment both in
15 terms of time and resources to make it happen. I mean,
16 there have to be interdisciplinary workshops to deal with
17 the issues. For example, in London we -- coming back to
18 the issue of vicarious trauma, when we talk about the
19 difficulty investigating these matters, we offered a
20 workshop for all frontline professionals involved in the
21 area of domestic violence, family violence, child abuse and
22 we had a panel of a Crown attorney, a police officer, a
23 Children's Aid worker to talk about the importance of this
24 work, about the impact the work has. We had 250 -- we had
25 booked a small room thinking that, you know, people weren't

1 ready to talk about this. We had 250 people. We had
2 standing room only, people wanting to talk about how
3 painful it is to be involved in this, to genuinely
4 collaborate and understand the meaning of this work is
5 extremely difficult.

6 But those kinds of interdisciplinary
7 workshops bring people together and you develop much more
8 trust and understanding about the nature of the work and
9 how important it is.

10 **MR. ENGELMANN:** We've heard from previous
11 experts about some of this interdisciplinary training that
12 was available in the Province of Ontario between 1985 and
13 1995 through an organization -- and I've forgotten the ---

14 **DR. JAFFE:** IPCA.

15 **MR. ENGELMANN:** IPCA institution.

16 **DR. JAFFE:** Prevention of Child Abuse.

17 **MR. ENGELMANN:** Thank you.

18 And that that training was in fact
19 interdisciplinary ---

20 **DR. JAFFE:** Yes.

21 **MR. ENGELMANN:** --- for police officers,
22 child protection workers, prosecutors, others involved in
23 the front line.

24 Are you aware of other interdisciplinary
25 training that's been offered since then?

1 **DR. JAFFE:** In bits and pieces. I mean,
2 there are workshops. In fairness, there are workshops
3 available that bring together -- I mean, when I do training
4 on child abuse or domestic violence it's -- I've done a
5 number of trainings now for public health units and they
6 advertise and you tend to get cross-disciplinary.

7 So there are workshops. It probably doesn't
8 happen in an organized, systematic, comprehensive way. So
9 there is counties where it's never happened and there is
10 other counties where they are not only doing it but there's
11 lots of follow up. So it's an uneven approach to the
12 issues.

13 **MR. ENGELMANN:** Okay. And then lastly in
14 this section, you talk about ensuring that treatment
15 services for both child and adult victims are available,
16 but you also say that it's important to have services
17 available for non-offending parents, non-abused siblings
18 and adult and adolescent offenders in order to prevent
19 further victimization.

20 Is that an important point from your
21 perspective, availability?

22 **DR. JAFFE:** Yes. Again, when we talk about
23 -- you know, we think about the word "victim" or
24 "survivor", we see one person. The reality is you have to
25 see a whole family system, that people are affected,

1 adults.

2 I talked to a father whose son was abused in
3 their faith community and the impact on him in a profound
4 way, his faith, feeling guilty about all the time he
5 thought his son was having a good time with sort of a
6 fatherly and other male mentor in the community; now
7 realizing that his son was being violated. So there's
8 guilt. There's impact on sibling relationships.

9 So when you think about a survivor you have
10 to think about the ripples throughout.

11 **MR. ENGELMANN:** So it can go much further
12 than the immediate family. It can go to families within a
13 faith community or perhaps within the hockey community or
14 within a school community.

15 What about the community as a whole?

16 **DR. JAFFE:** Very profound and, again, if you
17 say with many communities, and this happens repeatedly and
18 we all have examples that shake us to our core.

19 I mean, take -- I'm not sure if this is a
20 place to use the example of Maple Leaf Gardens? If it is
21 or isn't?

22 **MR. ENGELMANN:** That would be fine.

23 Well, you know what, I'm just going to go to
24 multi-victim, multi-offenders. So maybe we could save that
25 example for right after lunch, if that would be okay?

1 **THE COMMISSIONER:** Right after lunch, you
2 say?

3 **MR. ENGELMANN:** Yes, or do you want to carry
4 on?

5 **THE COMMISSIONER:** No, I think 12:30 we
6 should break for lunch and we'll see you back at two
7 o'clock.

8 **THE REGISTRAR:** Order; all rise. À l'ordre;
9 veuillez vous lever.

10 The hearing will reconvene at 2:00.

11 --- Upon recessing at 12:33 p.m.

12 L'audience est suspendue à 12h33

13 --- Upon resuming at 2:09 p.m./

14 L'audience est reprise à 14h09

15 **THE REGISTRAR:** This hearing of the Cornwall
16 Public Inquiry is now in session. Please be seated.
17 Veuillez vous asseoir.

18 **THE COMMISSIONER:** Thank you.

19 Mr. Englemann.

20 **MR. ENGELMANN:** Thank you.

21 Mr. Commissioner, we were just turning to a
22 new area.

23 **THE COMMISSIONER:** Yes.

24 **MR. ENGELMANN:** Under the tertiary response
25 or tertiary prevention section dealing with the response to

1 multiple victim, multiple offender or multi-offender cases
2 of child sexual abuse, MVMO, if I can use the acronym for a
3 minute?

4 **PETER GEORGE JAFFE, Resumed/Sous le même serment:**

5 **--- EXAMINATION IN-CHIEF BY/INTERROGATOIRE EN-CHEF PAR MR.**
6 **ENGELMANN (cont'd/suite):**

7 **MR. ENGELMANN:** You in this section of your
8 outline, Dr. Jaffe, refer to these as cases that are
9 defined as involving more than one offender and more than
10 one victim within a certain identified community by members
11 of that community or within defined geographical areas
12 where there are connections between the victims and the
13 perpetrators?

14 **DR. JAFFE:** Yes.

15 **MR. ENGLEMANN:** And I just want to ask you,
16 you say in your outline that community agency collaboration
17 is important in all sexual abuse investigations, but you
18 view it as absolutely critical with respect to cases of
19 multiple victim, multiple offender. Why is that, sir?

20 **DR. JAFFE:** I think these matters are so
21 complex and they're so overwhelming to local resources,
22 they're, you know, beyond what any individual agency is
23 usually designed to deal with and we'll come to this
24 Project Guardian that's already been referred to. It's the
25 kind of situation -- or Project Jericho that will be

1 referred to. It's the kind of project where the Crown
2 Attorney's office needs extra resources, the police, the
3 Children's Aid. They're very complex and they strain
4 resources.

5 But my view, my experience around the
6 province and elsewhere in North America, when there's a
7 crisis in the community, generally the government will step
8 in to provide those resources to make the proper
9 investigation and treatment possible.

10 **MR. ENGLEMANN:** So is the need for
11 collaboration simply the need that it would overwhelm one
12 of the agency on their own or is there more to it?

13 **DR. JAFFE:** And you're also dealing with
14 complex issues if you're dealing, you know, if you think
15 about -- certainly, when you are talking about a historical
16 case with historical abuse, you're looking at multiple
17 agencies involved. You're looking at a very complex
18 investigation, complex proceedings through Court, complex
19 issues around providing treatment for individuals who may
20 be in crisis. And now the things that were private are
21 public. People are re-traumatized as everyone in the
22 community is talking about what transpired.

23 So you're often talking about a system under
24 stress, but a whole community under stress as well.

25 **MR. ENGLEMANN:** And you've talked to us

1 about some of the vicarious trauma that can result to some
2 of those frontline service providers?

3 **DR. JAFFE:** Yes. It's overwhelming. In
4 Project Guardian, we had police officers who had to spend
5 hours watching videotapes of adults perpetrate sexual abuse
6 on boys and some of them had been abused themselves in
7 childhood. I mean, we -- professionals also experienced
8 abuse in childhood. Some were re-traumatized by their own
9 child experiences by what they are now being exposed to.
10 Some had children the same age as the children who were
11 being perpetrated against. So it affects -- although we
12 use the word professional, we're also talking about people
13 who bring their own baggage to the investigation and to the
14 treatment of these complex cases.

15 **MR. ENGLEMAN:** All right.

16 So, I mean aside from getting together and
17 collaborating with other agencies in the community, what
18 else should local institutions do once they recognize that
19 they may be dealing with a multi-victim, multi-offender
20 case?

21 **DR. JAFFE:** Well, they should -- a starting
22 point would be some sort of advisory committee to get all
23 the partners, the institutions that are involved, the
24 investigation. You want to make sure that there's a
25 community approach to the issue and you have all -- you

1 have input from all the stakeholders, including survivors
2 who are particularly sensitive about how this affects not
3 only them but everyone else around them.

4 **MR. ENGLEMANN:** Okay.

5 I'm just going to ask you in a couple of
6 minutes about how two communities might have dealt with
7 this and their community approach and you've mentioned them
8 both. That would be London with Project Guardian and a
9 community just down the river, Prescott, with respect to
10 Project Jericho.

11 You say as well under this section, you use
12 the framework or the term "major case management
13 framework". What do you mean by that?

14 **DR. JAFFE:** Just what it says that this is -
15 - these are complex issues and it has to be looked as --
16 within a police service, a municipal police service or OPP,
17 you have to have dedicated people involved in doing the
18 investigation and the management of the case. We're
19 talking about very complex issues.

20 If I could just raise one issue with this.
21 As disclosures come forward, you have survivors of abuse
22 who are in crisis. What was once private is now public and
23 many survivors have been keeping the secret for a long time
24 and haven't told their friends or family, haven't told
25 their wives, their kids, and all of a sudden it's in the

1 front page of the paper.

2 People read the name of a certain teacher or
3 certain priest or certain coach and everyone says "Didn't
4 you have that coach when you -- you know, what happened to
5 you". People start asking questions and people who have
6 been sitting on a secret for a long time may keep it a
7 secret, may disclose, but you start to overwhelm every
8 resource, public health services, counselling services. So
9 it becomes overwhelming.

10 The other thing that happens, and I say this
11 with the greatest respect to my company, lawyers get
12 involved. Lawyers can do a lot of good, but they can also
13 do a lot of harm because the first lawyers say is "Don't
14 tell anybody anything; don't admit anything".

15 So the system is also frozen sometimes. To
16 give a concrete example from a lawyer -- I'm not a lawyer,
17 but I can give you an example of a lawyer. Ken Dryden was
18 training as a lawyer. He talked about his experience at
19 Maple Leaf Gardens and when all the information came out
20 about Maple Leaf Gardens and the abuse that allegedly had
21 taken place there ---

22 **MR. ENGLEMAN:** This is the multi-victim,
23 multi-offender abuse at the Gardens?

24 **DR. JAFFE:** Yes.

25 **MR. ENGLEMAN:** Yes.

1 **DR. JAFFE:** And every -- because hockey
2 being a national institution and everybody -- some people
3 are cheering for the Maple Leafs and the idea of Maple Leaf
4 Gardens being associated with something negative was too
5 much to bear, and all this came out. But Ken Dryden, at a
6 public forum -- this is, I'm not sure, a private
7 conversation -- at a public forum in London dealing with
8 this whole topic of historical abuse, he talked about the
9 first -- as a lawyer himself, as President of Maple Leaf
10 Gardens, the first piece of advice he got from lawyers is
11 to not do anything, not say anything. Like the first
12 response is a freezing response.

13 The next response he got -- he started to
14 get letters because many survivors just want someone to
15 acknowledge something bad happened. They don't understand
16 the complexity of a civil process or a criminal process
17 that might take two years, four years. I'm involved with
18 cases that have taken 10 years through civil litigation.
19 This could go on and on, as you know.

20 And he said that he got a letter from one
21 survivor who said, "This issue is very important to me.
22 Can I just get \$5,000 because I want to organize a
23 community forum on child sexual abuse." And as Mr. Dryden
24 told the story in this public forum, he said, "You know, I
25 had to use my head or my heart. I had to decide, you know,

1 do I acknowledge what happened because clearly it happened?
2 Do I give \$5,000? I sought legal advice. My legal advice
3 is 'Don't say anything, don't do anything, don't give the
4 money, don't write a letter, don't acknowledge."

5 So he rather than -- there was an
6 opportunity to actually engage with the survivor and admit
7 what had happened to some extent. He said he was frozen
8 between what his head was telling him and what his heart
9 was telling him.

10 And he said he took the letter he had and he
11 put it in a basket to hold for -- he wanted to think some
12 more about it and shortly thereafter, he got notice that
13 the person who had written him killed himself.

14 He told the story as part of his own
15 healing, talking about that often the things we get told to
16 do aren't necessarily the right thing. Not acknowledging
17 responsibility as an institution, not being in the public
18 face and saying "It happened. I'm sorry. It will never
19 happen again. This is what we are doing to remedy it." He
20 talked about that having a devastative impact on himself
21 and it's something he would never do again.

22 So I assure that is sort of one of the
23 dilemmas as we get in these issues. They're very
24 complicated and there's all kinds of legal ramifications,
25 which I don't want to minimize, but clearly, the law does

1 not always get us to do the right thing. We do the -- if
2 you know what I mean?

3 **MR. ENGLEMANN:** Right.

4 Now, you talk about -- I think you've
5 already talked to us about some on page 8. Is that a
6 community advisory group that you are referring to there,
7 the typo?

8 **DR. JAFFE:** Yes. In fact, I think both
9 Project Jericho and Project Guardian are examples of
10 tragedies related to historical abuse where ---

11 **MR. ENGLEMANN:** Just before we go there, you
12 make the point that a coordinated media strategy is
13 important and why in your view is that the case when you're
14 dealing with these multi-victim, multi-offender cases?

15 **DR. JAFFE:** I think it's important to have a
16 positive relationship with the media. I mean the media
17 can do an awful lot of good. The media can educate people
18 and can inform people about things that have transpired.
19 The media is hungry for a story. If the media is seeking a
20 story but there's no information available, if there's no
21 promise that there is a group, you know, that's going to
22 share information on a timely basis when it can be made
23 public, it creates all kinds of speculation, all kinds of
24 stories that have no basis in fact.

25 So it's important to think about how the

1 information is going to be shared with media
2 representatives because the media can twist and turn
3 things. For example, with Project Guardian that we're
4 going to get to, you're dealing with male pedophiles who
5 are abusing boys. So the media could run with the story
6 and create this image that, you know, if you're a male and
7 you're gay, then you're potentially an abuser. So it can
8 start to generalize great stereotypes of what pedophiles
9 look like and connect child abuse with sexual orientation,
10 which I'm sure in earlier testimony you heard are very
11 different issues.

12 So again, it's how to get the information
13 out, how to inform the media and my sense is the media
14 always want to work with a community group, especially if
15 the community group is sharing information as it can.

16 **MR. ENGELMANN:** So who is it that needs to
17 have the coordinated meeting strategy?

18 **DR. JAFFE:** The community advisory really --
19 the coordinated meeting strategy really refers to the
20 earlier point and, again, it's often -- it could be a
21 police spokesperson; it could be a Children's Aid
22 spokesperson.

23 **MR. ENGELMANN:** All right.

24 So you're talking about that community
25 advisory group that presumably has representatives from

1 either the Children's Aid, the police, the prosecution,
2 other agencies in the community.

3 **DR. JAFFE:** Yes.

4 **MR. ENGELMANN:** And that they should have a
5 coordinated response ---

6 **DR. JAFFE:** Yes.

7 **MR. ENGELMANN:** --- with the media. What
8 about the media itself, what about their responsibility,
9 any views on that?

10 **DR. JAFFE:** Clearly, the media have a
11 responsibility to inform and educate. Obviously, when some
12 disclosures come forward, they trigger other disclosures.
13 So obviously it's important to know that there's concerns.
14 I think there's -- the media also has to respect the fact
15 that things early in the investigative process don't
16 deserve a front page story. I think it's irresponsible in
17 my view just to try to put names on paper and damage
18 people's names and reputations when there is no basis in
19 fact that anything occurred. So I think there's a -- the
20 media has responsibility to report on stories
21 appropriately, to not sensationalize them but to talk about
22 the reality of what's transpiring and what's being
23 investigated.

24 **MR. ENGELMANN:** Okay. So let's then talk --
25 and I think you've told us this earlier about the

1 importance of the coordinated response and of course not
2 just the CAS and the police but all those other agencies as
3 well who may be involved.

4 **DR. JAFFE:** Yes.

5 **MR. ENGELMANN:** All right.

6 So let's go to Project Guardian and we'll do
7 it briefly. We've had some information on this already and
8 I understand that we have at Tab 10 the introduction of
9 Project Guardian and, as well, we have the summary of the
10 findings. By the way, this report, this was written by
11 whom?

12 **DR. JAFFE:** Two of the staff at the Centre
13 for Children and Families and the justice system. So the
14 principal investigators for this were Dr. Sas and Ms.
15 Hurlehy, who I referred to earlier, but they also had
16 contributors, different community partners. Obviously the
17 police and the Children's Aid were involved.

18 **MR. ENGELMANN:** So these were colleagues of
19 yours who did this work?

20 **DR. JAFFE:** Yes.

21 **MR. ENGELMANN:** And can you -- I mean we've
22 gone through this in some detail but if -- can you just
23 comment on how well, or perhaps not well, you had
24 interagency and collaborative community response, in your
25 own views from your own experience here?

1 **DR. JAFFE:** I think we have -- my sense of
2 London -- you know, that London is a community that's got
3 exceptional agencies who collaborate well. We have a Child
4 Abuse Council. We have a Coordinating Committee to End
5 Woman Abuse. Our police department was the first to
6 formally lay charges in cases of abuse within a family,
7 domestic violence, long before it was provincial policy.
8 So I think we've had a police department that have been
9 leaders in a number of different ways and there's excellent
10 collaboration.

11 I think Project Guardian when it happened,
12 it strained the system. So I think we all grew
13 collectively out of it. So I think although there was
14 collaboration before, it certainly got enhanced after when
15 we realized the complexity of multi-victim, multi-offender
16 cases.

17 **MR. ENGELMANN:** So we had the CAS. We had
18 the local police. We had your agency, the Family Court
19 Clinic. Were there other agencies as well involved in
20 this, sir?

21 **DR. JAFFE:** There were other survivors.
22 There were also treatment providers dealing with the
23 aftermath of abuse. So there was a core team but there was
24 also an extended group.

25 **MR. ENGELMANN:** All right. And did this

1 involve both children and adult survivors of child sexual
2 abuse?

3 **DR. JAFFE:** For the most part, this dealt
4 with boys who are now in adolescence with the perpetration
5 being by men. So victims were as young -- this is going
6 from memory -- which is as young as 10 and into their 20s.

7 **MR. ENGELMANN:** Okay. And you have told us
8 already about the issue of boys in this case and male
9 victims not wanting to disclose.

10 Anything else you'd like to leave us with in
11 particular about Project Guardian?

12 **DR. JAFFE:** I think we've covered most of
13 the points. I think it's both about the issue of boys
14 being able to disclose, and also I think the issue about
15 effectiveness of prevention programs, that prevention
16 programs can't work for children if they don't address the
17 reality of abuse and the context in which abuse occurs.
18 That's sort of the message we had from the survivors.

19 **MR. ENGELMANN:** All right. You've told us
20 that Project Guardian was in your view a good example of a
21 collaborative effort at community and institutional
22 response.

23 What about the case in Prescott? That's a
24 smaller community. Your agency was not directly involved
25 in that case.

1 DR. JAFFE: No.

2 MR. ENGELMANN: Nor were you?

3 DR. JAFFE: No.

4 MR. ENGELMANN: All right.

5 We have some material that is at Tab 13 but
6 as well would have passed out another section of this
7 report from the same website, and I believe everybody was
8 given a copy of this first thing this morning.

9 THE COMMISSIONER: That would be Exhibit
10 24P, I think.

11 --- EXHIBIT NO./PIÈCE No. 24P:

12 Part 3 - From Crisis to Coordination

13 MR. ENGELMANN: Thank you.

14 THE COMMISSIONER: All right.

15 MR. ENGELMANN: Just for the record, sir,
16 this material comes, as I said, from that same website
17 that's identified in the index and also at the bottom of
18 the page.

19 So Project Jericho, this is another multi-
20 victim, multi-offender case, is it not, Dr. Jaffe?

21 DR. JAFFE: Yes.

22 MR. ENGELMANN: And can we just -- can you
23 comment just briefly on the size and scope of this case?
24 And I believe there is a page that lists the statistical
25 profile; is that correct?

1 DR. JAFFE: Yes.

2 MR. ENGELMANN: That's page 7 of 12 of the
3 handout. Is there something significant about the
4 statistical profile from your point of view of Project
5 Jericho?

6 DR. JAFFE: The enormity of the case, number
7 of victims, in this -- and again, just reading from the
8 summary, there's 275 victims; 60 per cent were children but
9 40 per cent were adults who were abused as children. The
10 abuse spans different generations. Also, it's a sad
11 illustration the intergenerational cycle of violence passed
12 on from grandparents to parents to grandchildren.

13 Also, the other issue, coming back to my
14 earlier comments today, it also describes individuals who
15 are vulnerable. A number of victims were developmentally
16 delayed. A number of perpetrators were also
17 developmentally delayed.

18 MR. ENGELMANN: Okay. I note in the
19 Prescott case approximately two-thirds of the victims were
20 female?

21 DR. JAFFE: Yes.

22 MR. ENGELMANN: And approximately 90 per
23 cent of the perpetrators were male?

24 DR. JAFFE: Right, according with the ---

25 MR. ENGELMANN: Sorry?

1 DR. JAFFE: I think in the report, it was 82
2 per cent male.

3 MR. ENGELMANN: Oh, sorry, 82.

4 DR. JAFFE: And 18 per cent female and then
5 many of the female perpetrators were accomplices to the
6 males.

7 MR. ENGELMANN: Now, there are some key
8 dates and events that are listed and just from the overview
9 or point of a community or institutional response, are
10 there any things that you'd want to highlight from key
11 dates and events for us?

12 DR. JAFFE: If you look through the dates
13 and I won't ---

14 MR. ENGELMANN: And these are the dates we
15 find on the first two pages?

16 DR. JAFFE: Yes.

17 Between 1989, when the first disclosure came
18 through, through to 1993, the community pulled together in
19 a variety of ways. I think the key issues were that the
20 community developed an advisory committee. The community
21 applied for extra resources to help different aspects of
22 the investigation and the treatment that was required. The
23 community -- one of the things that's very impressive is
24 that the community kept the public informed. There were
25 community workshops. There was a priority on treatment for

1 the survivors.

2 MR. ENGELMANN: When you say the community
3 kept the public informed ---

4 DR. JAFFE: Sorry. I meant the community
5 advisory committee.

6 MR. ENGELMANN: Right; okay.

7 DR. JAFFE: And I think one of the things
8 that's key in the timeline is that this is a more
9 sustainable effort because it goes from crisis response to
10 providing counselling, to ensuring there is specialized
11 counselling, to integrate the counselling services into the
12 local community to make sure the therapist can pick up the
13 need for the ongoing counselling.

14 So there's a move to go from a crisis
15 response, community education, to sustainable change and,
16 in fact, the information we're looking at is off the
17 website of the Public Health Unit for the county. So
18 there's an ongoing impact of this; that there's -- in that
19 community, I think there's broad knowledge of this project
20 and there's easy access to the information about what
21 happened and how to get help in these circumstances.

22 MR. ENGELMANN: It says:

23 "In May of 1990, the victim/witness
24 assistance coordinator joins the
25 frontline team. First trial and

1 conviction."

2 Is that of any significance that a
3 victim/witness assistance coordinator would join that team
4 about 6 to 10 months after the first allegations?

5 **DR. JAFFE:** I think it's obviously important
6 to have a timely response. Obviously, going to -- in the
7 old days when there were cases involving sexual assault,
8 sometimes Crown Attorneys wouldn't meet victims until the
9 day of trial or shortly before trial. Now, we're looking,
10 you know, 1990, we're looking at the importance of having
11 people prepared for the ordeal that may follow and
12 providing that support early on. So it's also a good
13 example of how the justice system is seen as a partner in
14 providing assistance for individuals in these
15 circumstances.

16 **MR. ENGELMANN:** So in a nutshell, if we're
17 looking at Prescott and the approach that was used, the
18 interagency coordinating community response there, what can
19 you say about lessons learned?

20 **DR. JAFFE:** It's certainly an example of
21 going from a horrific tragedy to developing a sense of hope
22 and prevention. Years ago, if you heard, you know,
23 Prescott, if you heard the name Prescott in the media you'd
24 associate this case. Now when you hear about Prescott,
25 people in some of my circles would think about a community

1 that confronted the issues, provided resources and, in
2 fact, there's ongoing access to information. So it turned
3 a tragedy into something I think that is much more hopeful.

4 **MR. ENGELMANN:** And I note, sir, in that
5 case, approximately 40 per cent of the victims -- it says
6 "victims" and I don't know if they're all proven or not,
7 but that's the word that's used here -- where adult
8 survivors or adult victims of child sexual abuse.

9 Can we learn anything about historical
10 sexual abuse from this case and how to deal with it?

11 **DR. JAFFE:** I think they're the same issues
12 I referred to. I mean I think the challenges are the same
13 and I think with adult survivors you are also looking at
14 ripple effects in terms of impact on friends and family,
15 coworkers, the community.

16 **MR. ENGELMANN:** Thank you.

17 Now, just turning back to your outline for a
18 minute, you talk about, at the bottom of page 7:

19 "Ongoing communication, sharing of
20 information is essential between
21 investigative partners and community
22 service partners."

23 Why do you say that, Dr. Jaffe, in dealing
24 with multi-victim/multi-offender cases?

25 **DR. JAFFE:** It's important that people

1 understand what's happening in the community so things can
2 be coordinated. I'll give you an example. You may have a
3 survivor of historical abuse who is coping well, who is
4 functioning with a job, existing peacefully within their
5 family, and then there's about to be a preliminary hearing.
6 It's important for the therapist to know the timelines of
7 what's going to happen, because often survivors who are
8 coping and managing day-to-day, when there's going to be a
9 new hearing, when there's going to be a chance to tell
10 their story, to be cross-examined about how good their
11 memory was and whether all of this really happened, it's
12 going to trigger memories of the past and their mental
13 health may be jeopardized, trauma reactions, nightmares,
14 flashbacks. So it's important that as the community moves
15 forward, that the justice system and other parts of the
16 community, health care, social services are coordinated,
17 and they understand the aftermath of what's happening.

18 **MR. ENGELMANN:** All right.

19 Then on your outline you next go to
20 responding to child sexual abuse cases perpetrated within
21 an institution. You talk about training awareness,
22 screening and responding to allegations and you cite a good
23 example of the institutional abuse; your work on behalf of
24 Justice Robins in protecting our students. And we have an
25 executive summary of what I'll call the Robins Report at

1 Tab 14.

2 Is that correct?

3 **DR. JAFFE:** Yes.

4 **MR. ENGELMANN:** You assisted Justice Robins
5 with this work for some period of time, Dr. Jaffe?

6 **DR. JAFFE:** Yes. So I would've been
7 involved in helping Justice Robins with the literature
8 review on the whole issue of sexual abuse, looking at
9 sexual abuse within school districts. Also, I was involved
10 in interviewing a number of the survivors of the abuse; so
11 involved in different aspects of the report.

12 **MR. ENGELMANN:** If we could just turn
13 briefly to Tab 14, I note on the very first page after the
14 index, the bottom two paragraphs, you -- the authors talk
15 about the fact that:

16 "The vast majority of teachers are
17 unquestionably highly dedicated, caring
18 professionals who seek to ensure a safe
19 learning environment for students."

20 I think you've made that comment before.

21 **DR. JAFFE:** Yes.

22 **MR. ENGELMANN:** "They are no doubt appalled
23 by conduct such as DeLuca's."

24 And this is the teacher in Sault Saint-Marie

25 ---

1 DR. JAFFE: Yes.

2 MR. ENGELMANN: --- who abused many, many
3 children?

4 DR. JAFFE: Yes.

5 MR. ENGELMANN: You say, however, in the
6 last paragraph that the *DeLuca* case is not unique. Can you
7 just expand upon what you're talking about there?

8 DR. JAFFE: What I'm explaining in this is
9 the fact that although the vast majority of teachers are
10 dedicated, caring professionals, there's a small number
11 that don't recognize appropriate boundaries with students
12 in a variety of ways and unfortunately, there are a number
13 who abuse students.

14 So the *DeLuca* case certainly triggered the
15 review by Mr. Robins, but the review touches more broadly
16 on the whole issue of sexual misconduct within school
17 systems and part of the report reviews the literature on
18 this.

19 One other aspect -- there many aspects of
20 this case, but one also is having just finished having --
21 giving evidence about multi-victim/multi-offender, I think
22 the *DeLuca* case is also a reminder where one perpetrator
23 can do incredible damage to multiple victims. So in this
24 case we have one professional who is moved from school to
25 school where a number of colleagues see signs, symptoms,

1 warning signs, and there's a conspiracy of silence
2 throughout the system.

3 I think part of the report addresses the
4 fact that ultimately, the challenges for bystanders who
5 know something is going on and don't take action and many -
6 - in Mr. Robins' review, one of the things he discovered in
7 talking to different groups is that many teachers felt that
8 they couldn't even report abuse about a teacher unless they
9 talked to that teacher directly and, in fact, that's not
10 the case. So there's parts of the report to make that very
11 clear, that your primary responsibility is to the student
12 and student safety and that a report has to be made and the
13 person over whom the allegations is made may not be
14 informed right away out of concern of safety for the
15 student until there is a proper -- you know, an initial
16 review of the facts and circumstances.

17 **MR. ENGELMANN:** So this is a classic example
18 of what you talked to us earlier when a person gets passed
19 around, the passing the trash issue that you mentioned?

20 **DR. JAFFE:** And also in this situation, part
21 of the information that Mr. Robins gleaned from the
22 survivors is that some actually did tell. Some did come
23 forward. These were girls, often Grade 6, who told
24 somebody but they weren't believed. We're dealing with a
25 teacher who was popular, who had influence, and again, I

1 can't recall the exact facts, but certainly part of the
2 pattern was that the students and the parents saw this
3 teacher being connected, that had other friends and
4 relatives in positions of authority and responsibility in
5 the school district and they weren't going to be believed
6 or supported.

7 So even when students told they weren't
8 supported and it wasn't properly investigated.

9 **MR. ENGELMANN:** And we're not going to go
10 into this in any detail, sir. The captions are there in
11 the Index if people are interested, but the last chapter is
12 dedicated to policies and protocols that need to be in
13 place within schools and school boards; is that correct?

14 **DR. JAFFE:** Yes.

15 **MR. ENGELMANN:** And how to deal with
16 complaints and also the reporting obligation. You talk
17 about the reporting obligation to the CAS but also the
18 reporting obligation to the professional association
19 involving teachers?

20 **DR. JAFFE:** Yes, to the College. And
21 there's lots of school boards who, historically, have had -
22 - I don't know; this is a complicated legal issue to the
23 lay public, where there's cases where someone is found not
24 guilty within the criminal context, but there's
25 overwhelming evidence on -- it's the preponderance of the

1 evidence and the nature of the disclosure in the report
2 that the school board has to take action.

3 So Mr. Robins made that clear -- Justice
4 Robins made that clear in his review.

5 **MR. ENGELMANN:** All right.

6 Now, right after this in your outline, just
7 turning back to Tab 3, you make the point in your third
8 bullet under this point:

9 "Communities need to ensure an ongoing
10 commitment to training and awareness on
11 this topic rather than superficial or
12 isolated efforts."

13 And I think you may have touched upon this.

14 But you say:

15 "A starting point of education would be
16 to have institutional leaders clearly
17 name the problem within their settings
18 and verbalize a commitment to redress
19 past abuse."

20 So if we've got issues of abuse within an
21 institution, what are you saying that people have to do,
22 sir?

23 **DR. JAFFE:** Well, I think it's coming back
24 to my Ken Dryden example, you know, when the President of
25 the Maple Leaf Gardens can come forward and acknowledge

1 that things happened that shouldn't have happened, meet
2 directly with victims -- and again, I'm talking about cases
3 where there's reasonable basis in fact and there's proper
4 evidence, proper investigation. It's important to hear
5 directly from community leaders, whether it's the mayor,
6 whether it's the bishop, whether it's the principal. To
7 the extent to which people in authority and power, you
8 know, deny, cover up ---

9 **MR. ENGELMANN:** Is that important just for
10 the victims to hear?

11 **DR. JAFFE:** I think it's important for
12 everyone to hear. I think when something bad -- it doesn't
13 matter what an institution is. It can be a private school.
14 Take the Upper Canada College. When the Upper Canada
15 College is in the newspaper, parents of students who are
16 currently attending there want to be reassured that there's
17 some acknowledgement, that there's been a review of
18 policies and procedures, that staff are trained and
19 educated.

20 It's not something that's done this year.
21 As a PR exercise, it's something -- there's an ongoing
22 commitment to provide it.

23 What I find fascinating in my work, and
24 maybe it's just fascinating to me, but how different people
25 in the same institution handle things differently.

1 We've had community forums, for example, on
2 the issue of abuse in the Church and we've had survivors
3 come forward to talk about their experience. I know
4 priests at our neighbourhood church who, in a Sunday
5 homily, will address the issue of abuse, will say very
6 clearly -- give very clear messages about the fact that
7 that behaviour is not tolerated, not condoned. The silence
8 isn't condoned. This priest has actually come out to
9 community meetings to meet survivors, to apologize on
10 behalf of his church.

11 I go to a church a mile down the road, same
12 faith, same building, same cross, but silence. It's not
13 acknowledged. It's not integrated into the discussion, the
14 dialogue.

15 I use -- again, I don't want to pick on the
16 Church as one institution, but community leaders need to
17 give out the message consistently and they don't.

18 **MR. ENGELMANN:** That doesn't -- that's any
19 institution, in your view? You're not just picking on one?

20 **DR. JAFFE:** No. I mean, ones in the article
21 that we may come to later, Dave Wolfe and I wrote about
22 hockey as an institution. You know, if you're growing up
23 in Northern Ontario, if you're in rural Saskatchewan, you
24 know, hockey is an institution. Hockey may be your only
25 way to make it, you may see, as a way to make it to the NHL

1 one day. So we have young boys, young men, putting their
2 whole lives into one path, hoping to make it in hockey.
3 They get to junior hockey and they can't always talk about
4 what happens.

5 We have a famous example in Canada. Sheldon
6 Kennedy, a former NHL player of the Boston Bruins and, I
7 think, other teams, over a decade ago was very public about
8 being abused by his coach, and that gave licence to other
9 players to come forward.

10 Just as an example on that, many hockey
11 coaches looked at what they were doing. There was training
12 put in place. We may get to ---

13 **MR. ENGELMANN:** In fact, I was just going to
14 take you there, sir.

15 Did that lead to some change in minor hockey
16 in Canada?

17 **DR. JAFFE:** Yes.

18 **MR. ENGELMANN:** The Sheldon Kennedy affair
19 and the publicity?

20 **DR. JAFFE:** It became an issue. I mean,
21 before Sheldon Kennedy, it would be rare to find a hockey
22 coach talking about sexual abuse. Now part of the Ontario
23 Hockey Association -- it's now a topic. It's now a
24 proactive approach, not waiting for people to come forward.

25 I should just share just briefly; I was

1 retained by a junior hockey team that will go unnamed
2 because of the publicity around coaches' sexual abuse.
3 They wanted me to talk to all the players about the nature
4 of sexual abuse.

5 **MR. ENGELMANN:** M'hm.

6 **DR. JAFFE:** So I was given confidential
7 sessions with smaller groups of players together with a
8 colleague just to talk about the fact that they're
9 vulnerable.

10 Your Honour, when we talked about who's at
11 risk, if I would say a junior hockey player, it wouldn't be
12 our first view of a vulnerable boy. If you think about it,
13 a junior hockey player is an adolescent who is miles away
14 from home. His whole future is dependent on what the coach
15 and assistant coach and the scouts think about their
16 performance. So, in fact, junior hockey players are, in my
17 view, an at-risk group.

18 **MR. ENGELMANN:** Even though they're older
19 adolescents?

20 **DR. JAFFE:** Even though they're older
21 adolescents.

22 **THE COMMISSIONER:** And they're strong and
23 they're shown to stand up for and not back down?

24 **DR. JAFFE:** Yes. They're strong. They're
25 tough in a variety of ways on the outside, part of their

1 armour, literally and figuratively.

2 **THE COMMISSIONER:** M'hm.

3 **DR. JAFFE:** When I talked to the young men
4 and tried to create a safe environment that was
5 confidential, they talked about all kinds of abuse they
6 suffered at the hands of this coach or previous coaches,
7 and it wasn't sexual abuse. It was emotional. It was
8 emotional abuse and physical abuse. It was being put up
9 against a wall. It was being humiliated, demeaned. I
10 talked to them after they talked about different forms of
11 abuse that they had dealt with. I asked the question,
12 "Have you ever shared this with anyone?" And they're
13 afraid to because they're dependent. You know, they're
14 dependent on their coach and their coach's impression of
15 them. They're not going to blow the whistle. If they blow
16 the whistle on what's happened, they're going to be sent
17 back home. Their ticket to the NHL is gone. There's all
18 kinds of repercussions.

19 And I found that very fascinating in terms
20 of their discussion about why they couldn't even disclose.

21 One adolescent boy told me that at one point
22 he was thinking of quitting, and he called up his parents
23 who were a couple hundred miles away and said, "I'm not
24 sure I can take this." And the parents said, "You have to
25 take it. This is your future. This is what you've been

1 working for all your life."

2 So again, we have to have a broad concept of
3 who gets abused, how and why they don't tell.

4 **MR. ENGELMANN:** Hockey Canada and minor
5 hockey associations have put out material. You've given us
6 some of that, have you not, at Tab 15?

7 **DR. JAFFE:** Yes.

8 **MR. ENGELMANN:** And this can deal with
9 sexual abuse and other abuse of hockey players?

10 **DR. JAFFE:** Yes.

11 **MR. ENGELMANN:** And my understanding, sir,
12 is that any adult involved in any way with minor hockey has
13 to go through various screening, has to take speak out
14 courses as they are identified here and do other things to
15 be able to work with children?

16 **DR. JAFFE:** Yes.

17 **MR. ENGELMANN:** Sir, with respect to this
18 handout -- and maybe if you could just take us to -- it's
19 page 1.6. I just want to cover one issue here with you on
20 the hockey materials. Just I wonder if you would agree
21 with the caption "Why Sports Organizations are Vulnerable
22 to the Sex Offenders".

23 **DR. JAFFE:** I think if you look at that page
24 it really summarizes some of the risks within sports
25 organizations. I mean, first of all, most parents are

1 happy to have their children involved in organized sports.
2 Most organizations, across all sports, there is always a
3 shortage of coaches and volunteers. So people are so
4 grateful when somebody volunteers. You know, the last
5 thing you want to say to a volunteer is "I've got to screen
6 you out and you have to go to training around these
7 issues".

8 So what this page really outlines is how
9 vulnerable those organizations are to potentially have sex
10 offenders becoming part of the organization and developing
11 trust relationships and then potentially abusing children.

12 I also want to just make a quick comment. I
13 know the focus of the inquiry is on sexual abuse but the
14 reality, and I'm not sure whether Dr. Wolfe covered this
15 but we are talking about abuse. We are often talking about
16 overlapping forms of abuse.

17 **MR. ENGELMANN:** And by overlapping forms
18 what do you mean?

19 **DR. JAFFE:** Physical, emotional, financial
20 threats in terms of losing a job and not getting a letter
21 of reference. So there's all kinds of controls that
22 perpetrators hold on children and adolescents and
23 potentially on adults who have been abused. There is an
24 ongoing hold with an adult. If you have been abused by a
25 trusted adult who has also been invited to your wedding and

1 also been part of your life, how do you disclose that and
2 tell your spouse and tell the children about the reality of
3 that perpetrator's role in your life?

4 The point I want to make is that although we
5 focus on sexual abuse, it's important to remember that when
6 we are talking about children and adolescents there is
7 often multiple forms of abuse that control, intimidate and
8 disempower young people.

9 **MR. ENGELMANN:** Dr. Jaffe, I'd like to take
10 you then to the second point on page 9. Just under your
11 reference to a Law Commission of Canada report, and I know
12 you worked on that report -- and I'm going to take you to
13 Tabs 16 and 17 in just a minute -- and that is the Law
14 Commission Report, the Executive Summary and also the
15 article, one of the articles you've co-authored with David
16 Wolfe. But you say in that particular point:

17 "Efforts to develop safeguards
18 within community settings must
19 recognize the vulnerability and
20 power balance inherent in this
21 issue. Safeguards may include
22 better training in awareness
23 programs for adults as well as
24 youths."

25 So the power balance is an issue. Is that

1 irrespective of whether the alleged abusers are in
2 positions of trust or authority?

3 **DR. JAFFE:** Yes, but they are certainly more
4 pronounced to when the abuser is in a position of trust and
5 authority. So again, if you're talking about a hockey
6 coach, clearly, a significant position of trust and
7 authority. If you are talking about, again, to - if you
8 think of abuse within the school, if you're going, for
9 example -- I'm just taking an example -- if you are going
10 to a Catholic school, the church is next door; you are in
11 the school. You are being abused by somebody who is part
12 of the school system, part of your faith community, that is
13 somebody who is a very powerful figure and has control over
14 many aspects of your life. So, obviously, one of the
15 impacts of abuse is even more profound, the extent to which
16 that person has all kinds of power and control and,
17 clearly, the power balance is enormous in those
18 circumstances.

19 **MR. ENGELMANN:** Now, sir, you were part of
20 the -- you were one of the authors, I believe, of the Law
21 Commission report, "Restoring Dignity", is that correct?

22 **DR. JAFFE:** No.

23 **MR. ENGELMANN:** Were you involved in that?
24 I'm sorry.

25 **(LAUGHTER/RIRES)**

1 **MR. ENGELMANN:** I thought this was something
2 you'd in written or participated in.

3 **DR. JAFFE:** No, I was never aware of -- I
4 did the separate article that follows, the next tab, this
5 article.

6 **MR. ENGELMANN:** All right.
7 So the Law Commission report is just
8 something you were aware of?

9 **DR. JAFFE:** Yes.

10 **MR. ENGELMANN:** And you wanted to bring it
11 to our attention?

12 **DR. JAFFE:** Yes.

13 **MR. ENGELMANN:** All right. Fair enough.
14 Thought you were involved.

15 I just want to take you to page 9.

16 **THE COMMISSIONER:** I'm sorry, now we are at
17 "Restoring Dignity"?

18 **MR. ENGELMANN:** Yes, I'm sorry, at Tab 16.

19 **THE COMMISSIONER;** Tab 16, page 9.

20 All right.

21 **MR. ENGELMANN:** Just if you could take a
22 look at the points listed, the five principles? It says:

23 "The commission believes that five
24 principles must be respected in all
25 processes through which survivors of

1 institutional child abuse seek
2 redress."

3 Just wondering if you can comment very
4 briefly on those points and your views?

5 **DR. JAFFE:** Again, many of the points are
6 probably self-evident.

7 The importance that the survivors and
8 informed residents have informed choices about how to seek
9 redress because there is -- obviously, there is multiple
10 options. Not everybody wants to be involved in criminal or
11 civil proceedings.

12 The most important thing -- one important
13 thing is to have access to counselling, that there has to
14 be immediate, at the institutions where perpetrators have
15 worked; need to ensure there is availability for
16 counselling. Often, if you meet a counsellor right away
17 and in these circumstances, often public facilities are
18 overloaded and can't deal with the onslaught of new cases.
19 They may need to go to practitioners who are in private
20 practice. So you need special resources to access
21 specialized services.

22 I think it's important that judges and
23 lawyers and police officers have some awareness about the
24 aftermath of abuse, how to understand the circumstances.
25 The example that I see over and over again is in the Court

1 system everyone likes polite witnesses; friendly,
2 cooperative. Survivors are not polite; friendly,
3 cooperative sometimes. They are angry, they are
4 distrustful. They come to Court. They make it very
5 difficult. They distrust everybody and one has to accept
6 and acknowledge that and not expect them to be the same.
7 Again, I don't want to stereotype all survivors, but it's a
8 reality.

9 I think there's ways -- you know, I want to
10 be clear that I understand there are people who are falsely
11 accused of crimes they haven't committed. I understand
12 that while a thousand guilty men go free and one innocent
13 man convicted. SI understand the philosophy of the system.
14 I understand what reasonable doubt is, but there is still a
15 way to have hearings that are respectful for the accused.
16 I've talked to many respectful accused and the alleged
17 victim. I've talked to many survivors. You know, at the
18 end of the day it's not about guilt or innocence. It's
19 about whether they have been heard in Court.

20 Many judges that I have worked with do an
21 exceptional job even when they, you know, make a finding
22 that someone's not guilty. They are able to pay respect to
23 the alleged victim and try and explain how the Court system
24 works and there are other judges who make the survivors
25 feel like they just came to Court to waste the Court's

1 time. So again, this is an issue of compassion and
2 process. There are excellent defence lawyers. Some of
3 them may be here today.

4 **THE COMMISSIONER:** And I'm sure -- and they
5 are all excellent lawyers.

6 **DR. JAFFE:** There is ways to cross-examine
7 that are respectful to someone who is making allegations of
8 abuse. There is ways to re-victimize both children and
9 adults. So I think that's part of that point.

10 **MR. ENGELMANN:** All right.

11 Now, the next tab you will take some
12 responsibility for?

13 **DR. JAFFE:** Yes. Actually, although I am
14 the second author, most of the ideas are really mine.

15 **(LAUGHTER/RIRES)**

16 **THE COMMISSIONER:** We'll pass that onto to
17 Dr. Wolfe.

18 **MR. ENGELMANN:** Dr. Wolfe did talk to this
19 at some length, Dr. Jaffe, in particular when he was
20 dealing with the impact of child sexual abuse on the
21 victim. He talked to us about these factors contributing
22 to harm, starting on page 182 of that article. So he took
23 us through in some detail to those points with respect to
24 factors contributing to harm.

25 So perhaps - and I think you might have

1 touched on a few as well. Perhaps we could go to page 187,
2 and I am particularly interested in your thoughts if any on
3 - I just wanted -- wished you to expand on education and
4 practice guidelines or training methods and policy
5 prevention initiatives, if there is anything you would like
6 to share with us about those issues from this article?

7 **DR. JAFFE:** I think probably I've covered a
8 lot of this in earlier testimony. Probably the one area I
9 would just highlight is the unique aspect of institutional
10 abuse, that although there's a lot written on sexual abuse
11 and the impact of sexual abuse, I think what's often
12 overlooked is the unique symptoms left behind. You know,
13 when you're abused by a teacher and you drop out of school;
14 you're afraid when your own kids go to school.

15 There are unique symptoms. There's a unique
16 life experience from many survivors that we haven't fully
17 understood and appreciated.

18 When you're abused by somebody in the faith
19 community and you don't feel comfortable going to church
20 anymore, I think we have to look at what it means when you
21 lose faith, the profound impact that that has beyond the
22 issues many of us might identify as the aftermath of sexual
23 abuse.

24 So we have to do a lot, in my view, to
25 educate professionals and the community at large about the

1 unique impact of institutional abuse.

2 **MR. ENGELMANN:** You talk about that to some
3 extent in -- it's the fourth point down on page 9 of your
4 outline. In particular, you say:

5 "Survivors of abuse, whether adults or
6 children, often need more specific and
7 prolonged treatment than what is
8 typically available."

9 You also add:

10 "Some must first overcome their
11 distrust in professionals."

12 You say this in the context of some of the
13 challenges or implications for our mental health system.

14 Can you elaborate on that briefly?

15 **DR. JAFFE:** Yes. There's two points to
16 expand on that paragraph. One is that when you're abused
17 in childhood and then you're an adult, coming to terms with
18 it, one of the things that's been taken away from you is a
19 sense of trust, trust in relationships, trust in the world
20 around you, trust in authority figures. You're told you
21 need help and you should go see a counsellor. The very
22 impact of abuse undermines your possibility of your
23 healing. So you go see a therapist, but you don't really
24 trust the therapist because part of any therapy, part of
25 any counselling is having some trust and confidence in the

1 therapist. How can you have trust and confidence in
2 somebody who is supposed to be older and wiser, have
3 information that could be helpful when in fact people in
4 that position in the past have exploited you?

5 So one of the impacts is the very thing you
6 need in a counselling relationship, trust, you don't have
7 access to because of those childhood experiences. That's
8 one issue.

9 The other issue, because of that lack of
10 trust, it takes more time to often develop effective
11 therapeutic relationships and there's a lot of false
12 starts. Somebody seeks help and then they don't go back
13 for the second visit or third visit, or they start drinking
14 and they can't keep appointments anymore.

15 So in the old days, therapists said, "Well,
16 you know, if you can't come, then I have to see somebody
17 else" and you get dropped potentially as a client.

18 The reality is that abuse survivors need
19 long-term treatment quite often that often isn't publicly
20 available. So it puts a strain on resources.

21 The only -- you know, we have public-funded
22 services. You can go see a psychiatrist because of a
23 public-funded services, but psychiatrists often don't have
24 the time or the training to provide the counselling that's
25 required. So we end up with sort of quick fixes related to

1 medication or not real good coping strategies long term.

2 Actually, we've done some research in our
3 area that some publicly-funded services will allow you five
4 visits or 10 visits. We got special funding in our
5 jurisdiction for some abuse survivors to get 20 sessions to
6 see the difference it would make, and it was quite
7 dramatic. Even having additional sessions available made
8 a difference in terms of people making more progress and
9 being able to develop that trust and deal with the trauma.

10 So those are the two points from that
11 paragraph.

12 **MR. ENGELMANN:** Thank you.

13 Just very briefly then under the next
14 caption, "Police and Child Protection Protocols for
15 Coordination with Investigations, Safety Planning and
16 Healing". We've talked about this to some extent.

17 **DR. JAFFE:** Yes.

18 **MR. ENGELMANN:** We certainly have the
19 example of London and the CAS, and I understand that this
20 is something mandated throughout the province.

21 These often appear to be addressing current
22 child sexual abuse. Are they relevant; are they necessary
23 in dealing with historical child sexual abuse?

24 **DR. JAFFE:** Yes, in my view, similar
25 protocols have to be followed with historical sexual abuse.

1 When you have historical sexual abuse, you
2 still have adults who may be in a position of
3 responsibility in regards to children. You're talking
4 about somebody who's an abuser who may be a grandparent and
5 has ongoing contact with their grandchildren. They may be
6 a community volunteer. They may be a "good neighbour" and
7 their house is a drop-in centre for youth in the
8 neighbourhood.

9 So the reality, it's hard to find, in my
10 experience, adults who are involved in sexual abuse of
11 children. When abuse is discovered and investigated, I can
12 think of very few examples, if any, where that adult
13 alleged offender or offender doesn't have some sort of
14 ongoing contact with children.

15 Again, it's obvious when that person is
16 still a teacher or a coach or a community leader or a
17 grandparent, but often it doesn't have to be that obvious
18 to see the ongoing nature of the role.

19 **MR. ENGELMANN:** How important is it that
20 these protocols, whether they're protocols between the
21 police and the Children's Aid or interagency protocols with
22 other institutions, how important is it that they're
23 reviewed and revised on a regular basis?

24 **DR. JAFFE:** Essential. You can't -- you
25 have to keep up to date.

1 I'll use the example of the Internet and
2 pornography. Maybe a good example is every school in the
3 province has a Code of Conduct. Whether you're in
4 elementary school or secondary school, there's a Code of
5 Conduct for students. It's very clear and it's about
6 bullying and a number of things that -- you know, things
7 that are acceptable, things that aren't acceptable. That
8 has to be updated on a regular basis because now we have
9 the Internet. We have cyber bullying. We have students
10 creating websites. We have a variety of technology that
11 can be used as an extension of the bullying and harassment.
12 So you have to update your Code of Conduct.

13 In the same view, with child sexual abuse
14 you have to acknowledge pornography. The availability of
15 pornography in a way in itself is a form of child abuse.
16 So again, I think it has to be updated.

17 **MR. ENGELMANN:** If you're updating, does
18 that give some of these agencies an opportunity to develop
19 relationships or continue relationships with one another?

20 **DR. JAFFE:** Yes, definitely.

21 And again, the good news about this is out
22 of tragedies there are good lessons to be learned. Lots of
23 communities have protocols, but they really haven't had the
24 chance to use them, which obviously is a good thing, but
25 they get out of date in a hurry.

1 Other communities, because of Project
2 Jericho, they've had to -- you know, you'll end up with a
3 very highly trained Crown's office, police, victim
4 services, Children's Aid because of the tragedy and because
5 of the tragedy they are, in fact, further ahead.

6 So again, dealing with the aftermath of
7 abuse doesn't have to lead to a sense of hopelessness.
8 It's actually -- it should give people hope for the future
9 about dealing with future allegations and investigations.

10 **MR. ENGELMANN:** All right.

11 I'm going to skip down to the Child Witness
12 Project then in your outline. This is something that the
13 centre you were with for a long time has had something to
14 do with?

15 **DR. JAFFE:** Yes. One of the services at the
16 Centre for Children and Families of the Justice System is
17 the Child Witness Project that is actively involved in
18 research, education and programs for young people who have
19 to testify in court.

20 **MR. ENGELMANN:** And as I understand it, one
21 of the goals is to make the court system, whether it's the
22 criminal system, civil system or what have you, less
23 intimidating for child victims?

24 **DR. JAFFE:** Yes.

25 **MR. ENGELMANN:** Child witnesses?

1 **DR. JAFFE:** Yes, child witnesses.
2 Sometimes they're child witnesses who aren't
3 victims.

4 **MR. ENGELMANN:** Yes.

5 **DR. JAFFE:** There's children who witness a
6 domestic assault or children who witness another peer
7 assault, but sometimes children are witnesses and victims,
8 and the whole -- children who are witnesses and victims,
9 the goal is -- it's tertiary prevention. They have already
10 been harmed enough by what happened to them with the
11 initial nature of the abuse. You don't want them re-
12 traumatized by the system.

13 So we do a lot -- staff do a lot in regards
14 to preparation for -- they deal with understanding how the
15 court system works, dealing with relaxation, how to
16 basically understand everyone's role in court.

17 **MR. ENGELMANN:** And with respect to an adult
18 witness who alleges child sexual abuse, are programs like
19 this important for them?

20 **DR. JAFFE:** Yes. Someone has to -- when you
21 come into a courtroom, any adult, particularly someone who
22 has been victimized, needs to understand that they're going
23 to be facing the perpetrator, alleged perpetrator depending
24 on the circumstances. They have to understand and respect
25 what reasonable doubt means. They have to understand and

1 respect that a defence lawyer has a job to do. They have
2 to understand the process and how to survive. They have to
3 understand that the judge will be there to ensure that if
4 somebody is standing a foot away pointing at them or
5 yelling at them, that the judge will intervene in all
6 likelihood.

7 **MR. ENGELMANN:** And I understand that, and I
8 don't want to go there now, but that some of what you've
9 done in London with respect to child witness protection is
10 set out at Tab 18 in Tipping the Balance?

11 **DR. JAFFE:** Yes. So part of -- I think the
12 benefit we -- one of the real commitments we have had in
13 not only providing service but also doing research. So we
14 constantly talk to abuse victim survivors to find out what
15 their experience is, what worked, what didn't work, what
16 would have made it better for them.

17 **MR. ENGELMANN:** Lastly, Dr. Jaffe, the last
18 page of your outline, page 11, you have "Early Intervention
19 and Treatment for Victims and Perpetrators". You talk
20 about the crisis of disclosure as the opportune time. Why
21 is that? Why is it an opportune time to become involved in
22 treatment and is it something that is possible to do?

23 **DR. JAFFE:** Very briefly, the word "crisis"
24 comes from Chinese symbols that mean opportunity and
25 danger. In some ways a crisis can be a turning point. It

1 can make things better. Crisis of disclosure if someone is
2 supported; gets the right help, both potentially victims,
3 survivors and also offenders, that can make a big
4 difference in terms of future victims and future offenders
5 -- the future offending behaviour.

6 If the crisis -- if the disclosure isn't
7 taken seriously, if it's simply minimized, denied; if it's
8 not properly investigated or there isn't adequate
9 resources, it shuts the window on an important opportunity
10 for change. That's really the reference why -- often how
11 we deal with the first disclosure is the most important.

12 **MR. ENGELMANN:** You talk about timing,
13 accessibility of adaptive services. Are those points,
14 those principles, important for both alleged victims and
15 alleged offenders?

16 **DR. JAFFE:** Yes, and both for current cases,
17 children, and also adult survivors of historical abuse.

18 **MR. ENGELMANN:** And you also say at the end
19 of your outline that society is not sympathetic to those
20 who perpetrate sexual crimes against children and there is,
21 therefore, less concern about their treatment outside of
22 incarceration.

23 Why is sexual offending treatment, in your
24 view, an important component of prevention?

25 **DR. JAFFE:** If you look at the damage that

1 one perpetrator can do; take the DeLuca case, you know, if
2 someone that was able to help that one individual early on,
3 if there was -- if he was able to come forward or
4 discovered earlier and get appropriate treatment, you would
5 save the paining and suffering of dozens of subsequent
6 victims.

7 I think the reality is the only resources
8 often available to treat sex offending are in the prison
9 system in provincial and federal facilities, more so
10 actually in federal facilities. It makes it very
11 difficult. You would want to ultimately create a climate
12 where you would want offenders to get help, to volunteer
13 for help and you would want to have some of that treatment
14 certainly community-based treatment.

15 **MR. ENGELMANN:** I understand in some
16 jurisdictions, not in this country but in others, there
17 have actually been some radical initiatives on that point
18 with respect to offering immunity to people if they will
19 come forward.

20 **DR. JAFFE:** Yes, there's some -- again,
21 there are very controversial programs that probably should
22 be talked about and debated publicly. One U.S. state
23 actually gave perpetrators a chance to come forward and
24 fully acknowledge all their perpetration and get help
25 without facing the full wrath of the criminal justice

1 system just to ensure they would be off the streets and
2 they would get the help that they would require and they
3 would stop the offending behaviour. It's sort of like
4 people turning in their guns; people acknowledging crimes.
5 Obviously, it's a very radical idea and it's one that
6 clearly needs to be thought through very carefully.

7 So I am not -- I want to be clear; I'm not
8 here recommending that, but one thing I certainly would
9 recommend in other phases of this inquiry is we need to
10 think outside the box. We need to think about some fresh
11 ideas about how we can prevent child sexual abuse, and part
12 of it may be stopping ones that are happening now and
13 getting help immediately for victims and perpetrators.

14 **MR. ENGELMANN:** Thank you very much, Dr.
15 Jaffe. Those are my questions.

16 **THE COMMISSIONER:** All right.

17 So we'll have the afternoon break. You
18 might want to canvass counsel to determine how much time
19 we'll need with Dr. Jaffe. I understand he is not
20 available -- you are not available tomorrow?

21 **DR. JAFFE:** No, Your Honour.

22 **MR. COMMISSIONER:** That's fine. That's
23 fine.

24 So we'll have to see whether we can finish
25 today and if not, well, we will set it for another date.

1 We will talk about that when we come back at 3:30.

2 **DR. JAFFE:** Thank you.

3 **THE REGISTRAR:** Order; all rise. Veuillez
4 vous lever.

5 The hearing will reconvene at 3:30.

6 --- Upon recessing at 3:15 p.m./

7 L'audience est suspendue à 15h15

8 --- Upon resuming at 3:30 p.m./

9 L'audience est reprise à 15h30

10 **THE REGISTRAR:** Order; all rise. À l'ordre.
11 Veuillez vous lever.

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

15 **THE COMMISSIONER:** Thank you.

16 **PETER GEORGE JAFFE, Resumed/Sous affirmation solennelle:**

17 **MR. ENGELMANN:** Mr. Commissioner, I just
18 wanted to inform you that my efficient, learned friends
19 have indicated it will take approximately 90 minutes, give
20 or take 15. So we are going to try and sit late, if that's
21 all right and finish Dr. Jaffe.

22 **THE COMMISSIONER:** I think, given Dr.
23 Jaffe's schedule, as I understand it, and his popularity, I
24 suppose, with his students and with the other important
25 engagements that he has, that it would be beneficial that

1 we finish off this afternoon.

2 So let's give that a try and we'll see where
3 we go.

4 **MR. ENGELMANN:** Thank you, Your Honour.

5 **THE COMMISSIONER:** All right.

6 So we will hear first from Mr. Manson.

7 **MR. MANSON:** Thank you, Mr. Commissioner.

8 --- **CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.**
9 **MANSON:**

10 **MR. MANSON:** Dr. Jaffe, I represent the
11 Citizens for Community Renewal and I want to thank you.
12 Your evidence was very informative and very clear this
13 morning.

14 I'm just going to deal with four issues.

15 Firstly, I think this may come under the
16 topic of tertiary prevention. It's really an issue for the
17 Commission as they organize themselves, but I am concerned
18 that we have been talking about historical problems, but
19 there is clearly a current dimension to these problems. I
20 don't need to go back to the evidence that Dr. Wolfe gave,
21 but he talked about 42 per cent of survivors suffering PTSD
22 after 20 years, 65 per cent suffering alcohol disorder; 25
23 per cent suffering mood disorders like depression and
24 suicidal ideation.

25 And my question is should the Commission be

1 concerned about its impact on survivors in the community
2 of Cornwall? By that I mean the impact of the publicity
3 once again of these old stories on people who survive them?

4 **DR. JAFFE:** Yes.

5 **MR. MANSON:** It should be concerned?

6 Do you have any advice for the Commission in
7 terms of either a treatment or an educational response? I
8 say this with all due respect to Mr. Commissioner. This is
9 an issue that we're concerned about as well.

10 **DR. JAFFE:** I can't believe that there is a
11 school anywhere in the Cornwall area that's not talking
12 about child sexual abuse where the issue isn't on the
13 agenda where students of every age are talking about this
14 to deconstruct what's happening. The worst thing is
15 denial. The best thing is having open conversations in
16 classrooms, at the dinner table, community forums wherever
17 possible.

18 There are -- you talked about post-traumatic
19 stress disorder. Clearly, there are historical survivors,
20 some who haven't come forward; some who have where the
21 publicity is an ongoing trigger for their nightmares.

22 I think, in my view, it would be certainly
23 helpful to make sure there is appropriate counselling
24 services in place and groups. So I would certainly support
25 you on that.

1 **MR. MANSON:** And so the Commission has
2 already expressed its concern about providing help for
3 individuals who participate in the Commission, but it's not
4 only that group that we should be concerned about?

5 There are others who may -- we may not even
6 know about who may present new treatment needs and new
7 issues as a result of this Commission.

8 **DR. JAFFE:** Yes, and some of it is treatment
9 and some of it is support groups. I mean, I'm sure the
10 residents of Cornwall love their city, love their
11 community, want to talk about what happened, want to talk
12 about a future that's a positive one in terms of what can
13 come out of the tragedy. I think there's all kinds of
14 support that can be built it.

15 **MR. MANSON:** And of course, Cornwall is a
16 small community with limited resources.

17 **DR. JAFFE:** Yes. Again, I'm not an expert
18 on Cornwall, but I assume that.

19 **MR. MANSON:** I want to move on to another
20 area that I'll call public education/public awareness and I
21 want to refer both to Project Guardian and the Robins
22 Report. So Project Guardian is at Tab 10 and at page 181,
23 which is file page 17, the authors -- who I take it are Dr.
24 Sas and Ms. Hurley?

25 **DR. JAFFE:** Yes.

1 **MR. MANSON:** They say:

2 "There is an acute need to provide the
3 public with concrete accurate knowledge
4 regarding the sexual exploitation of
5 children."

6 I want to suggest to you that this goal is
7 substantially impeded when there are efforts by a major
8 institution in a community to maintain secrecy. I mean
9 secrecy about abuse, secrecy about complaints of abuse.

10 **DR. JAFFE:** In general, secrecy is the enemy
11 of child sexual abuse. You want open dialogue discussion.
12 You want people to be able to come forward and feel
13 support. So in general, secrecy is not helpful as a
14 concept in eradicating child sexual abuse.

15 **MR. MANSON:** But it's worse than being not
16 helpful; it, in fact, undermines these goals.

17 **DR. JAFFE:** Yes.

18 **MR. MANSON:** In the same document there is a
19 section called "A 'Best Practices' Model for MVMO's". It's
20 at page 185 of the document, file page 21.

21 Here, the authors say -- talk about the need
22 for an interagency investigative protocol, which you've
23 already talked about, and also the need for a comprehensive
24 -- that such a protocol would include a comprehensive
25 system of data collection which is shared when there are

1 suspicions of abuse of children.

2 I want to suggest to you again that these
3 goals are undermined when a major institution has a policy
4 of secrecy.

5 **DR. JAFFE:** Yes.

6 **MR. MANSON:** The document also talks about a
7 media strategy which delineates a protocol for police
8 officers, child protection and others. I want to suggest
9 to you that what the authors are saying is that in order to
10 best respond or effectively respond to child sexual abuse,
11 communities need to know information but the information
12 must be disseminated accurately.

13 **DR. JAFFE:** Yes.

14 **MR. MANSON:** And at appropriate times.

15 **DR. JAFFE:** Yes.

16 **MR. MANSON:** And that thought needs to go
17 into these issues beforehand rather than after the event.

18 **DR. JAFFE:** Yes.

19 **MR. MANSON:** And thirdly, that the goal of
20 disseminating information accurately and in a timely way is
21 again undermined when there is incongruence between the
22 information that is disseminated and practices and policies
23 of a major community institution which are all about
24 secrecy.

25 **DR. JAFFE:** Yes.

1 **MR. MANSON:** Thank you.

2 I want to move to the Robins Report which is
3 at Tab 15 I believe. Yes.

4 You mentioned the duty to report and
5 discussed that in detail with Mr. Engelmann. I want to
6 suggest to you that the current provision, which is section
7 72(5) of the *Child and Family Services Act*, includes a
8 group of professionals -- this isn't in any of the
9 materials. So if this is something that you're not
10 familiar with, please just tell me -- but that it includes
11 a group of professionals including teachers, school
12 principals, social workers, family counsellors, priests and
13 rabbis and others.

14 Is that consistent with your understanding,
15 that it's a large group that includes priests and rabbis?

16 **DR. JAFFE:** I'm not sure. Is this something
17 you're recommending or you're reading from the actual
18 legislation? I'm not sure.

19 **MR. MANSON:** This is in section 72(5) of the
20 Act, but I just want it in the record that the group has
21 been expanded over time.

22 **THE COMMISSIONER:** Are you aware of that at
23 all?

24 **DR. JAFFE:** I'm aware that the expectations
25 go beyond teachers and social workers. I know there's some

1 controversial issues around ---

2 **THE COMMISSIONER:** Who is a professional?

3 **DR. JAFFE:** Yes.

4 **MR. MANSON:** I apologize, Mr. Commissioner,
5 I would have put that to Professor Bala but I wasn't hooked
6 up to wireless on Monday and I couldn't get into the
7 statute and I wanted to make sure I had the section number
8 right. It's section 72(5) of the *Child and Family Services*
9 *Act*.

10 Let me go on to two other aspects of the
11 Robins Report that you should be familiar with, Dr. Jaffe.

12 At file page 28, there's a discussion of
13 communication subsequent to disclosure and some comments
14 made about speculation, gossip and innuendo.

15 I would suggest that, again, just like the
16 Sas and Hurley document, there is a concern about the
17 accuracy of information and rumours present their own
18 dangers.

19 Would you agree with that?

20 **DR. JAFFE:** Yes, definitely.

21 **MR. MANSON:** And the dangers of rumours are,
22 on the one hand, inaccurate information that undermines
23 this process of communication, as well as a concern about
24 false allegations.

25 **DR. JAFFE:** Yes.

1 **MR. MANSON:** And rumours ought to be avoided
2 at all cost.

3 **DR. JAFFE:** Well, there's no way to control
4 rumours but there is a way to control direct communication
5 from an official spokesperson that there is an allegation
6 floating around the school. I think a principal needs to
7 talk to the student body about what the issues are, what's
8 being investigated; needs to explain that there's a
9 presumption of innocence in Canadian society. I mean
10 there's lots of ways that good teachers, good principals
11 and various institutions can make that point very directly.

12 **MR. MANSON:** Thank you.

13 The Robins Report at file page 29 talks
14 about negotiated settlements and in this context they're
15 talking about teachers resigning, getting neutral letters
16 of reference and the parties agreeing not to disclose
17 allegations. Justice Robins recommends that no resignation
18 of an employee should be secured by agreement not to
19 disclose.

20 I want to suggest to you that similar
21 concerns would apply to agreements negotiated with victims
22 not to disclose.

23 **DR. JAFFE:** I agree that secrecy is not a
24 good thing. I agree that we shouldn't muzzle victims in
25 this regard.

1 **MR. MANSON:** In the Robins Report, the
2 specific concern that is mentioned is the fear about the
3 situation of new victims as people move on; in other words,
4 aside from the communication issue, there's a prevention
5 issue by keeping matters secret.

6 **DR. JAFFE:** The Robins' recommendation, Mr.
7 Justice Robins' recommendation is very clear and, in fact,
8 school boards now have to report misconduct to the College
9 of Teachers. So there's no longer any way to negotiate a
10 deal.

11 **MR. MANSON:** And you'd agree with me that
12 the same rationale and the same logic would apply to other
13 major institutions in the community.

14 **DR. JAFFE:** Yes. I think it's a model
15 protocol. There has to be a body to report and it has to
16 be public.

17 **MR. MANSON:** But by the same token, if this
18 is a negotiated settlement with an alleged abuser, a
19 negotiated settlement with a victim that is secured and
20 accompanied by a promise not to disclose is equally
21 negative.

22 **THE COMMISSIONER:** Not to disclose what?

23 **MR. MANSON:** Oh, not to disclose the abuse.
24 I'll be very specific. I'll put a hypothetical -- I'm
25 assuming a situation where a major institution makes a

1 financial settlement with a victim and part of the
2 financial settlement is a) you will not prosecute; b) you
3 will not disclose the nature of the abuse.

4 **THE COMMISSIONER:** Well, first of all, we
5 know that that agreement would be illegal.

6 **MR. MANSON:** That part of the agreement that
7 talks about "will not prosecute" would be illegal.

8 **MR. MANSON:** Absolutely.

9 **THE COMMISSIONER:** Okay.

10 **MR. MANSON:** So it would more likely -- I'm
11 only doing this hypothetically, but one would imagine it
12 would be worded in terms of "will not disclose to police or
13 prosecutorial authorities." I'm just doing this
14 hypothetically for the moment.

15 **THE COMMISSIONER:** It's illegal.

16 **MR. MANSON:** I appreciate that, Mr.
17 Commissioner.

18 **THE COMMISSIONER:** Okay. Well, go ahead.
19 Let's understand that, first of all, it would be illegal.

20 **DR. JAFFE:** Yes.

21 **THE COMMISSIONER:** All right.
22 So go ahead; answer.

23 **DR. JAFFE:** I wouldn't support -- I wouldn't
24 knowingly support an illegal act. I support His Honour.

25 **(LAUGHTER/RIRES)**

1 **MR. MANSON:** This isn't a dispute between
2 His Honour and ---

3 **THE COMMISSIONER:** It's not a dispute. It's
4 just I wanted -- normally, in settlements people say "You
5 will not disclose the terms of the settlement, but you can
6 disclose the fact that I sued you ---"

7 **MR. MANSON:** Yes.

8 **THE COMMISSIONER:** --- and we've come to a
9 resolution," and that we can do and that is, in the
10 ordinary course of business, something that is somewhat
11 accepted.?

12 **MR. MANSON:** And it's common.

13 **THE COMMISSIONER:** It's common.

14 **MR. MANSON:** I'm talking about an agreement
15 where one of the participants agrees once I sign my name
16 and take the money I will not disclose to anybody the
17 nature of the abuse.

18 Is this as damaging as the kind of non-
19 disclosure that Justice Robins was talking about?

20 **DR. JAFFE:** Can I separate the question into
21 a psychological part and legal part?

22 **MR. MANSON:** Yes. You can leave out the
23 legal part.

24 **THE COMMISSIONER:** Leave out the legal part.

25 **MR. MANSON:** That's right.

1 DR. JAFFE: Thanks.

2 Psychologically, I think it's important for
3 victims as a part of the healing process to tell their
4 stories and to tell their stories openly and frankly.
5 That's the bottom line.

6 MR. MANSON: And, secondly, I would suggest
7 to you it permits repetition.

8 DR. JAFFE: Prevents.

9 MR. MANSON: No, I mean an agreement not
10 to disclose permits repetition.

11 DR. JAFFE: Right.

12 MR. MANSON: Just like with the teacher
13 moving to another school.

14 DR. JAFFE: Right.

15 MR. MANSON: Is that not true?

16 DR. JAFFE: Yes. In terms of promoting
17 secrecy, yes. Yes.

18 MR. MANSON: I think I only have a few other
19 questions left.

20 I've been doing some reading and I've come
21 across the notion of fragmented memory and I've seen the
22 phrase "trauma fragments memory." Is this something that
23 you could help us with, this concept?

24 DR. JAFFE: Briefly, if you look at the
25 concept of post-traumatic stress disorder and how people

1 are affected by traumatic events in their life, it's
2 commonly understood that people's memory may come in bits
3 and pieces. You may remember part of the event but not the
4 whole event. So it may to you in bits and pieces over
5 time.

6 So the reality is that the concept, the
7 stereotype that memory is like a videotape or a DVD you
8 replay, that's not the way memory works. You reconstruct
9 events and you'll remember places, times, certain aspects,
10 but you may not have -- it may be fragmented in that it's
11 not a complete and pure moving picture, so to speak.

12 **MR. MANSON:** And we might have clear
13 memories of parts and very dull memories of another part?

14 **DR. JAFFE:** Yes.

15 **MR. MANSON:** And that doesn't in any way
16 mean that the memory is inherently unreliable?

17 **DR. JAFFE:** No. It may be harder to prove
18 within a criminal proceeding, but ---

19 **MR. MANSON:** That's exactly my point. This
20 is something that investigators and prosecutors ought to
21 know when they're dealing with historical sexual abuse
22 cases ---

23 **DR. JAFFE:** Yes.

24 **MR. MANSON:** --- that they should be
25 treating victims and potential witnesses differently than

1 they would treat someone else's memory?

2 DR. JAFFE: I think one has to be sensitive
3 to individuals who were traumatized and, actually, I've
4 testified in many Courts around delayed recall or
5 fragmented recall and sometimes people are so traumatized
6 they've forgotten for years and then there's a trigger for
7 the event and it comes back to them. So there is --
8 obviously it's an important part of evidence in civil and
9 criminal proceedings about the nature of memory, but it
10 should be commonplace for police officers, Crown attorneys
11 and Children's Aid workers to know about that.

12 MR. MANSON: This is another part of the
13 specialized nature of participating in historic child sex
14 abuse investigations and prosecutions?

15 DR. JAFFE: Yes, that's a good point.

16 MR. MANSON: And my last question, in this
17 area of work does one find offenders who abuse both girls
18 and boys?

19 DR. JAFFE: Yes.

20 MR. MANSON: And if I could just have a
21 quick look through my notes, Justice Glaude.

22 THE COMMISSIONER: M'hm.

23 (SHORT PAUSE/COURTE PAUSE)

24 MR. MANSON: Thank you very much, Dr. Jaffe.

25 THE COMMISSIONER: Thank you, Mr. Manson.

1 Mr. Lee from the Victims Group.

2 **MR. LEE:** Thank you, Mr. Commissioner.

3 **THE COMMISSIONER:** Thank you.

4 --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR

5 **MR. LEE:**

6 **MR. LEE:** Dr. Jaffe, my name Dallas Lee.
7 I'm counsel for the Victims Group.

8 **DR. JAFFE:** Yes.

9 **MR. LEE:** Now, in the preface to your
10 outline of evidence you specifically stated that your
11 evidence is to deal with the prevention of childhood sexual
12 abuse and proposing models for prevention; is that correct?

13 **DR. JAFFE:** Yes.

14 **MR. LEE:** And as part of the, and we've
15 heard about it today, you discussed tertiary prevention?

16 **DR. JAFFE:** Yes.

17 **MR. LEE:** Is the detection of childhood
18 sexual abuse a part of that?

19 **DR. JAFFE:** Yes. Again, primary, secondary
20 and tertiary is really how -- you know, primary, someone
21 hasn't been abuse yet.

22 Secondary, you're looking for the early
23 warning signs; and tertiary, they have been abused. So you
24 try to make sure you're reducing the possibility of re-
25 victimization.

1 **MR. LEE:** And is a part of tertiary the
2 removal of the perpetrator in order to prevent future
3 abuse?

4 **DR. JAFFE:** Removal as in out of the home,
5 out of the school you're talking about?

6 **MR. LEE:** Exactly. Whatever it might be;
7 whatever you have to do to make sure that the abuse of the
8 child in question and other children doesn't continue.

9 **DR. JAFFE:** Again, it depends if you --
10 obviously, have to have the evidence.

11 To take an example, you know, you have to
12 have a reasonable basis in fact that something is taking
13 place. There obviously has to be enough confidence because
14 if you remove somebody or just suspend somebody even with
15 pay or assignment or duties, you have to make sure you have
16 a basis to do that and there's an issue around child
17 safety.

18 So the short answer is yes. The long answer
19 is it depends.

20 **MR. LEE:** Now, assuming we get to the point
21 where we have that evidence and there's -- on whatever
22 standard you want to use there's a reasonable expectation
23 that that person is a perpetrator.

24 **DR. JAFFE:** The answer is yes.

25 **MR. LEE:** Doesn't punishment of that person

1 prevent abuse?

2 DR. JAFFE: Obviously, punishment sends a
3 message to the rest of the community. Obviously, if you're
4 talking about sentencing, you're talking about punishment
5 as in the criminal court context or -- I would say that in
6 terms of sentencing, there's people in this room who know
7 more than I do about the principles behind sentencing.
8 Obviously, you want to have a deterrent effect. You want
9 to communicate something that an act violates every
10 community standard.

11 So there's aspects of that that are
12 important but, obviously, you have to balance that with
13 also rehabilitation, the extent to which somebody is
14 remorseful, who wants to get help and they can be helped.

15 Obviously, treatment is an important
16 component.

17 MR. LEE: So at the very least there is some
18 kind of deterrent effect to punishing offenders; is that
19 correct?

20 DR. JAFFE: It's a complicated question. It
21 depends on who is punishing. I'm not sure in the sense of
22 what, you know ---

23 MR. LEE: Let me give you a situation.

24 DR. JAFFE: Okay.

25 MR. LEE: If there's somebody who has

1 actively perpetrated who hasn't been exposed yet or
2 somebody who is thinking of perpetrating childhood sexual
3 abuse and he sees someone punished, whether he's
4 imprisoned, whether he loses his job, whether he's out in
5 the community as a perpetrator, what would the effect be on
6 the person who is considering committing these crimes?

7 **DR. JAFFE:** I agree there's a general
8 deterrence effect in terms of what is being communicated.

9 **MR. LEE:** What about on a community level in
10 the sense of the attitude of the community and the level of
11 tolerance that the community is putting out in general? Is
12 there some deterrent effect there in the sense that if a
13 community makes it clear and makes it known and it's
14 apparent to everyone that this kind of behaviour is not
15 going to be tolerated in the community? Does that have an
16 effect as opposed to a community who doesn't put out that
17 kind of message?

18 **DR. JAFFE:** Yes.

19 **MR. LEE:** Earlier today you were discussing
20 briefly some of the warning signs and situations, for
21 example, I think you mentioned with the Ken DeLuca
22 situation in Sault Sainte-Marie, where clearly some of his
23 colleagues would have noticed things and there would have
24 been warning signs that were either not picked up on or
25 were picked up on and were not acted on.

1 Wouldn't a failure in that situation to ask
2 those questions and to look into the situation lead to more
3 abuse, firstly, in a situation like DeLuca with DeLuca
4 himself and then possible also with other perpetrators?

5 **DR. JAFFE:** Yes. I think if a victim and/or
6 perpetrator get the message that no one is watching and
7 people who are watching don't care, won't do anything, if
8 the child feels that, you know, there's no consequences for
9 this even when there's, in the child's mind, obvious signs,
10 warning signs, yes, messages that no one can really protect
11 them.

12 **MR. LEE:** And is a similar message being
13 sent when a child comes forward and it's chastised for it?

14 **DR. JAFFE:** Yes.

15 **MR. LEE:** So there's an effect on
16 perpetrators when that happens as well, when they recognize
17 that the child isn't being believed; is that correct?

18 **DR. JAFFE:** Yes. Perpetrators, some
19 perpetrators will feel they're beyond reproach because of
20 status within an institution or community that no one is
21 going to believe a child over them.

22 **MR. LEE:** And when that happens, would you
23 agree that it's more likely that the perpetrator is going
24 to continue the abuse?

25 **DR. JAFFE:** Yes.

1 **MR. LEE:** Possibly with that child and
2 possibly with other children?

3 **DR. JAFFE:** Yes.

4 **MR. LEE:** In these situations when we look
5 at these institutions, is it fair to say that there was a
6 culture of turning a blind eye to this kind of abuse
7 historically?

8 **DR. JAFFE:** Historically, yes.

9 **MR. LEE:** What about today?

10 **DR. JAFFE:** I used the analogy of 30
11 kilometres down a 100-kilometre road. I think people are
12 much more aware but people -- I think there is still some
13 resistance. I think there's a -- if you look at any group
14 of professionals, take 100 people at random, you still have
15 some percentage that are in denial. It can't happen
16 anymore. You have some that are open to the possibility
17 but not really sure what to look for and you have some who
18 realize it is a real possibility.

19 Just to give you an example, I run into the
20 grocery store and I run into people I haven't seen for
21 years and they say, "What do you do? What are you doing?"
22 I say, "Well, I'm still doing the same thing I was doing 30
23 years ago. I'm dealing with family violence, child abuse;
24 domestic violence." They say, "Well, haven't we dealt with
25 that? You know, like isn't that like past tense?" So

1 still I have friends, neighbours, professionals in the
2 community who think this is old news, you know. We have
3 help lines. We have shelters. We have Children's Aid.
4 It's not really happening anymore. So we still have a
5 number of people who operate through denial.

6 **MR. LEE:** In your experience, when you look
7 back on these historical situations and maybe possibly
8 today in some institutions, did it get to the point where
9 the behaviour was condoned?

10 **DR. JAFFE:** I think silence is condoning it.
11 If things are happening and they're -- you know, bystanders
12 -- there's different kind of bystanders when things happen.
13 There are bystanders who watch it happen and don't say
14 anything. There are bystanders who are actively part of a
15 cover-up. So bystanders play different roles, active and
16 passive. At the end of the day, the bystanders whether
17 they're active or passive have ultimately condoned the
18 behaviour; that it wasn't worth stopping, it wasn't worth
19 reporting, it wasn't worth taking action on.

20 **MR. LEE:** And what's the effect of condoning
21 that behaviour?

22 **DR. JAFFE:** Well, I think it re-victimizes
23 victims in terms of what they feel and it puts other --
24 puts future victims in danger of the same perpetrator.

25 **MR. LEE:** And would you agree that when that

1 happens that child sexual abuse is allowed to grow in a
2 community?

3 **DR. JAFFE:** Yes. Obviously, it's not an
4 appropriate response to child sexual abuse.

5 **MR. LEE:** And the very reason I take it the
6 community is seen as putting out the message that child
7 sexual abuse is going to be tolerated in the community?

8 **DR. JAFFE:** Yes. Silence is the enemy of
9 child sexual abuse. The extent to which people remain
10 silent as good citizens, as bystanders, as witnesses, I
11 think it's a harmful message.

12 **MR. LEE:** Now, speaking generally, and I
13 understand you're not here as an expert on Cornwall as you
14 said, but speaking generally, do you have views on how the
15 situation that is alleged to have occurred in this
16 community could have grown to such significant proportions?

17 **THE COMMISSIONER:** Well, first of all, I
18 don't know if there is a basis there. I mean how do we
19 know what the good doctor is going to use as a basis to
20 answer your question?

21 **DR. JAFFE:** I couldn't answer the question,
22 Your Honour. I don't have a full sense of what was
23 involved. I know bits and pieces. So it would be
24 inappropriate for me to even try to answer that question.

25 **MR. LEE:** I don't think I was clear because

1 I wasn't asking for a Cornwall-specific answer. Generally,
2 in your experience in cases you've dealt with, wherever it
3 happens, when you see a community that seems to have a real
4 problem with these issues and it seems to be throughout the
5 community and the community is enveloped in some way by it,
6 how do you explain that that it could get to that level?

7 **DR. JAFFE:** I think, in general, abuse can
8 happen anywhere and has happened anywhere. I mean Project
9 Guardian is an example of something that happened in
10 London, Ontario with many victims who didn't come forward
11 even though we think we have a very aware and welcoming
12 community. It was only discovered by accident by somebody
13 finding videotapes in the river. So child sexual abuse can
14 happen anywhere and, obviously, responding to it is the big
15 challenge for a community.

16 So are you asking me why in some communities
17 there's no response and in other communities there's an
18 outpouring of response?

19 **MR. LEE:** Commonsense would suggest to me
20 that at a certain point when child sex abuse starts
21 building in a community and it gets more prevalent and
22 there are more incidents, one would think naturally there
23 would be a threshold that's reached where finally the
24 community says, "That's enough. We can't take anymore.
25 Something needs to be done." There seemed to be

1 communities where that doesn't happen and I'm wondering if
2 you have an opinion on how it can be allowed to escalate to
3 the point that it gets that bad?

4 **DR. JAFFE:** I have a general answer, and I
5 hope it's helpful. I think it's hardest to deal with abuse
6 when it's in the highest places in institutions. It's
7 easier to find -- you know, it's easier to single out
8 somebody with no status in an organization as a problem
9 than somebody who has a lot of status. So with any issue
10 around family violence, the extent to which people
11 perpetrate violence, whether it's in a family situation,
12 whether it's in a trust relationship in institution; the
13 more power that person has, the more influence they have in
14 institutions that are supposed to investigate, the greater
15 the danger there will be a longer denial or potential
16 cover-up around the problem.

17 So I mean at the end of the day, when it
18 comes -- child abuse is about power. It's about adults'
19 position of power violating children and ultimate power
20 corrupts and if people feel they can get away with it and
21 there's no consequence, then there is a real danger. Some
22 of the communities, if you have multiple perpetrators and
23 they have significant influence, it makes it harder to
24 uncover these cases.

25 **MR. LEE:** When Dr. Wolfe was here last week,

1 he told us that the incidence of child sexual abuse was
2 higher among the priesthood. Do you agree with that?

3 DR. JAFFE: I haven't looked at those
4 studies recently. It's fair to say that it's a major
5 category of historical cases that I'm seeing but I can't --
6 I usually agree with Dr. Wolfe. I don't know specifically
7 what study he was referring to.

8 MR. LEE: Are you in a position to discuss
9 with us the reasons why the incidence might be higher? And
10 if you're not, that's fine, but if you are, I'd be
11 interested to hear what you have to say about it.

12 DR. JAFFE: How much time do you have?

13 (LAUGHTER/RIRES)

14 DR. JAFFE: It's my problem then.

15 MR. LEE: I didn't want to limit your answer
16 based on time.

17 DR. JAFFE: Your question is hypothetically
18 if there was more abuse in the church, why does that abuse
19 take place or why is it more likely to be in that
20 institution or ---

21 MR. LEE: Exactly, within the priesthood
22 generally, within the church generally. Are there reasons
23 you can point to, to explain why it would be more prevalent
24 there than elsewhere?

25 DR. JAFFE: Just I guess, in general, I

1 think a lot of it I would have covered with the examination
2 in-chief in the sense that abuse in an institution, the
3 more status perpetrators have, the more damage they are to
4 get away with it potentially in terms of not being
5 thoroughly investigated or not coming to light. I think
6 the church has had a profound influence historically. When
7 you're talking about abuse within a church, you're talking
8 about an organization where there is -- you know, there is
9 no college of teachers to report to. There is not the same
10 infrastructure. It's not clear.

11 It's not like the Pope is there, you know,
12 taking complaints. You know, the system in place to deal
13 with the complaints is often -- it may make sense to people
14 inside the church. It's often confusing from the outside
15 about responsibilities and authority and when you're trying
16 to talk about abuse within a church, you're talking about
17 disclosing something that happened in your whole community.
18 When someone belongs to a church, it's not just belonging
19 to an institution. It's your very sense of being in the
20 community, your faith. It's that more difficult to
21 disclose it, more difficult to disclose it and be believed.
22 So it's the ultimate institution.

23 And I think one of the examples I used --
24 and again, I don't want to limit it to those examples --
25 but when you have institutions where the church and the

1 schools are combined, you know, it's extremely powerful.

2 I had a survivor recently who is 35 years of
3 age, and I asked him why he never told anyone, and most of
4 the answers are things you would expect, but what he
5 actually said to me, he said, "I didn't want to disappoint
6 my parents. They believe so deeply in the Church. I
7 didn't want to take that away from them. It was so much
8 part of their life. It was woven into their social life,
9 into their community life. I didn't want to take that away
10 from my father and my mother."

11 So the implications are profound and far
12 reaching and the power differential is profound. So I say
13 that with -- it's a difficult and painful issue.

14 You know, my wife has two uncles that are
15 priests, two aunts that are nuns. This is a common
16 discussion when I visit my in-laws. They don't invite me
17 as much as they used to.

18 **(LAUGHTER/RIRES)**

19 **DR. JAFFE:** There's not a dinner that goes
20 by where this topic isn't discussed, whether it's same-sex
21 marriage in the Church and different points of view or
22 whether it's abuse that happens in church. These are very
23 painful discussions. So I say it with -- I know first-hand
24 the profound sense of faith and belief that people have and
25 all the good work the Church does, but I also know the harm

1 and the difficulties to shed light on that harm.

2 **MR. LEE:** And I take it the difficulty -- I
3 agree with you that it is a difficult situation and I take
4 it a lot of that difficulty stems from the importance of
5 the Church and the importance of faith in the lives of
6 people and in a community. Is that correct?

7 **DR. JAFFE:** That's a good summary of what I
8 just said.

9 **MR. LEE:** I'm good at summarizing.
10 Shifting my focus a bit, in your outline --
11 and you can pull it up if you like -- I'm not going to
12 point to specific parts, but you describe tertiary
13 prevention as the treatment of victims and offenders
14 preventing re-victimization after disclosure. You go
15 through and you make a number of suggestions. You talk
16 about community collaboration and about sharing information
17 and about protocols for investigating and treatment
18 services and counselling, things like that, education and
19 training.

20 Are these recommendations the result of new
21 research that has come about in the last six years? I
22 mean, has there been a discovery or are these just a matter
23 of sitting down and using common sense to a large part?

24 **DR. JAFFE:** I thought I had to go to school
25 for many years to come up with these.

1 (LAUGHTER/RIRES)

2 MR. LEE: I didn't mean to demean your work
3 ---

4 DR. JAFFE: No. I think it's fair to say,
5 again, these -- my evidence really wasn't meant to be
6 recommendations. My evidence -- what I was asked by Mr.
7 Engelmann was really to offer a framework about prevention.
8 At the end of the day, how can we prevent future incidence
9 of child sexual abuse in Ontario or even elsewhere.

10 So my evidence is really looking at what are
11 some of the promising practices? What do we know that may
12 work? And I was trying to put this within a public health
13 model, looking primary, secondary and tertiary prevention.

14 So many of the ideas are common sense. Many
15 of the ideas have evolved out of tragedies such as one in a
16 neighbouring community, Project Jericho, where people
17 worked together to deal with those circumstances. So I
18 think it's a bit of common sense. It's a bit of promising
19 practices. It's a bit of research in the field.

20 Some of what I was offering in examination
21 in-chief for prevention was really based on what children
22 tell us, what works, what doesn't work; why, if you're
23 talking about strangers, kids don't identify what's
24 happened to them.

25 So short answer, it's common sense, research

1 and practice and accumulated wisdom in the field, but with
2 respect, at the end of the day, it's not rocket science.

3 Actually, one of the helpful things I could
4 say on this is that if you look at almost any problem in
5 society, bullying in schools, domestic violence, child
6 sexual abuse, you can eliminate it or reduce it in half
7 overnight by simply talking about it. Naming the problem
8 is the first step. Naming the problem loud and clear is
9 the first -- you can reduce bullying in school by simply
10 telling students what bullying is, what it looks like, what
11 the consequences are overnight. The problem we have with
12 bullying is that people don't talk about it openly. They
13 don't discuss it. They do more so now.

14 The issue is the same with sexual abuse.
15 It's got to be named. It's got to be understood. There
16 have to be policies and programs in place and there has to
17 be prevention. It's really, in my view, that
18 straightforward.

19 **MR. LEE:** As an example, in terms of
20 prevention, if we were having this discussion 20 years ago,
21 would you have been able to say that when an allegation is
22 made by a child it should be investigated?

23 **DR. JAFFE:** Yes.

24 **MR. LEE:** Would you have been able to say
25 that the police or the Children's Aid Society should become

1 involved?

2 DR. JAFFE: Yes.

3 MR. LEE: How about that the victim should
4 get help in dealing with the issues?

5 DR. JAFFE: Yes.

6 MR. LEE: What about that institutional
7 leaders should identify the problem and do something about
8 it?

9 DR. JAFFE: Yes.

10 MR. LEE: So 20 years ago you would have
11 been able to say all of those things with the level of
12 knowledge then?

13 DR. JAFFE: I would have said all those same
14 things 20 years ago, but I couldn't have convinced people.
15 No one would be listening. I was talking to very small
16 audiences 20 years ago in the sense that although I was
17 working with the police back in 1973 and I saw some of the
18 issues, I think the general public and many professionals
19 didn't see the enormity of the issue. So I think I would
20 have said the same thing 20 years ago, but no one would
21 have been here. I would have been all alone.

22 MR. LEE: Looking at -- sticking with the
23 theme of 20 years ago, looking at these historical cases,
24 as far as you're concerned, was there a requirement that
25 institutions in which perpetrators worked or participated

1 or were involved were required to investigate allegations
2 of child sexual abuse?

3 DR. JAFFE: Again, I don't know the exact
4 wording in different policies and protocols, but we always
5 knew sex with kids was wrong. I mean, there's no -- in '73
6 when I worked with the police -- when I was growing up --
7 I'm 57 years of age -- when I was going to school, we knew
8 to stay away from certain people's houses and we knew to
9 stay away from certain -- you know, there was no -- we knew
10 having sex with children was wrong. As a child, there was
11 no doubt in my mind. There were warnings. There wasn't --
12 there weren't 1-800 numbers. There weren't posters, but I
13 knew it as a young person. I knew it when I worked with
14 the police that sexual abuse was wrong and people needed
15 help.

16 I think what we know now is how prevalent it
17 is, how deeply embedded it is. So the depth and scope of
18 the issues has certainly come out.

19 MR. LEE: Given that you always knew it was
20 wrong -- I'm not asking for your opinion on a legal duty or
21 anything like that to investigate.

22 DR. JAFFE: Thanks.

23 MR. LEE: As far as a moral duty goes, in
24 your opinion, was there at least a moral duty to
25 investigate when an allegation was made?

1 **DR. JAFFE:** There wouldn't be any doubt. I
2 mean, in '73 if I was working in an institution where
3 somebody was having sex with kids or sexually abusing kids,
4 there wouldn't be -- I wouldn't need a protocol to tell me
5 what to do or a policy statement. It would be wrong.

6 **MR. LEE:** Now, what about suspicions as
7 opposed to allegations?

8 **DR. JAFFE:** It depends what the suspicion is
9 based on.

10 Just to be clear, obviously there's a whole
11 range of suspicions from it being very clear to being more
12 borderline, not being fully understood. So it's a ---

13 **MR. LEE:** Presumably I'm talking about
14 suspicions with some merit to them at least. I'm not
15 talking about situations where there's absolutely no basis
16 whatsoever.

17 If there was a suspicion in these historical
18 cases 20 years ago or 30 years ago, if the principal of an
19 elementary school became suspicious that a teacher may be
20 abusing a child, was there a duty on that principal to do
21 some investigation?

22 **DR. JAFFE:** Morally versus legally?

23 **MR. LEE:** Let's start with morally.

24 **DR. JAFFE:** Morally, yes.

25 **MR. LEE:** And can you give us an answer on

1 legally or that's not your area of expertise?

2 **DR. JAFFE:** I'm worried about the time in
3 the afternoon and dates of when laws changed.

4 **MR. LEE:** Fair enough.

5 Was it commonplace 20 years ago for these
6 institutions not to investigate regardless of what the
7 moral obligation was?

8 **DR. JAFFE:** Yes.

9 **MR. LEE:** And I take it the reasons for that
10 you've got into today?

11 **DR. JAFFE:** Yes.

12 **MR. LEE:** Why, in your opinion, was there no
13 concern -- with all of the different reasons you've set
14 forth of why you might not investigate and why it might not
15 become public, why was there no concern with the victims?

16 **DR. JAFFE:** Because they're only children
17 and children don't have power, children don't matter. At
18 the end of the day, if something was -- the reality, as
19 much as we want to believe that we care deeply about
20 children, and all of us here do, the reality years ago
21 children didn't have, say, more rights and entitlement.
22 Children were seen as appendages to parents, assets to be
23 divided up after divorce. Children didn't have the same
24 rights. Children didn't have lawyers, didn't have the same
25 voice. I think it's about power at the end of the day.

1 It's about power and privilege.

2 MR. LEE: So the teacher's job was more
3 important than the children were. Is that right?

4 DR. JAFFE: Not for the majority of
5 teachers, but in terms of institutional views I'm not sure.
6 I think it takes a lot of courage for an individual victim
7 to come forward. Also, it would take a lot of courage for
8 the individual professional in the system to blow the
9 whistle on a colleague or co-worker in terms of the
10 consequences.

11 MR. LEE: And this would help explain
12 obviously in some part why teachers were moved or priests
13 were moved, or whatever the case may be, as you explained.
14 There's some effort to do something, kind of, but not to
15 the extent that things should have been done. Is that
16 right?

17 DR. JAFFE: Yes. I mean moving somebody
18 shows recognition of a problem; not the right solution but
19 it's recognition that there's a problem.

20 MR. LEE: Just a quick question for
21 clarification. In your outline on page 7 where you're
22 discussing the multi-victim, multi-offender system -- you
23 can go down a little bit -- it says in the first bullet
24 under the heading:

25 "These cases are defined as involving

1 more than one offender and more than
2 one victim within a certain identified
3 community by members of that community
4 or within defined geographical area
5 where there are connections between the
6 victims or perpetrators."

7 Is this to say that you don't need any level
8 of organization between the offenders to be technically
9 considered multi-victim, multi-offender?

10 **DR. JAFFE:** No. Sometimes in some cases
11 there is an association; some pedophiles trade kids back
12 and forth and the word gets out about where to go and
13 access to abusing children is made easy. With others,
14 there are more loose connections. So there's a variety of
15 circumstances. Some are more organized than others.

16 **MR. LEE:** So a strict definition as far as
17 you're concerned doesn't require a formal hierarchy or
18 understanding between perpetrators that this is what
19 they're going to do and here's how they're going to do it.

20 **DR. JAFFE:** That's true and, in fact,
21 Project Jericho that Mr. Engelmann referred to in
22 examination in-chief, one of the points made in that review
23 is that often police and prosecutors waste too much time
24 looking for an organized ring, you know, or a cult.
25 They're looking for some higher structure when, in fact,

1 it's a very loose organization and people waste time trying
2 to look for the infrastructure when, in fact, it doesn't
3 exist.

4 **MR. LEE:** We've heard from Dr. Wolfe that
5 particularly -- that generally when we look at categories
6 of sexual abuse, we have the intra-familial abuse. On the
7 other end of the spectrum, we have strangers and then
8 somewhere in the middle we have these extra-familial
9 situations where the abuser is known to the child and Dr.
10 Wolfe put these two as acquaintance. And you've gone into,
11 and Dr. Wolfe went into, in quite some detail about the
12 trust relationship prior to the authority and everything
13 else. So I won't bring you back over that.

14 What I am curious, though, is where we had
15 these acquaintance abuses and we had that trust
16 relationship, are most of these perpetrators generally
17 associated or involved in some way with an institution?

18 **DR. JAFFE:** They could be, but not
19 necessarily. I mean Project Guardian, it was a very loose
20 association. There wasn't -- you had people from different
21 levels, different parts of the community. It wasn't
22 organized. Some may be within an institution.

23 **MR. LEE:** Would you agree that Project
24 Guardian was more the exception than the rule?

25 **DR. JAFFE:** I'm not sure I can -- I'm not

1 sure there's been enough research on all multi-victim,
2 multi-offender -- I think it's fair to say many multi-
3 victim, multi-offenders come out of an institution because
4 there's a focus attempt looking at a group of coaches,
5 teachers, different individuals involved with the same
6 association, but there's also many other cases where it's
7 broad-based and there's a spotlight being put on some
8 allegations and then lots comes out. In some of the cases,
9 the limits are really the limits of the investigation,
10 finding out everyone who is involved.

11 My guess with -- I've had the experience
12 with some cases I've been involved in where there's
13 multiple offenders who don't want to be identified, don't
14 want to come forward because of all kinds of associations
15 and connections in the community. So I have difficulty
16 trying to generalize too much.

17 **MR. LEE:** Just for clarity, I'm not speaking
18 only of multi-victim, multi-offender situations; just in
19 general. I mean, I think it's telling that every witness
20 who has been here, when they put forth a hypothetical
21 situation they say the teacher or the priest or the coach.
22 Generally, the people we associate as abusers are involved
23 in an institution; wouldn't you agree?

24 **DR. JAFFE:** I think we use -- because we are
25 talking about institutional abuse and the paper Dr. Wolfe

1 and I wrote together with a colleague focused on
2 institutional abuse because they were often overlooked as
3 we looked more at what happened within families. So yes,
4 the examples we use are around community institutions like
5 churches and schools.

6 **MR. LEE:** Do you agree that a big reason why
7 these institutions are involved are that, in part, the
8 parents in the community have the confidence to let their
9 children participate with these institutions?

10 **DR. JAFFE:** I missed the question.

11 **MR. LEE:** In the sense that institutions are
12 valuable ---

13 **DR. JAFFE:** Yes.

14 **MR. LEE:** --- for perpetrators because it
15 inspires confidence in the community and the parents to let
16 the children become involved.

17 **DR. JAFFE:** I mean, I think in response to
18 Mr. Engelmann's question earlier, looking at the hockey
19 coaches, parents want their children involved in faith
20 communities, they want their children involved in sports
21 and recreational groups. You know, they have to go to
22 school; they have no choice. So institutions that provide
23 -- do so much good and help so many children in terms of
24 fostering positive elements obviously can also do harm when
25 perpetrators lurk within those institutions and exploit

1 children.

2 **MR. LEE:** And as you explained, perpetrators
3 are most likely to lurk within those institutions simply
4 because that's where the kids are.

5 **DR. JAFFE:** Definitely some perpetrators
6 choose that work, that institution, because it's ready
7 access to children.

8 **MR. LEE:** And it's that access to the
9 community and access to the public that makes these
10 institutions targets for perpetrators. Is that correct?

11 **DR. JAFFE:** Definitely, and again, to strike
12 a balance again we have to -- one of the difficult things
13 about this, my testimony, is that we have to strike a
14 balance because the same time we see in a situation a
15 perpetrator, we also see institutions with many caring
16 adults and it's providing that -- understanding that
17 balance. So you have to have the vigilance and not lose
18 sight of the fact the institution is there for positive
19 social good.

20 **MR. LEE:** I think we can all agree with
21 that. I don't anybody is here suggesting that minor hockey
22 is a bad thing and is infiltrated by pedophiles and you
23 should keep your kids away.

24 What I'm suggesting and what I'm asking you
25 is whether or not it is these organizations, by virtue of

1 the fact that they have so many children participating, are
2 attractive to pedophiles.

3 DR. JAFFE: Yes, and again my evidence in-
4 chief has been that there's an onus on those institutions
5 to screen people appropriately, to do training, to remain
6 vigilant.

7 MR. LEE: Now, you mentioned in your outline
8 and discussed this morning the need for community
9 collaboration.

10 This is my last area of questions, Mr.
11 Commissioner.

12 Is that right; you discussed community
13 collaboration?

14 DR. JAFFE: Yes.

15 MR. LEE: And you discussed how important it
16 is for all the various institutions to be involved in
17 dealing with child sexual abuse?

18 DR. JAFFE: Yes.

19 MR. LEE: Would you agree that the entire
20 community needs to cooperate to address this issue?

21 DR. JAFFE: Definitely. Everyone has to be
22 a partner. I mean, you know the cliché it takes a whole
23 village to raise a child. Clearly, everyone's got to be at
24 the table; all the community leaders, all the people who
25 provide services related to children.

1 **MR. LEE:** So it's not helpful for most of
2 the community to be on board; we need everybody on board.
3 Is that correct?

4 **DR. JAFFE:** Definitely.

5 **MR. LEE:** Would you say this is especially
6 true in a small town?

7 **DR. JAFFE:** Would I say it's especially true
8 in a small town to have the whole community involved?

9 **MR. LEE:** Yes.

10 **DR. JAFFE:** I think it's true of small towns
11 and large cities.

12 **MR. LEE:** Would you agree that in a small
13 town generally the community institutions are very
14 important to that community?

15 **DR. JAFFE:** Yes.

16 **MR. LEE:** And so along those lines, it's
17 important to involve everybody and I take it -- and you've
18 said today that everybody involved, that includes victims.
19 Victims need to be involved in the process?

20 **DR. JAFFE:** Yes.

21 **MR. LEE:** And perpetrators to some extent,
22 even if it's only in terms of rehabilitation and
23 recognition, need to be involved?

24 **DR. JAFFE:** Yes. Actually, perpetrators can
25 inform us. There's lots of good research. One of the

1 papers that are referred to by Keith Kaufman, which we
2 don't have to go back to now, but a lot of his research is
3 based on what perpetrators say when people are incarcerated
4 and they talk about, you know, how they went about grooming
5 children, how they went about covering up what they did.
6 So perpetrators can inform and educate us. When they're
7 remorseful and they're honest and they're forthcoming, they
8 can actually better inform how to protect children. You
9 know, the best way to protect the bank is to find out from
10 bank robbers. They become security -- good security agents
11 and they inform you as to, you know, ---

12 **MR. LEE:** And finally, you discussed earlier
13 today the -- you drew a distinction between meaningful
14 collaboration and superficial collaboration. So would you
15 agree when we get all these community sectors involved and
16 we get the institutions involved and the victims and the
17 perpetrators and everybody else, everybody has to
18 participate meaningfully in this process?

19 **DR. JAFFE:** Definitely.

20 **MR. LEE:** Thank you very much. Those are my
21 questions.

22 **THE COMMISSIONER:** Thank you.

23 Mr. Bennett.

24 --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.
25 **BENNETT:**

1 **MR. BENNETT:** Good afternoon, Mr.

2 Commissioner. Good afternoon, Dr. Jaffe.

3 **DR. JAFFE:** Good afternoon.

4 **MR. BENNETT:** I'm David Bennett. I'm with
5 the Men's Project which is an organization that provides
6 counselling and support services for men who are survivors
7 of abuse. And I would also like to comment on how useful
8 your testimony has been today. It's been very educational
9 and I think very important for all of us to get that
10 understanding.

11 **DR. JAFFE:** Thank you.

12 **MR. BENNETT:** I would just like to cover two
13 areas and given the lateness in the day, I intend to be
14 very brief.

15 You talked about the Child Witness Project
16 and in questioning, you described how it's to make the
17 process more -- I think you said victim friendly and to
18 prevent re-traumatization. One of the questions you were
19 asked was what are the types of things this Commission
20 could do and you talked about counselling, but I'm
21 wondering with respect to people who are going to be
22 testifying what do you think some of the things this
23 Commission could do?

24 **DR. JAFFE:** To begin, I don't know what's
25 possible. So just briefly, I think, you know, providing

1 support and counselling. I think it's difficult to come
2 forward and tell your story. So I think in the telling of
3 the story, people are going to be re-traumatized. I think
4 -- I sense the Commissioner to be a sensitive individual
5 and with a wonderful reputation, so clearly being conscious
6 of witnesses who are having difficulty telling their story,
7 who break down; so having appropriate breaks, providing
8 support people.

9 I think it's important and obviously I fully
10 understand the importance of good cross-examination but
11 ensuring there are some lines that aren't crossed in cross-
12 examination; so informing counsel about how to get the
13 truth out as part of the inquiry but also be respectful to
14 the dignity both of alleged victims and also alleged
15 offenders.

16 **MR. BENNETT:** And I understand that the
17 Commission is moving towards some form of counselling for
18 people who are testifying. The only question I have for
19 you about that, is there a difference between counselling
20 and support in terms of sort of victim witness services.

21 **DR. JAFFE:** Yes. I think support ensures
22 that somebody who is testifying can debrief at the end of
23 the day, debrief about contaminating evidence or -- you
24 know, I think one of the hardest things when you have
25 multiple victims is when people talk to each other, then

1 they seem to potentially contaminate evidence or collude or
2 different -- I've obviously been part of different
3 proceedings where that's a concern. So the importance is
4 to having a support group. Support means being able to
5 talk about what you're going through without being judged.
6 Listened and supported, that's -- I would see that support.

7 Therapy would probably -- professional
8 counselling would be at a deeper level to deal with, you
9 know, coping with flashbacks, nightmares, trying to cope
10 with not -- you know, self-medicating through drugs and
11 alcohol, dealing with perhaps deeper psychological issues
12 and more troubling symptoms. So I'd see that as therapy
13 and counselling versus just support.

14 **MR. BENNETT:** And they're very much
15 complimentary services for this type of inquiry or anybody
16 dealing with these types of issues I would take it.

17 **DR. JAFFE:** Yes. I think you need both.
18 They're different and they're certainly complimentary. I
19 think one of the challenges -- in my experience, one of the
20 challenges always both in criminal and civil proceedings
21 when people start to join groups and they read books, their
22 recovery and the things they have done to read and get
23 support are used against them. It's often turned against
24 them rather than seen as a necessary part of recovery. As
25 a matter of fact, I worked with lots of adult victims who

1 don't start therapy before the court is over because
2 they're afraid by starting therapy there will be access to
3 notes and records that will be used against them by defence
4 counsel.

5 **MR. BENNETT:** Thank you.

6 I have a few questions for you about another
7 area.

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

10 **MR. BENNETT:** Sure.

11 **THE COMMISSIONER:** Two questions, just so
12 I've got it clear what we're talking -- you're talking
13 about two or maybe three different things. One is what I
14 would call like a witness assistant here on the premises
15 while the testimony is going on.

16 **DR. JAFFE:** M'hm.

17 **THE COMMISSIONER:** And to offer some
18 counselling not only to the witnesses but perhaps their
19 families and anyone associated with the inquiry.

20 **DR. JAFFE:** Right.

21 **THE COMMISSIONER:** Now, Mr. Manson talked
22 about the greater community and that I think,
23 unfortunately, we're just going to have to wait a little
24 bit for that. But was there a third group in there? Like
25 the debriefing, would that be with the witness assistance

1 or is it a different entity?

2 DR. JAFFE: No, it would be with the
3 witness. It could be in a support group to talk about the
4 experience.

5 THE COMMISSIONER: Right.

6 DR. JAFFE: I think the third one would be
7 more in-depth counselling if somebody, you know, at the end
8 of the day feels suicidal, you know. So it's sort of more
9 the in-depth to make sure service is available in the
10 hospital or local ---

11 THE COMMISSIONER: Right.

12 DR. JAFFE: --- professional counsellors.

13 THE COMMISSIONER: M'hm. So if we're
14 looking at having a mechanism by which anybody who wants to
15 come forward can get a letter of permission I suppose to go
16 out and get some counselling wherever, as long as it's
17 through an accredited, I suppose, counsellor, would that
18 address that issue?

19 DR. JAFFE: Yes, that would be terrific and
20 again, it may be formal or informal but also, you know,
21 support groups.

22 THE COMMISSIONER: Yes.

23 DR. JAFFE: I'm thinking for, you know,
24 family of survivors. The most important thing for a victim
25 or a victim's family members is not to feel they're alone.

1 **THE COMMISSIONER:** Right.

2 **DR. JAFFE:** Because many people feel that
3 the whole world knows what's happened to them and everyone
4 is judging them and looking at them and to know that you're
5 not alone, to know other people are suffering with you and
6 also to know how other people are coping, how they get on,
7 how they get up each day and cope and to be in a more
8 informal support group.

9 **THE COMMISSIONER:** Great. Thank you.

10 Mr. Bennett.

11 **MR. BENNETT:** Thank you. I noticed one of
12 the positions you hold is the Academic Director of the
13 Centre for Research on Violence Against Women and Children
14 and from my perspective or my client's perspective, there
15 is a word missing there and I'm wondering why men are not
16 being looked at. Is that a group that's been overlooked?

17 **DR. JAFFE:** It's a good question. The
18 Centre developed after -- actually after the Canadian Panel
19 on Violence Against Women recommended that there should be
20 a number of research centres in the country. The initial
21 focus was on the most vulnerable groups who were initially
22 identified as women and children because women are most in
23 danger in the context of intimate relationships and
24 workplace and a variety of settings and children by the
25 nature of their vulnerability and men are seen to

1 perpetrate much of the violence, both the physical violence
2 and also the sexual abuse. So the focus was on women and
3 children.

4 Having said that, our Centre also works with
5 men who are survivors. We do workshops around sexual abuse
6 and adult survivors of sexual abuse. We just organized a
7 community conference on how to engage boys and men in this
8 discussion. Actually, we had a seminar at the London
9 Convention Centre on Monday night and we had 400 people.
10 We had to turn people away at the door, men coming forward
11 wanting to talk about how hard it is to talk about their
12 victimization, how hard it is to talk about their
13 daughters, their sisters, their mothers.

14 So again, we're trying to -- although the
15 title may seem limiting to you when you look at it, it's
16 actually broader.

17 **MR. BENNETT:** I guess the point that I'm
18 trying to get to is -- and it was made the other day but I
19 just want to reiterate. Would it be fair to say that
20 there's a lack of services for men in the province as
21 compared to for women? And I'm not suggesting that there's
22 enough services for women whatsoever because I'm sure we'd
23 have many experts who would say otherwise if there aren't
24 enough, but one of the problems is, because it's been
25 ignored that there aren't really these services for men and

1 that would be something that could come out -- ideally, a
2 good recommendation out of this Commission.

3 **DR. JAFFE:** We're at the recommendation
4 phase here?

5 **THE COMMISSIONER:** I'm sorry.

6 **DR. JAFFE:** We're not at the recommendation
7 phase yet, are we?

8 **MR. BENNETT:** Well, we can always try.

9 **(LAUGHTER/RIRES)**

10 **DR. JAFFE:** Let me just rephrase it. I
11 understand the question and certainly we need to have good
12 services for men, women and children. The biggest
13 challenge for men is getting them to acknowledge there's a
14 problem. But the problem with men is, even if we,
15 overnight, created a hundred new services and men still
16 wouldn't go, that we have to re-socialize men to think
17 getting help is okay. You know, to use my earlier
18 examples, the way we're socialized makes it very hard for
19 us to cross that barrier.

20 When I talk about this issue, if I have a
21 group of adults in the room, I ask the women how many of
22 them have husbands that actually go for annual physical
23 check-ups. Then I ask them how many of their husbands
24 actually makes their own appointment or the wife makes an
25 appointment for them and convinces them the importance of

1 looking after themselves. And the answer is usually about
2 80 per cent. I've done this across Canada.

3 So, I think we'd have to -- the starting
4 point has to be re-socializing men to acknowledge their
5 vulnerability, to acknowledge the fact that they have to
6 look at different relationships, different ways to have
7 those relationships. So we're talking about radical change
8 with men.

9 So I agree that it's important to have
10 services for men and when men come forward, we want to have
11 available services, we'd have to -- we're looking at major
12 revamping of how we look at our -- at growing up in Canada
13 as boys.

14 **MR. BENNETT:** Thank you very much.

15 **THE COMMISSIONER:** Thank you.

16 I don't know if Father Charles MacDonald is
17 -- there's no one here for him today, is there?

18 **MR. ENGELMANN:** No, he advised that he would
19 not be able to make it until tomorrow.

20 **THE COMMISSIONER:** Terrific. All right.

21 Mr. Chisholm.

22 **MR. SHERRIFF-SCOTT:** Mr. Commissioner, sorry
23 to interrupt my friend's passage -- I wasn't going to ask
24 any questions, but I have about 120 second cross-
25 examination but my wireless card is malfunctioning. I need

1 the transcript of Dr. Wolfe. I'm wondering if the reporter
2 would have a copy.

3 **THE COMMISSIONER:** We do? Okay. There you
4 go. No.

5 **MR. SHERRIFF-SCOTT:** When Mr. Chisholm's
6 finished. I'm sorry, I didn't mean to interrupt him. I
7 just wanted to make sure that I could get a copy.

8 **THE COMMISSIONER:** All right.
9 So I would have that transcript on my
10 laptop, if Mr. Sherriff-Scott requires it.

11 **MR. ENGELMANN:** We can make a copy
12 available.

13 **--- CROSS-EXAMINATION BY/ CONTRE-INTERROGATOIRE PAR MR.**
14 **CHISHOLM:**

15 **MR. CHISHOLM:** Good afternoon, Dr. Jaffe.
16 My name is Peter Chisholm. I am counsel for the Children's
17 Aid Society of the United Counties of Stormont, Dundas and
18 Glengarry.

19 If I could take you to your outline and
20 specifically to page 4 of it. And I'll wait for Madam
21 Clerk to get it up on the screen. Page 4 of Dr. Jaffe's
22 outline and I'm interested in the three bullets that are
23 just above heading number 3 entitled "Secondary
24 Prevention".

25 That's fine. It's up on the screen now.

1 The first point that you make on that third bullet -- well,
2 not the first point but -- the third bullet above heading
3 3. The last sentence reads:

4 "Adolescent sex offending is a problem
5 that is often missed in discussion of
6 sexual abuse."

7 And you cite Finkelhor as your source.

8 Are you able to tell us, doctor, how large
9 of a component the adolescent sex offending would be to the
10 overall picture of child sexual abuse?

11 **DR. JAFFE:** I can't give the number off the
12 top of my head, but it's significant. I think it's a lot
13 of -- I know our police service has done a recent study and
14 we see more and more -- we look at assaults in general,
15 it's more peer-on-peer, also older adolescents. So it's a
16 sizeable percentage, but I can't give you the number.

17 **MR. CHISHOLM:** And when you say the problem
18 is often missed, are you suggesting that this is a
19 significant portion of the child sexual abuse problem that
20 has to be paid attention to?

21 **DR. JAFFE:** Yes.

22 **MR. CHISHOLM:** Okay.

23 And you indicate in the second bullet above
24 heading 3, "Secondary Prevention", you indicated that there
25 are individuals who develop a sexual interest in children,

1 usually develop it during their teenage years and even
2 younger. Again, that is on the same point as the
3 adolescent sex offending.

4 Is all of the research consistent in that
5 regard that allows you to make that conclusion? So any
6 studies that have addressed that issue would be in
7 agreement?

8 **DR. JAFFE:** In general, that someone doesn't
9 suddenly become a pedophile at 40, you know, that
10 generally, sex offending, you tend to see a pattern over
11 time. You often see older -- in families where there's
12 sexual abuse, you may see older siblings who are sexually
13 abusing younger siblings, so it may be extensive within
14 families, between families. There's problems -- you know
15 I've seen a number of cases with babysitters, adolescent
16 babysitters who may be involved in an offence.

17 **MR. CHISHOLM:** Doctor, can you give us any
18 guidance as to how young a person who exhibits all of the
19 traits of a pedophile could be, before someone of your
20 profession would be able to classify that individual as a
21 pedophile?

22 **DR. JAFFE:** That label is for adults.

23 **MR. CHISHOLM:** It's for adults.

24 **DR. JAFFE:** So the pedophile label is really
25 one that's used in the DSM-IV for looking at adult

1 offending. But certainly you would see the warning signs
2 in adolescents but you wouldn't label -- you may not label
3 them early on.

4 **MR. CHISHOLM:** Along the DM-IV line you
5 could not label them ---

6 **DR. JAFFE:** Yes.

7 **MR. CHISHOLM:** --- while they were an
8 adolescent

9 **DR. JAFFE:** You couldn't label them. And
10 actually there's an important point and I'm not sure if
11 it's come up in previous testimony, but sometimes the
12 general public may be quick to use the term pedophile ---

13 **MR. CHISHOLM:** Yes.

14 **MR. CHISHOLM:** --- that most cases of sexual
15 abuse I'm involved with the Court, I'd say 80 per cent, the
16 person involved in that offence is not a pedophile. It's
17 an individual who has a situation and opportunity. And in
18 fact, one of my frustrations -- it's a safe place to
19 express it -- one of my frustrations in criminal
20 proceedings, often somebody has sexually violated the child
21 and defence brings forward an expert on pedophilia and says
22 that their client has no interest in children and therefore
23 couldn't have committed the offence. And, in fact, because
24 someone is not a pedophile doesn't mean they're not
25 sexually exploiting or abusing children. A lot is very

1 situational opportunistic.

2 **MR. CHISHOLM:** So you can have individuals
3 committing sex crimes against children who would not
4 necessarily at that point in their life, fit the definition
5 of a pedophile?

6 **DR. JAFFE:** Yes.

7 **MR. CHISHOLM:** Are there any instruments
8 that exist that would allow professionals such as yourself
9 to screen for traits of pedophilia while people are at
10 their adolescent stage of life?

11 **DR. JAFFE:** You'd see some warning signs in
12 terms of preoccupation with younger children and that being
13 the only subject of sexual interest. So there's, you know,
14 phallometric testing -- we don't have any fail-safe ---

15 **MR. CHISHOLM:** I was thinking more along the
16 lines of -- and excuse my ignorance, but the Minnesota
17 Multiphasic Personality Inventory or something about -- is
18 that it?

19 **DR. JAFFE:** No.

20 **MR. CHISHOLM:** Nothing like that, a
21 questionnaire that would allow you to discover any of these
22 traits?

23 **DR. JAFFE:** The safest, not necessarily
24 reliable, is direct interview. I mean there's some
25 adolescents who will acknowledge that their attraction is

1 to younger children. But not all are going to acknowledge
2 that or report that.

3 **MR. CHISHOLM:** If I could move you just a
4 little further down on the same page, under "Professional
5 Awareness", you speak of the professional awareness being
6 critical to the detection of sexual abuse with children and
7 you speak of the training of those professionals.

8 Can you describe the ideal training
9 environment to us, in terms of who it would be you would
10 provide the training, who would fund it, the length of the
11 training and the frequency of the training?

12 **DR. JAFFE:** In earlier testimony, I think
13 obviously doing cross-training. It would be nice to have
14 people from different professional groups together to
15 understand their roles and responsibility. It would be
16 good to have, obviously, senior Children's Aid workers,
17 social workers and psychologists and psychiatrists who are
18 experts on the issue of abuse and warning signs.

19 So I would see very much a collaborative
20 model and I'd see it as something that needs to be a
21 continuous training. Again, you want to make sure that new
22 teachers coming into a school system, new coaches, I mean,
23 you want something that's ongoing, not something -- what
24 often happens is there's a tragedy and there's a workshop
25 one day and then it doesn't happen the next year. So it's

1 got to be sustainable. It's got to be built in as part of
2 the mandate and expectation and the ongoing training.

3 **MR. CHISHOLM:** And you would want -- as you
4 have indicated, you'd want that training to catch anybody
5 entering the stream be it the child protection stream, the
6 law enforcement stream. Is that fair to say?

7 **DR. JAFFE:** Yes. Again, you are looking at
8 new recruits, new workers. So you want to make sure that
9 there's broad-based training, but then also you want to
10 ensure that there is -- you also want to have people senior
11 in the system. Superintendents in the school system, for
12 example, may be involved in the first line of
13 investigation. Obviously, you also want to make sure
14 there's ongoing training for the specialists.

15 **MR. CHISHOLM:** And how about for the worker,
16 be it a police officer, a Crown Attorney, a child
17 protection worker who's been in the field for an extended
18 period of time and number of years? Do you see a need for
19 having that training updated and, if so, what would the
20 frequency be?

21 **DR. JAFFE:** I would see annually. Again, it
22 depends on the -- in general, you want to have an update on
23 an annual basis. Just because someone has got lots of
24 experience isn't a guarantee that they know what they're
25 doing. I mean, experienced, they could be doing the same

1 thing wrong over and over again. So it would be important
2 to have that updated and reviewed.

3 **MR. CHISHOLM:** And an annual training
4 session for child protection workers, police officers,
5 Crown Attorneys who would be dealing with child sexual
6 abuse issues?

7 **DR. JAFFE:** Yes.

8 **MR. CHISHOLM:** And in terms of the duration
9 of that annual training, how long do you see that taking
10 place? Are you speaking of a multi -- a week long session,
11 a one day session, a few hours?

12 **DR. JAFFE:** A day long for every new
13 teacher, new recruit, new nurse. You know, depending on
14 the system, you want to have at least one day to talk about
15 all the aspects outlined in the following point, but then
16 you want something more in-depth for people who are taking
17 responsibilities in their system.

18 Again, everybody can't be a specialist.

19 **MR. CHISHOLM:** True.

20 **DR. JAFFE:** So you want to make sure that
21 you have specialists in place in every police department.

22 The best analogy is probably domestic
23 violence. For example, the OPP, every region has a
24 domestic violence specialist. There's someone who takes
25 the lead. It doesn't mean the other officers don't good

1 frontline investigations, but somebody -- there's a
2 coordinator, the link to different community groups and, I
3 think, by analogy, the same model should be in place with
4 child sexual abuse.

5 **MR. CHISHOLM:** If I can take you to page 5
6 of your outline, the last bullet which would be above
7 "Professional Awareness Regarding Child Pornography." I
8 have it up on the screen. That speaks of specialized joint
9 training for police and CAS in forensic interviewing skill
10 is essential.

11 And you speak of the Police College. If I
12 could just get some clarification in terms of what you
13 meant by the Police College. I understand in Ontario there
14 are at least two police colleges. We have the one in
15 Aylmer and, forgive me, it's either the Ontario Provincial
16 Police or it's one of the municipal forces would send the
17 recruits to?

18 **DR. JAFFE:** Yes.

19 **MR. CHISHOLM:** That's in -- the municipal
20 one is in Aylmer.

21 **DR. JAFFE:** Yes. I think the OPP attend
22 there as well.

23 **MR. CHISHOLM:** Do they? Okay.

24 **DR. JAFFE:** There's cross-training there.

25 **MR. CHISHOLM:** Okay.

1 And Metro -- I thought I heard in the
2 testimony earlier this week that Metro Toronto may have its
3 own training force. So maybe there's no distinction to be
4 drawn there if there's just the one police college.

5 **DR. JAFFE:** Actually, I could say, again, I
6 wasn't limiting it to any one college. If there's -- in my
7 area we deal with the Aylmer Police College. I was
8 thinking of them as an example, but it's meant more
9 broadly.

10 **MR. CHISHOLM:** Do I understand your bullet
11 to be that at present there is no joint training available
12 with respect to child protection workers and police
13 officers?

14 **DR. JAFFE:** My most recent information in
15 talking to my colleagues, there was a push for this for a
16 while, but now it stopped.

17 **MR. CHISHOLM:** And your understanding is
18 that in times gone by there was the joint training that was
19 conducted by the entities you refer to in the bullet?

20 **DR. JAFFE:** Yes.

21 **MR. CHISHOLM:** And you speak of, in that
22 bullet, of it being left to the individual communities to
23 organize the joint training opportunities.

24 Can you tell me again what your idea would
25 be in terms of -- on the community level in terms of who in

1 the community should be organizing that joint training?

2 Should that be something that the police and
3 the Children's Aid Society undertake on their own or should
4 there be a lead agency that oversees that joint training?

5 **DR. JAFFE:** That's probably an area where
6 standards would be helpful. I think, you know, an
7 expectation of the Children's Aid Society and the Police
8 Department is -- and obviously some Children's Aid would
9 deal with multiple police departments. So it would be the
10 OPP and regional police or municipal police.

11 So, again, I think that should be part of
12 the expectation of CAS directors and senior police
13 officers.

14 **MR. CHISHOLM:** But if the training is not
15 available outside of the community as it has been in the
16 past, then it should be done inside the community.

17 **DR. JAFFE:** And resources should be --
18 there's no shortage of resources and expertise in Ontario
19 to draw in.

20 **MR. CHISHOLM:** And, doctor, in terms of the
21 specialized joint training, can you tell us why it's
22 preferable to have the police and the child protection
23 workers trained together?

24 **DR. JAFFE:** You want to break the barriers
25 as soon as possible. You want to get people in there,

1 young social workers and police officers to think as a
2 community, to think as two systems rather than to compete
3 over investigative material and blame one person for
4 spoiling the other person's investigation where there are
5 some archaic attitudes that obviously we would like to
6 eradicate. We want people to genuinely collaborate and see
7 each others as valuable partners in the investigation.

8 **MR. CHISHOLM:** So it breaks down any
9 barriers that might exist between the two groups. It would
10 also get them on the same page in terms of how an
11 investigation ought to be conducted so that the police and
12 the child protection workers approach the issue from the
13 same perspective.

14 Is that fair to say?

15 **DR. JAFFE:** There may be different
16 perspectives, but they value each other's expertise.

17 **MR. CHISHOLM:** And can you tell us, just
18 going back to that point, Doctor, why it was that that
19 joint training referred to in your bullet was suspended?

20 **DR. JAFFE:** I'm not sure. I can guess, but
21 I'm not sure.

22 **MR. CHISHOLM:** I'll take you on to page 6.
23 I won't have you guess.

24 **THE COMMISSIONER:** No, we won't.

25 **MR. CHISHOLM:** I'll take you on to page 6 of

1 your outline and that's under the heading "Professional
2 Duty to Report Training in Specialized Sexual Abuse
3 Training." You indicate in your first bullet that:

4 "Much of the professional awareness
5 efforts rest with the CAS duty to
6 report training."

7 And then:

8 "Following the 2000 *Child and Family*
9 *Services Act* amendments, professional
10 training was offered twice monthly by
11 the CAS with respect to the duty to
12 report."

13 Am I correct, Doctor, that you're referring
14 to the London and Middlesex experience?

15 **DR. JAFFE:** Yes.

16 **MR. CHISHOLM:** Okay.

17 **DR. JAFFE:** Just in general, whenever -- I
18 think when a law changes, obviously, the *Child and Family*
19 *Services Act* is the mandate of the Children's Aid Society.

20 **MR. CHISHOLM:** Correct.

21 **DR. JAFFE:** So whenever the law changes, I
22 assume that every Children's Aid Society in the province
23 has to take the lead in their local cities and counties.

24 **MR. CHISHOLM:** And educate?

25 **DR. JAFFE:** Yes.

1 **MR. CHISHOLM:** Just so I'm clear, in the
2 situation you were describing, the CAS would be going out
3 to other professional groups such as teachers, doctors,
4 nurses. Is that what you are referring to?

5 **DR. JAFFE:** Yes.

6 **MR. CHISHOLM:** And you speak of the
7 frequency of the reporting initially being offered twice
8 monthly, and then currently it's being offered on a request
9 basis.

10 Would I be correct in my assumption that
11 over time the Children's Aid Society in London would have
12 exposed themselves to all of the professional groups that
13 had to be spoken to and, therefore, there was no need to
14 have the twice monthly training sessions?

15 **DR. JAFFE:** That's what they thought, but I
16 think there's an ongoing need because with the example
17 referred to earlier, there's, you know, new teachers, new
18 police officers, new paediatricians. So I think it's -- we
19 often assume that we're passing on the torch and other
20 professional groups are going to do it themselves, but I
21 think it has to be, in my view, ongoing.

22 **MR. CHISHOLM:** And just so I'm clear in your
23 understanding, is it your view that the twice-monthly
24 session should have continued?

25 **DR. JAFFE:** Yes.

1 **MR. CHISHOLM:** Even after all the
2 professional groups would have been addressed?

3 **DR. JAFFE:** Yes. I think as Children's Aid
4 worker, they're not doing their job unless they feel
5 they're annoying and harassing people. I think a good
6 Children's Aid worker has to go to bed at night, or a good
7 director, and has to look in the mirror and say to
8 themselves, "I've annoyed and harassed a lot of people
9 today and reminded them about this mandate". If they can't
10 say that, they haven't done their job. And I say that with
11 kindness. It's an endless job.

12 **MR. CHISHOLM:** Yes.

13 And you speak also of the London CAS
14 developing a protocol. We saw the Thames Valley District
15 School Board policy that you spoke to today.

16 Just for clarification, when you spoke of
17 that policy, that was Tab 11 of your material, I believe.

18 **DR. JAFFE:** Yes.

19 **MR. CHISHOLM:** Maybe we can pull it up on
20 the screen?

21 That policy, just so I understand your
22 evidence today, was that the policy may have existed prior
23 to June of 2000, but this would be the first time that the
24 policy was reduced to writing. Is that -- am I
25 understanding your evidence from this morning correctly?

1 **DR. JAFFE:** Yes. I think my evidence was
2 the practice existed, but in terms of getting it framed
3 comprehensively in a policy statement ---

4 **MR. CHISHOLM:** So this was the first time
5 you had the written document ---

6 **DR. JAFFE:** Yes.

7 **MR. CHISHOLM:** --- in June of 2000.

8 You spoke today of the fact that it would be
9 a bad thing simply to have the protocol reduced to writing,
10 put onto paper and filed away.

11 You spoke also of the need to develop
12 relationships between the agencies that sign on to the
13 protocol. Is that right?

14 **DR. JAFFE:** Yes.

15 **MR. CHISHOLM:** And would I be correct that
16 from your perspective, the most important portion of the
17 protocol is to have that good relationship with the parties
18 that ultimately sign onto it?

19 **DR. JAFFE:** Yes. A policy is useless if
20 there's no relationship. If there's not the mutual trust
21 and respect and people can't call each other and consult,
22 then you can write all the policy documents in the world,
23 but it won't help until it comes to civil litigation. Then
24 people will say, "Why didn't you follow the policy?" But
25 until that, it's -- you know, in terms of the day-to-day

1 work ---

2 **MR. CHISHOLM:** That's the most important
3 aspect ---

4 **DR. JAFFE:** Yes.

5 **MR. CHISHOLM:** --- the quality of the
6 relationship between the parties?

7 **DR. JAFFE:** Yes.

8 **MR. CHISHOLM:** And you spoke also, Doctor,
9 of a protocol between a number of community groups.

10 Can I take it from your evidence that you
11 would be of the view that the more community agencies that
12 you can get signed onto a protocol and develop a good
13 relationship with, the better off the community will be?
14 Is that a fair statement?

15 **DR. JAFFE:** Definitely. And again, writing
16 a policy -- the interesting thing about writing a policy is
17 the process is often as important as the outcome, getting
18 people to a table, getting people to share openly about the
19 roadblocks they faced in the past. Often that's a very
20 important process and it starts to build the trust and
21 understanding.

22 **MR. CHISHOLM:** So not only a protocol
23 involving the Children's Aid Society and the police, but
24 you would -- ideally you would like to see one involving
25 hospitals, group homes, boards of education and the various

1 police agencies that might be in the area. Is that fair to
2 say?

3 DR. JAFFE: Yes. And ideally there may be
4 natural venues for that. There may be a local Children
5 Services Committee where people get together on a regular
6 basis. There may be a Child Abuse Council. There may be
7 some natural vehicles to pull people together like that.

8 MR. CHISHOLM: If I can take you to page 7
9 of your outline? That's under the multi-victim, multi-
10 offender cases. You indicate in the third bullet under
11 that heading "Special Resources":

12 "Special resources must be made
13 available to police, CAS, Crown and
14 mental health services in order to
15 address the system burden these cases
16 create."

17 If I look to Exhibit 24P which was the paper
18 that was handed out today entitled "Care for Kids" and take
19 you to the second page of that document, I see, under the
20 August 1990 timeline:

21 "The Ministry of Community and Social
22 Services announces two-year funding of
23 \$224,000 for a treatment and prevention
24 project for Prescott."

25 Is that, Doctor, the type of special

1 resources that you're referring to when a community is
2 faced with an MVMO situation?

3 DR. JAFFE: Yes.

4 MR. CHISHOLM: In terms of the funding
5 available, do you have any comments with respect to the
6 amount that appears in Exhibit 24P; namely, the \$224,000?
7 Is that sufficient?

8 DR. JAFFE: I can't say. I think the most
9 important message -- I mean, it's a significant amount of
10 money and it certainly enhances existing systems, but no
11 one is going to -- I think the most important thing is to
12 recognize that you're asking everybody to go beyond normal
13 workloads and capabilities to deal with this.

14 MR. CHISHOLM: Because, as you indicated in
15 your evidence today, it's this type of situation that
16 stresses the institutional resources that are there in the
17 community because it's a unique situation. Is that right?

18 DR. JAFFE: Yes.

19 MR. CHISHOLM: Can you tell us, Doctor, as
20 to whether there are any other special resources apart from
21 the monetary sum that we mentioned here, any other special
22 resources that you would be referring to in that bullet?
23 And again, you spoke in your evidence today of resources
24 for the Crown -- for the prosecutors, the Crown Attorney's
25 Office, the police officers and the child protection

1 workers in the Children's Aid Society.

2 DR. JAFFE: Children and adult mental health
3 centres, the availability of consultants. There may be
4 people who dealt with similar incidents in other
5 communities who may be very helpful consultants to draw in.
6 So I know in the Project Jericho, I know my colleague Dr.
7 Wolfe was a consultant. They brought in other people for
8 advice and support.

9 MR. CHISHOLM: So money, consultants.

10 Any other special resources that you would -
11 - that you can think of that would be important to provide
12 these agencies?

13 DR. JAFFE: I think you can do with the time
14 dedicated to specialists to work on this with the time,
15 with the financial resources to set up a case management
16 operation or a special investigation. Having consultants
17 available, I think that would be the main things.

18 MR. CHISHOLM: Okay. If I could take you to
19 page 8 of your outline, the first bullet, and I believe Mr.
20 Engelmann and you determined that there was a typographical
21 error. That should read "a community advisory group"; is
22 that right, or is it ---

23 DR. JAFFE: Yes. Community advisory group,
24 yes.

25 MR. CHISHOLM: And just setting the context,

1 this is in a situation -- what stage of the process does
2 the community require the community advisory group in a
3 situation where we have multiple victims, multiple
4 offenders? When the news first breaks, after the charges
5 are laid, when the matter is through the criminal court
6 process; at what stage do we need the community advisory
7 group?

8 **DR. JAFFE:** As soon as possible, as soon as
9 -- obviously, any time there is multiple offenders and
10 multiple victims it's going to have a major impact on a
11 community. So as soon as possible. I mean, clearly the
12 police, the Children's Aid, Crown Attorney may be taking
13 the initial lead in the process of investigation and
14 discovery. So as soon as possible, it's got to be
15 expanded.

16 **MR. CHISHOLM:** Now, at some point -- my view
17 would be that at some point an investigation is tight-
18 lipped on the part of the police, the Crown and the
19 Children's Aid Society.

20 Would it necessarily be a good idea to
21 broadcast to the media or to the community what's going on?

22 I take it if you're in agreement with that,
23 you would also be in agreement that it's only after the
24 appropriate authorities deem it prudent to tell the world
25 of their investigation that the community advisory group

1 would come into play; is that right?

2 DR. JAFFE: Yes. I mean, as soon as
3 possible, but obviously commonsense has to prevail.
4 Obviously, if things are very raw and the investigation is
5 very preliminary and you don't know what you're dealing
6 with and there's nothing to form a group around or
7 communicate yet, but I think you have to be on the ready to
8 look for support. That's the important point.

9 I think it's important for people to think
10 sooner rather than later because if you wait too far down
11 the road, then it's already out in the media anyway and
12 then you're dealing with other issues.

13 MR. CHISHOLM: And did I understand your
14 evidence correctly today that the community advisory group
15 would facilitate communications with the media at the
16 appropriate time?

17 DR. JAFFE: Yes. I think the group has to
18 have a spokesperson. I mean, clearly the police department
19 or the Children's Aid have a spokesperson. They may
20 designate somebody, but I think it needs to be -- I think
21 it's good to have an advisory group about how things are
22 reported and the manner.

23 MR. CHISHOLM: And one spokesperson in terms
24 of -- not one for the police, not one for the Children's
25 Aid Society? Is that what you envision, one for all the

1 entities that are involved?

2 DR. JAFFE: That would be ideal, because one
3 spokesperson would communicate something important. It
4 would communicate that the police and the Children's Aid
5 are working closely together. So having different
6 spokespeople say different things, it often happens, but I
7 think it's powerful to have one person speaking.

8 MR. CHISHOLM: If I could take you to page
9 10 of your outline under the heading "Police and Child
10 Protection Protocols for the Coordination of Investigations
11 Involving Child Pornography".

12 Doctor, in terms of your general knowledge
13 of prosecutions in Canada involving child pornography,
14 would you be inclined to be of the view that most charges
15 laid in this area are for the simple possession charges,
16 possession of child pornography as opposed to making or
17 distributing or accessing?

18 DR. JAFFE: Yes.

19 MR. CHISHOLM: Would you agree that in some
20 of those situations where a person is charged with simple
21 possession of child -- the possession of child pornography
22 case, they do not have any involvement with children in the
23 community, that the mandate of the Children's Aid Society
24 may not be triggered to allow the Children's Aid Society to
25 join that police investigation?

1 And again, I'm thinking of tying into your
2 evidence earlier today of the development of the Internet
3 and how that facilitates individuals who are inclined to do
4 so to acquire images of child pornography, that these
5 images could be generated anywhere in the world and well
6 outside of the community where the person is to be found.
7 That's the context that I'm thinking of.

8 **DR. JAFFE:** I thought your question was
9 getting at whether an adult is going to be in a trust
10 relationship with a child.

11 **MR. CHISHOLM:** And it ties into that in
12 those cases where there is no trust relationship with a
13 child and the persons charged with possession of child
14 pornography, but my point being that as child pornography
15 was generated outside of the community, there is no
16 suggestion, as there was in the London situation, of the
17 locally-generated child pornography involving children of
18 that community.

19 Would you see the need for the Children's
20 Aid Society to be involved in those types of
21 investigations?

22 **DR. JAFFE:** The short answer is yes. The
23 long answer is that very few adults who make or distribute
24 or consume don't have a role with -- you know, obviously
25 there may be somebody living in a cave or a hermit who has

1 no contact with children, but most adults interact with
2 children in a variety of ways, and so I think -- I just
3 want to raise with you, and it's probably a more debatable
4 point and it may take more time than we have, but I see a
5 broader role for the Children's Aid beyond the narrow
6 definition of somebody being a parent or being a Boy Scout
7 leader. I think adults play many roles, formal and
8 informal, with children. I don't want to create more work
9 for the Children's Aid Societies, but I see a broader role.

10 **MR. CHISHOLM:** You would be of the view that
11 the Children's Aid Societies across the province of Ontario
12 have sufficient work on their table at the present time.
13 Is that fair to say?

14 **DR. JAFFE:** Yes.

15 **MR. CHISHOLM:** Their resources are taxed to
16 a very high level. Would you agree with that statement?

17 **DR. JAFFE:** That's what they tell me every
18 day.

19 **MR. CHISHOLM:** Are you in disagreement with
20 that statement?

21 **DR. JAFFE:** Pardon?

22 **MR. CHISHOLM:** Do you disagree with that
23 statement?

24 **DR. JAFFE:** I don't disagree with that
25 statement. I think there's always ways that we can work

1 together in a more effective way, and this is probably one
2 area.

3 I think we need to look at more partners in
4 doing the work, but I have no doubt that Children's Aid are
5 overworked.

6 **MR. CHISHOLM:** Doctor, if I could take you
7 back to the issue of child pornography and ask you if
8 you're familiar with an entity in the Ontario Provincial
9 Police known as Project "P"?

10 **DR. JAFFE:** Yes.

11 **MR. CHISHOLM:** And you understand that to be
12 a section of the Ontario Provincial Police that's devoted
13 to cases involving child pornography; is that right?

14 **DR. JAFFE:** Yes.

15 **MR. CHISHOLM:** And what is your
16 understanding with respect to if we had allegations of a
17 person being in possession of child pornography in the
18 Cornwall area; do you know how that would be investigated?
19 Would it be a joint force investigation involving the
20 Cornwall Community Police Service and members of Project
21 "P", or do you have any views or insight into that?

22 **DR. JAFFE:** I have no insights into that.
23 My assumption would be joint.

24 **MR. CHISHOLM:** Involving the Cornwall Police
25 and Project "P"?

1 DR. JAFFE: If it isn't, it should be, but
2 that's my ---

3 MR. CHISHOLM: Because of the expertise of
4 Project "P"?

5 DR. JAFFE: Yes. And I think -- my sense is
6 that when you have a highly specialized unit, you want to
7 share the expertise with the local jurisdiction.

8 MR. CHISHOLM: In terms of Project "P", are
9 you familiar with any situations where Project "P" has
10 entered into any protocols with any Children's Aid
11 Societies in the province of Ontario?

12 DR. JAFFE: I'm not up to date on that.

13 MR. CHISHOLM: If I could take you, again on
14 page 10, to the last bullet above the heading IV, "Child
15 Witness Project with the Centre for Children and Families
16 in the Justice System"? You speak of, in the bullet above:

17 "The research linking viewing with
18 offending is in its infancy."

19 Can you tell us with the research that is
20 out there now is there a positive correlation between those
21 who view and those who offend?

22 DR. JAFFE: I think the research is too
23 early, but certainly from a police perspective or
24 Children's Aid perspective, I would want to be vigilant,
25 but it's too early in the field. I think we don't know the

1 scope of it because we can't keep track of the scope of it.
2 So much of it is undetected. We only know the tip of the
3 iceberg.

4 **MR. CHISHOLM:** My final question to you,
5 Doctor, would be, just before we took the lunch break
6 today, you were having a discussion with Mr. Engelmann,
7 speaking of community organizations, and I was -- I don't
8 know what you said, but I was thinking of hockey
9 associations, perhaps Boy Scouts, things of that nature,
10 that had protocols in place with Children's Aid Societies,
11 and you indicated that there were ---

12 **DR. JAFFE:** Yes.

13 **MR. CHISHOLM:** --- those protocols in place.
14 Can you give ---

15 **DR. JAFFE:** Or Big Brothers. I think some
16 of the protocols are in place more with screening, with
17 ensuring that before people are hired there's some checks
18 in terms of potential sex offending.

19 **MR. CHISHOLM:** So these may not be protocols
20 then that were entered into between the Big Brothers and
21 the Children's Aid Society but, simply, Big Brothers may
22 have developed an internal protocol as to how to screen
23 potential volunteers and Big Brothers? Is that what you
24 were saying earlier?

25 **DR. JAFFE:** Yes, and potentially how to

1 report -- I mean, similar to the protocols with the school
2 board, you know, again, I don't have examples to bring with
3 me and I can't testify on them today, but I think
4 individual agencies also have worked closely with the
5 Children's Aid to develop protocols, how to deal with
6 allegations.

7 **MR. CHISHOLM:** So those individual agencies
8 may have gone to particular Children's Aid Societies
9 seeking the Society's guidance and expertise with respect
10 to developing an internal protocol?

11 **DR. JAFFE:** Yes.

12 **MR. CHISHOLM:** Thank you, Doctor.

13 Those are my questions. Again, thank you
14 very much for coming to testify.

15 **DR. JAFFE:** Thank you.

16 **THE COMMISSIONER:** Thank you.

17 Probation and Corrections, Claude Rouleau.

18 **MR. ROULEAU:** I just have a few questions.

19 --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.
20 ROULEAU:

21 **MR. ROULEAU:** Good afternoon, Dr. Jaffe.

22 **DR. JAFFE:** Good afternoon.

23 **MR. ROULEAU:** I am acting for Probations and
24 Corrections. My name is Claude Rouleau.

25 You've talked before about forensic

1 interview skills with regards to police officers and CAS
2 workers.

3 How do you see the role of a probation
4 officer or a corrections officer with those kinds of
5 skills?

6 **DR. JAFFE:** I think they are another very
7 important group who may have contact with offenders at
8 different points in proceedings both -- I am thinking at
9 pre-sentence reports, both in the -- with young persons and
10 also with adult offenders, also in terms of monitoring in
11 the community, being aware of warning signs and information
12 that may be concerning.

13 So certainly, there should be awareness and
14 some basic skills and then certainly enough to recognize
15 there is a problem area that might require referral to
16 other community professionals.

17 **MR. ROULEAU:** Okay. So it's mostly a role
18 of referral. That's what you are saying in the sense that
19 they need to know how to recognize the symptoms that
20 somebody is presenting that is sitting down with them ---

21 **DR. JAFFE:** Yes.

22 **MR. ROULEAU:** --- in preparing a probation
23 report or something like that?

24 **DR. JAFFE:** Yes, and also I imagine contact
25 with, you know, if you're -- for example, if you were -- to

1 use an analogy, if you have somebody on your probation load
2 who was a sex offender within a family and they are treated
3 in the back of the family; you want to have contact not
4 only in the office with the offender but also with their
5 spouse, you know, if they are charged with domestic
6 violence. Part of the skill would also be making sure you
7 have community contacts and collateral sources with
8 somebody that you are worried might re-offend.

9 **MR. ROULEAU:** Okay. And how would you
10 reconcile the fact that Probations and Corrections officers
11 would have to work with offenders, convicted offenders, and
12 treating them and also work on the other side with victims,
13 survivors? Is that a role that is possible for them and
14 how would it be seen in the community?

15 **DR. JAFFE:** Well, I think you can do that
16 with consent. If your primary -- I mean, the primary role
17 of your mandate as a probation officer, as an officer of
18 the court is to monitor somebody's progress, to ensure that
19 all their undertakings or terms and conditions are being
20 obeyed. I think it would be good practice to also, you
21 know, have contact either directly or indirectly with the
22 victim.

23 Say, for example, it might be domestic
24 violence; someone may be referred to a treatment group for
25 perpetrators of domestic violence. The probation officer

1 should know if somebody is attending sessions. The
2 treatment group may be having regular contact with the
3 spouse to know whether or not there is re-offending. So
4 there may be reports directly or indirectly.

5 **MR. ROULEAU:** Okay. And would you also say
6 that it's more difficult for these workers in dealing --
7 and I come back to the example you gave about junior hockey
8 players. Would it be fair to say that convicted or young
9 offenders or even adults that have been convicted and have
10 no choice but to go meet the probation officers, it would
11 make life more difficult for those workers in getting those
12 persons to confess, to have confidence in them?

13 **DR. JAFFE:** Yes.

14 **THE COMMISSIONER:** We are going to have to
15 stop for five minutes. I'm told we have to change the tape
16 around. So we are going to take a very brief five minutes.

17 Madam Clerk, could you just let me know
18 exactly when we are ready to go? I'll just be outside in
19 the hall.

20 **THE REGISTRAR:** Order; all rise. Veuillez
21 vous lever. We will reconvene in five minutes.

22 --- Upon recessing at 5:17 p.m./

23 L'audience est suspendue à 17h17

24 --- Upon resuming at 5:23 p.m.

25 L'audience reprise à 17h23

1 **THE REGISTRAR:** Order; all rise. À l'ordre.
2 Veillez vous lever.

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

6 **PETER GEORGE JAFFE, Resumed/Sous le même serment:**

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

8 **ROULEAU (continued/suite):**

9 **MR. ROULEAU:** I just have one more question,
10 Dr. Jaffe.

11 I have read that one of the realities of
12 Project Guardian was that most of the victims had been
13 known by CAS.

14 Do you feel that we can say -- well, we
15 could have said the same thing about the Probation and
16 Correction Services, that those people were known and if
17 some training had been there, that the symptoms might have
18 been recognized at that time?

19 **DR. JAFFE:** Yes.

20 **MR. ROULEAU:** Yes? Thank you.

21 **THE COMMISSIONER:** All right. Thank you.

22 Mr. Kloeze?

23 **MR. KLOEZE:** Your Honour, I have no
24 questions.

25 **THE COMMISSIONER:** Thank you.

1 For Jacques Leduc, Sara Siebert?

2 --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MS.

3 SIEBERT:

4 MS. SIEBERT: Good afternoon, Dr. Jaffe.

5 My name is Sara Siebert and I'm here for Mr.
6 Jacques Leduc.

7 In your evidence, sir, you talked about how
8 professionals can be affected by their work and some of the
9 manifestations of that is that -- I think you used the
10 words "that the investigation can be effectively shut
11 down".

12 Would you agree that there is a response
13 that can be at the other end of the spectrum and rather
14 than shut down, that the professionals can get into what I
15 would call maybe a tunnel vision and lose their objectivity
16 and that's equally as dangerous because the investigation
17 can be taken into a wrong direction and evidence can be
18 tainted, and that leads to a problem of false allegations?

19 DR. JAFFE: There's always the possibility.
20 If you look at the two problems, the one you described is
21 less common than the former. The police officers and the
22 Children's Aid that I work with in general are so hyper-
23 vigilant about the consequences of making an allegation,
24 especially of somebody with status in the community, that
25 the repercussions are so profound that they bend over

1 backwards.

2 I get lots of cases to review from Crowns.
3 Actually, I have some directly from the police. I have
4 some from defence lawyers where some of the issues being
5 raised are so problematic that they are not pursued and I
6 encourage them not to be pursued because it is going to put
7 everybody through a lot of difficulty.

8 So I agree with you that one should be
9 vigilant of those concerned, but I think it's the exception
10 rather than the rule.

11 **MS. SIEBERT:** But you agree that if you are
12 someone that is subject to those false allegations, it's an
13 important concern that needs to be addressed?

14 **DR. JAFFE:** Definitely. It would be
15 terrible to have a false allegation made about somebody.

16 **MS. SIEBERT:** And so could you provide us
17 with a little bit of guidance then to the types of
18 guidelines and protocols that you have encouraged the
19 police to use in order to help -- or the police or other
20 frontline workers to help keep them on track, as it were?

21 **DR. JAFFE:** Well, briefly, I mean, I think
22 the issue you raise about tunnel vision, I mean, obviously,
23 police have to be open to multiple hypotheses. They have
24 to be open to the fact that somebody wasn't abused or
25 somebody was abused but there was a different perpetrator.

1 They have to be open to all the information.

2 I think, at the end of the day, the key word
3 probably is thoroughness of investigation, of interviews.
4 I know the police are, in my experience, looking for
5 reasonable and probable grounds before things proceed.

6 Often with very delicate cases they may
7 consult with the Crown Attorney early on to look at -- and
8 I've been called in to some of those cases where there is
9 some concern about proceeding and how everyone will be
10 affected.

11 So thoroughness of investigation, keeping an
12 open mind, consulting and not being afraid to talk to
13 peers. Again, I have been doing the work, as you know from
14 earlier evidence, for many, many years. I still get
15 involved in very complicated cases where I seek counsel,
16 wise counsel from other colleagues about what I see in
17 looking for consistency.

18 So those are sort of a -- would be a short
19 answer.

20 **MS. SIEBERT:** Okay. Thank you. That's the
21 question I had today.

22 **THE COMMISSIONER:** Thank you.

23 Mr. Sherriff-Scott.

24 **MR. SHERRIFF-SCOTT:** Thank you.

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

1 **SHERRIFF-SCOTT:**

2 **MR. SHERRIFF-SCOTT:** Hi, doctor.

3 I will try and be two minutes.

4 **DR. JAFFE:** Thank you.

5 **MR. SHERRIFF-SCOTT:** Just in connection with
6 the reference to Dr. Wolfe's evidence earlier, which was
7 used as sort of a springboard to launch into a series of
8 questions, I take it you personally haven't been involved
9 in organized research into the question of comparison of
10 incidence levels of abuse in religious institutions versus
11 other institutions?

12 **DR. JAFFE:** I personally haven't done that
13 research.

14 **MR. SHERRIFF-SCOTT:** Nor have you published
15 on that subject?

16 **DR. JAFFE:** No.

17 **MR. SHERRIFF-SCOTT:** And just in terms of
18 what Dr. Wolfe had to say, if I could perhaps refer you to
19 the transcript, if that's available, at Volume 5, page 65,
20 line 13, which is when you see it ---

21 **THE COMMISSIONER:** Hold on.

22 **MR. SHERRIFF-SCOTT:** --- is a reference that
23 I was asking about and you can read it before I ask a
24 question.

25 **DR. JAFFE:** Sixty-five (65)?

1 **MR. SHERRIFF-SCOTT:** Just down ---

2 **THE COMMISSIONER:** We are still at 59 here.

3 **MR. SHERRIFF-SCOTT:** Fifty-nine (59).

4 Sixty-five (65).

5 **THE COMMISSIONER:** Yes, I'm getting there.

6 There you go.

7 **MR. SHERRIFF-SCOTT:** There we are. "MR.
8 SHERRIFF-SCOTT," in the middle of the page, "Okay. Now..."
9 Just read that.

10 **THE COMMISSIONER:** Line 13.

11 Can you scroll down, Madam Clerk? Scroll
12 down. Okay.

13 How far do you want it to go?

14 **MR. SHERRIFF-SCOTT:** That's fine, stopping
15 with "no, we don't know that."

16 **DR. JAFFE:** Yes.

17 **MR. SHERRIFF-SCOTT:** Now, in all
18 seriousness, Dr. Wolfe said he taught you everything you
19 know, so should we go with his evidence on this or was your
20 evidence anecdotal?

21 **THE COMMISSIONER:** Okay. So let's ---

22 **MR. SHERRIFF-SCOTT:** That's two questions.
23 The first question is do you agree with Dr. Wolfe?

24 **DR. JAFFE:** Did I say something different
25 from Dr. Wolfe?

1 **MR. SHERRIFF-SCOTT:** I think you did.

2 **THE COMMISSIONER:** Yes. He's saying that,
3 on line 13, there was -- when Mr. Sherriff-Scott said:

4 "Now, just on the subject of a question
5 that was raised yesterday regarding the
6 incidence of offenders within religious
7 organizations as compared to other
8 institutions, I take it from your
9 evidence that you haven't been involved
10 in any study or analysis of that
11 question discreetly?

12 DR. WOLFE: Difference in incidence,
13 no, we don't know that."

14 So wouldn't ---

15 **DR. JAFFE:** I don't disagree with -- and I
16 wouldn't have -- I'm not sure of the earlier evidence
17 you're referring to. I might have misspoken or ---

18 **MR. SHERRIFF-SCOTT:** Just there were some
19 anecdotal points that you raised about discussions at the
20 dinner table and so forth, so I just wanted to clarify the
21 ---

22 **THE COMMISSIONER:** In fairness, the way I
23 recall it was that you would have said that there was a
24 higher incidence of abusers, I suppose, in the religious
25 order, but I don't think he said compared to what. And I

1 think that was the question mark that I was left with
2 myself.

3 **MR. SHERRIFF-SCOTT:** Yes. Well, the
4 question left hanging there was "There is more" but there
5 was more compared to what, and Dr. Wolfe's evidence is we
6 don't know the relative proportions and levels of incidence
7 vis-à-vis institutions.

8 **THE COMMISSIONER:** Other institutions;
9 that's right.

10 **MR. SHERRIFF-SCOTT:** Other institutions is
11 what I was concerned about. Is that fair?

12 **DR. JAFFE:** Yes. I think the question I was
13 answering -- and I would agree with Dr. Wolfe's evidence.
14 I think I was -- one of your friends might have been asking
15 questions about the nature of different institutions and
16 the level of secrecy or the difficulty in coming forward.
17 So I said one institution may be different, but I can't --
18 I agree with Dr. Wolfe; day to day, I can't say the
19 percentage in one institution versus another.

20 **MR. SHERRIFF-SCOTT:** Yes, right. You don't
21 have any hard evidence based on the principles of your
22 profession ---

23 **DR. JAFFE:** No.

24 **MR. SHERRIFF-SCOTT:** --- to offer on that
25 subject here.

1 Okay. If I can -- now, this might just take
2 just a moment, if we can turn to page 73. There was a
3 series of questions I asked Dr. Wolfe about sort of the
4 historical evolution of knowledge and the reaction of
5 various community sector or organizations in their internal
6 treatment of this problem, which you've touched on today,
7 and your mentor, as I'll describe him, was very fair in my
8 question's response; at least that's how I saw it.

9 But if we can start at the top of 73, you'll
10 see when we read through it, if you can just take a moment
11 to scan it, there are certain conclusions that he offers
12 that I'd like you to consider. If you could read page 73,
13 down to the bottom of 74, and just alert the person when
14 you need to scroll.

15 **(SHORT PAUSE/COURTE PAUSE)**

16 **DR. JAFFE:** Scroll down.

17 **(SHORT PAUSE/COURTE PAUSE)**

18 **DR. JAFFE:** Scroll down.

19 **MR. SHERRIFF-SCOTT:** Line 24 is where I want
20 you to -- to that point to consider.

21 **DR. JAFFE:** Okay.

22 **MR. SHERRIFF-SCOTT:** Was that a fair
23 analysis? I mean I don't want to oversimplify, but I don't
24 want it to be simplified either and I think that Dr. Wolfe
25 was fair in his concession that these factors were

1 significant as well.

2 DR. JAFFE: Yes.

3 MR. SHERRIFF-SCOTT: Thank you. You would
4 agree with me by saying "yes"?

5 DR. JAFFE: Yes.

6 MR. SHERRIFF-SCOTT: Thank you.

7 Now, there was a statement that I -- my
8 perception was you recoiled from slightly that institutions
9 didn't care about children. Following on this issue, and I
10 just want to turn you -- this is my last question -- to
11 document number 17 which is, I understand, a joint
12 publication with you and Dr. Wolfe and it's page 188 in the
13 upper left margin.

14 MR. ENGELMANN: Tab 17.

15 MR. SHERRIFF-SCOTT: Tab 17. Document 17;
16 I'm sorry, yes. It's a paper written by Doctors Jaffe and
17 Wolfe.

18 THE COMMISSIONER: So 188.

19 MR. SHERRIFF-SCOTT: One-eighty-eight (188),
20 yes, and it's the upper left paragraph.

21 THE COMMISSIONER: Okay.

22 MR. SHERRIFF-SCOTT: And, Doctor, just take
23 a moment, starting with "caution, however" and then read to
24 the bottom of that paragraph and I'm assuming you'll adopt
25 his proposition since it's your article as well as Dr.

1 Wolfe's.

2 DR. JAFFE: Yes.

3 MR. SHERRIFF-SCOTT: So I don't want to
4 oversimplify but again I don't want it to be simplified to
5 the reductionist point where the complexity of this problem
6 is singled-out as the fault of the institutions. We've all
7 learned from the history and we're still learning.
8 Correct?

9 DR. JAFFE: Yes. I think, in fairness, my
10 response to Mr. Lee was that in talking about these issues
11 we don't want to paint all institutions with the same brush
12 in the sense of a lot of institutions do excellent work
13 with children and are well-intended and we depend on them
14 as parents, as community members. So I thought that was
15 what I was saying in my evidence.

16 MR. SHERRIFF-SCOTT: I just wanted to be
17 clear.

18 Thank you very much. Those are my
19 questions.

20 THE COMMISSIONER: Thank you.

21 I may have misplaced my -- no, here we go.
22 All right. So Mr. Manderville for the Cornwall Police.

23 MR. MANDERVILLE: Yes, thank you, Mr.
24 Commissioner. Mr. Scott I think is going to stay up and
25 assist me.

1 (LAUGHTER/RIRES)

2 MR. SHERRIFF-SCOTT: I am gone. Thank you.

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

4 MANDERVILLE:

5 MR. MANDERVILLE: Good evening, Dr. Jaffe.

6 DR. JAFFE: Good evening.

7 THE COMMISSIONER: It is indeed evening.

8 MR. MANDERVILLE: My name is Peter

9 Manderville and I'm here for the Cornwall Police.

10 I have a few discreet areas to touch on and
11 I hope to be very brief, particularly if you agree with me.

12 (LAUGHTER/RIRES)

13 DR. JAFFE: It's that time of the evening
14 when I'm very agreeable.

15 THE COMMISSIONER: Is that a threat?

16 (LAUGHTER/RIRES)

17 MR. MANDERVILLE: You made reference very
18 early on in your evidence when Mr. Engelmann was asking you
19 to talk about the centre you operate in London, the Centre
20 for Violence Against Women and Children, and you made
21 reference in your discussion about what the centre does to
22 the fact that recently the centre has started to deal with
23 incidents, reported incidents of historical sexual abuse.
24 Is that correct?

25 DR. JAFFE: Yes.

1 **MR. MANDERVILLE:** And I take it from your
2 evidence and in general that it is indeed a more recent
3 phenomena that these reports are occurring more frequently
4 now certainly than, say, 10, 15 years ago.

5 **DR. JAFFE:** Yes.

6 **MR. MANDERVILLE:** And you also talked about
7 the fact that there was no national public awareness
8 strategy to deal with child sexual abuse?

9 **DR. JAFFE:** Yes.

10 **MR. MANDERVILLE:** And instead, the responses
11 we get, if I understand you correctly, are primarily
12 piecemeal local responses to local issues?

13 **DR. JAFFE:** Yes. I think as Mr. Engelmann
14 went through the evidence, there's been attempts through
15 the Badgley Commission Report, through the Rogers document,
16 through the Canadian Panel on Violence Against Women which
17 also dealt in part with residential abuse. There have been
18 attempts, but certainly sustained effort hasn't been there.

19 **MR. MANDERVILLE:** And instead we have
20 Project Guardian representing a local response to a local
21 crisis or issue. Project Jericho, dealing with local
22 responses to local issues.

23 **DR. JAFFE:** Yes, with the provincial support.

24 So in both those, Project Guardian and
25 Project Jericho, police departments and the Children's Aid

1 and our Centre asked for support from the provincial
2 government to expand resources and to properly investigate
3 and research what was happening.

4 **MR. MANDERVILLE:** Now, Mr. Engelmann also
5 took you through in the Tab, articles coming with your
6 evidence, some of the protocols that agencies in London
7 have entered into and at Tab 12, we saw the protocol
8 between the London Police and the London Children's Aid
9 Society. Correct?

10 **DR. JAFFE:** Yes.

11 **MR. MANDERVILLE:** And that was a 2002
12 protocol, at least at that tab?

13 **DR. JAFFE:** Yes.

14 **MR. MANDERVILLE:** And, at least I note that
15 that protocol makes no reference to historical sexual
16 abuse. Do you agree with me?

17 **DR. JAFFE:** Let me just look.

18 **(SHORT PAUSE/COURTE PAUSE)**

19 **DR. JAFFE:** I can't find the reference, but
20 I think I've assumed it in a sense, just to be clear, that
21 we're talking often about multi-victim/multi-offender,
22 which often does involve historical abuse. And, in fact,
23 in my understanding -- this is one document. If you look
24 at the protocol for the Ministry of Community and Social
25 Services, in terms of mandates for Children's Aid Society,

1 it's my understanding that that issue of historical abuse
2 or adults coming forward is also relevant to the Children's
3 Aid to the extent to which an adult is still a person in
4 position of authority or trust with children, either in a
5 family or community context.

6 **MR. MANDERVILLE:** So the CAS would
7 understand they have that mandate, but it's not expressly
8 set out in the protocol we are looking at?

9 **DR. JAFFE:** Yes.

10 **MR. MANDERVILLE:** And would I be correct in
11 presuming that at least one reason why it's not expressly
12 set out is because we would perhaps not be dealing with a
13 child who is reporting the historical abuse?

14 **DR. JAFFE:** Yes, we'd be dealing with an
15 adult. And again, it's fair to say, and I think maybe this
16 is what you're after, it would be fair to say that this is
17 an area that there's been ongoing discussion and debate and
18 there may be inconsistency across the province about how
19 this is dealt with.

20 I would know that in our jurisdiction, if
21 you have an adult survivor who comes forward and talking
22 about abuse, but the person who is the alleged perpetrator,
23 you know, is a grandparent, a volunteer, there would be
24 communication with the Children's Aid. My sense the
25 interpretation, when I've had those cases, there's going to

1 be at least discussion and consultation.

2 **MR. MANDERVILLE:** And I take it that's
3 because when the adult comes forward and says, "This abuse
4 happened to me some years ago" and if the alleged abuser is
5 still within the community, that triggers a concern that
6 there may well be a child in need of protection, not this
7 adult, but a child?

8 **DR. JAFFE:** Yes.

9 **MR. MANDERVILLE:** While we talk about this
10 protocol, and you made reference to the multi-victim/
11 multi-offender element in this protocol; was this the first
12 such protocol between the London Police and the CAS to have
13 the multi-victim/multi-offender provisions?

14 **DR. JAFFE:** Yes.

15 **MR. MANDERVILLE:** And I take it that was in
16 response to the Project Guardian situation?

17 **DR. JAFFE:** Yes. I think it would be
18 similar to my earlier evidence, in that it would have been
19 local practice, but this is a document that captures some
20 of the experience from Project Guardian. I mean I would
21 say that the police and the Children's Aid have always
22 worked together, but the Project Guardian really
23 illustrated the exceptional needs during these
24 circumstances.

25 **MR. MANDERVILLE:** Okay.

1 At Tab 11 of your materials, we also looked
2 at the Thames Valley Board of Education and Children's Aid
3 Society protocol, dated June of 2000.

4 **DR. JAFFE:** Yes.

5 **MR. MANDERVILLE:** And perhaps not
6 surprisingly, there's no reference in that document to
7 historical sexual assaults or sexual abuse either?

8 **DR. JAFFE:** Yes. But again in terms of the
9 actual -- even though it's missing, I think it's certainly
10 implied if there's a -- and I've been involved in those
11 cases where there's an historical incident reported but the
12 individual is still an employee. Even though there's an
13 adult reporting it, it would still trigger the same issues.

14 **MR. MANDERVILLE:** Okay.

15 My point with respect to this particular
16 protocol is, given that it's a protocol involving a board
17 of education where you're concerned with students, you
18 wouldn't necessarily expect a provision to deal with
19 historical sexual assaults, when you're talking about a
20 student body.

21 **DR. JAFFE:** No, you would, because you're --
22 somebody may have a career in education that spans 30
23 years. So you're looking at the -- you know, if you're
24 abusing somebody in your first year of practice, who's 10
25 years of age, by the time you're ready to retire they're 40

1 and you have class after class of potentially future
2 victims.

3 So I think the historical is -- when people
4 come forward to report historical abuse and someone's still
5 an employee or a volunteer, I think there's still the same
6 - obviously, there's a responsibility of the employer.

7 **MR. MANDERVILLE:** So you would say it's
8 implicit to have the protocol?

9 **DR. JAFFE:** Yes.

10 **MR. MANDERVILLE:** Now, the two protocols we
11 looked at, which you put in your materials as examples,
12 were bilateral protocols.

13 Did London's frontline professionals, to
14 your knowledge, ever have multi-party protocols?

15 **DR. JAFFE:** No, the closest we've come to is
16 -- the short answer is no. The long answer is there's a
17 child abuse counsel that continues to meet together and
18 look at the importance of these partnerships. It involved
19 in a number of projects. For example, something that may
20 not be a formal protocol or policy. The child abuse
21 counsel put together a special section in the public
22 library around abuse and including historical abuse to
23 ensure its ready access to the public, from potential
24 survivors.

25 So there's ongoing projects and working

1 relationships even though they're not enshrined in multi-
2 agency protocols.

3 **MR. MANDERVILLE:** Okay.

4 And last I want to talk to you a little bit
5 about Project Guardian. You used the expression that
6 within London, you had a group of -- I'm quoting you
7 hopefully directly -- "exceptional agencies that
8 collaborate well."

9 **DR. JAFFE:** Yes.

10 **MR. MANDERVILLE:** And I take it you'd agree
11 with me that those exceptional agencies have a number of
12 dedicated hard-working professionals?

13 **DR. JAFFE:** Yes.

14 **MR. MANDERVILLE:** And despite their skills
15 and their hard work, the Project Guardian situation was a
16 multi-victim/multi-offender situation, went undetected for
17 quite some time. Correct?

18 **DR. JAFFE:** Yes.

19 **MR. MANDERVILLE:** No one came forward to
20 report. Correct?

21 **DR. JAFFE:** Correct.

22 **MR. MANDERVILLE:** And it was discovered by
23 pure good fortune?

24 **DR. JAFFE:** Yes.

25 **MR. MANDERVILLE:** Quite frankly, the

1 professionals got a break.

2 DR. JAFFE: Yes.

3 MR. MANDERVILLE: And it was helped by the
4 fact that you had videos where individuals were quite
5 literally caught in the act?

6 DR. JAFFE: Yes.

7 MR. MANDERVILLE: In the absence of such a
8 break, I take it that it can be exceptionally difficult to
9 detect these sorts of multi-victim, multi-offender
10 networks?

11 DR. JAFFE: Yes.

12 MR. MANDERVILLE: It's an uphill battle,
13 isn't it?

14 DR. JAFFE: Yes.

15 MR. MANDERVILLE: Thank you very much.

16 THE COMMISSIONER: Mr. Kozloff.

17 MR. KOZLOFF: Thank you very much, Mr.
18 Commissioner. It's still afternoon.

19 --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.
20 KOZLOFF:

21 MR. KOZLOFF: Dr. Jaffe, I represent the
22 Ontario Provincial Police. My name is Neil Kozloff and I
23 would like to thank you very much for your evidence. It's
24 been extremely edifying for me.

25 DR. JAFFE: Thank you.

1 **MR. KOZLOFF:** I have one area that I want to
2 touch on and that is the issue of multiple statements. I
3 think you indicated in your evidence that those are
4 deleterious to the wellbeing of the victim.

5 **DR. JAFFE:** Yes.

6 **MR. KOZLOFF:** And that's true also in the
7 case of historic sexual assault victims?

8 **DR. JAFFE:** Yes.

9 **MR. KOZLOFF:** I am going to suggest to you,
10 though, that in historic sexual assault cases, it's
11 axiomatic that disclosure is delayed.

12 **DR. JAFFE:** Yes.

13 **MR. KOZLOFF:** I'm going to suggest to you
14 also that in historic sexual assault cases, disclosure is
15 often incremental.

16 **DR. JAFFE:** Yes.

17 **MR. KOZLOFF:** And that presents even the
18 most highly-trained, competent police officer with a
19 dilemma, doesn't it?

20 **DR. JAFFE:** Yes.

21 **MR. KOZLOFF:** Because you have indicated
22 that one of the things that a trained, skilled investigator
23 should do is to avoid leading questions.

24 **DR. JAFFE:** Yes.

25 **MR. KOZLOFF:** And to respect the manner in

1 which the victim wishes to disclose.

2 DR. JAFFE: Yes.

3 MR. KOZLOFF: And that it would be
4 counterproductive in many cases to push the victim to come
5 up with more than the victim chooses to come up with at the
6 initial interview; fair?

7 DR. JAFFE: It depends on what you mean by
8 push but I agree with you in general but there are skilled
9 officers -- you may be one of them -- who have a way of
10 creating a climate where you're going to be more
11 forthcoming and open about what you experienced. I've seen
12 the same witness with different police officers, different
13 Crown attorneys give totally different responses according
14 to openness, the rapport that's been established. It's a
15 complicated issue.

16 MR. KOZLOFF: There are cases though, you'll
17 agree and I'm sure you've seen them yourself, where the
18 victim will begin by telling a story that involves
19 touching, fondling, perhaps mutual masturbation, and by the
20 time they're testifying in court, it's full anal
21 intercourse.

22 DR. JAFFE: Yes, things -- I think you're
23 right about incremental disclosure.

24 MR. KOZLOFF: Right. And even though a
25 Crown attorney and a highly skilled police officer would

1 prefer to get the story the first time for a number of
2 reasons, not only having to do with the well-being of the
3 victim but with the integrity of the case -- right?

4 DR. JAFFE: Yes.

5 MR. KOZLOFF: It still happens and it can't
6 be avoided in some circumstances that victims will disclose
7 at their own chosen pace. For whatever reason, whether
8 it's shame or guilt or reluctance to admit to themselves
9 that they've been so traumatized, they will disclose at
10 their own pace.

11 DR. JAFFE: I agree with you in part. I
12 agree that there is -- that in some situations, the most
13 highly skilled police officer or the most highly skilled
14 Children's Aid worker, most highly skilled Crown attorney
15 will still end up with new disclosures and conflicting
16 information and a problem when you're involved in
17 proceedings. Having said that, I also think there are some
18 cases where if an officer had -- and I don't mean to be
19 critical or second-guess ---

20 MR. KOZLOFF: No, I understand.

21 DR. JAFFE: But there are some cases where
22 if somebody had more time, more patience, more skill,
23 potentially, you know, were able to consult with an abuse
24 expert, a colleague to really understand, you know, that if
25 (a) happens, then (b) and (c) are likely and without

1 leading them, you know, create an environment where you
2 say, "Was there anything else" or you know, you can still
3 get the information without tainting or harming the
4 evidence.

5 So again, I agree with you that some
6 situations are impossible but some with enhanced skill and
7 patience and collaboration, we could -- some of it is pilot
8 error.

9 **MR. KOZLOFF:** The only other thing I wanted
10 to touch on is my concern with your evidence that nobody
11 will talk to you at cocktail parties.

12 **DR. JAFFE:** Yes.

13 **MR. KOZLOFF:** I want to give you my solemn
14 undertaking that if I run into you at a cocktail party, I
15 will stand and talk with you and drink with you and tell
16 you all my golf stories until you walk away from me.

17 **DR. JAFFE:** My worry if we're together, then
18 no one else will be talking to us either.

19 **(LAUGHTER/RIRES)**

20 **MR. KOZLOFF:** Thank you.

21 **THE COMMISSIONER:** That undertaking is
22 noted.

23 Mr. Carroll.

24 --- **CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.**
25 **CARROLL:**

1 **MR. CARROLL:** Thank you.

2 **THE COMMISSIONER:** And I can tell you that
3 he is the last.

4 **DR. JAFFE:** He stands between me and the
5 airplane?

6 **THE COMMISSIONER:** Exactly.

7 **MR. CARROLL:** I won't be more than two
8 hours, sir, and 12 minutes with your cooperation.

9 Three discreet areas that I wish to speak to
10 you about. You spoke at some length about the importance
11 of the public getting accurate and timely and early
12 disclosure and information, correct?

13 **DR. JAFFE:** Yes.

14 **MR. CARROLL:** Representing the frontline
15 police officers of the OPP as I do, you can understand the
16 concern that the police may have with respect to putting
17 out too much information and being criticized for
18 compromising the fair trial rights of an accused.

19 **DR. JAFFE:** Yes.

20 **MR. CARROLL:** And there is a danger that if
21 too much information is put out, that may feed into a
22 change of venue for the trial and thereby deprive the
23 community of the trial and where it should take place.

24 **DR. JAFFE:** Yes.

25 **MR. CARROLL:** Would you agree, sir, and

1 endorse the recommendation that the police in all
2 circumstances should be consulted, if not the lead, in
3 determining what information gets out and when?

4 **DR. JAFFE:** I have no difficulty with that.
5 I think there is a delicate balance and I don't mean in my
6 shorter answers to oversimplify the problem but clearly
7 there's got to be a balancing of interests. Actually, I
8 had a recent situation -- I know the hour is late but
9 actually I've had situations where I've asked -- I've told
10 people not to speak publicly because they're going to
11 damage potential investigations and, in fact, impede the
12 work of the court. So I respect that.

13 **MR. CARROLL:** And would that potential
14 damage, the chances of that be minimized by having the
15 police have significant input as to what is put out in the
16 public domain and when?

17 **DR. JAFFE:** Yes. I think, again, the police
18 have to work in partnership but I have a lot of confidence
19 in general with the police. The short answer is yes.

20 **MR. CARROLL:** Thank you. There is a benefit
21 to going last I suppose.

22 **(LAUGHTER/RIRES)**

23 **MR. CARROLL:** The second area that I wish to
24 speak to you about, sir, is one that we've -- the recurrent
25 theme of the need for education and training of frontline

1 officers. And you just actually addressed that with the
2 previous question where you talked about enhanced skill and
3 training of a questioner may be able to elicit the
4 information necessary to get a full and comprehensive
5 statement; right? You spoke with Mr. ---

6 **DR. JAFFE:** Yes. Are you asking me a
7 question or just ---

8 **MR. CARROLL:** No. Training and skill -- the
9 skill can only come, I suppose, from adequate training and
10 inherent abilities I suppose. It's crucial to a proper
11 investigation of these cases, right?

12 **DR. JAFFE:** Yes. Training is but there's
13 also an attitude I think. If I could just quickly ---

14 **MR. CARROLL:** Sure.

15 **DR. JAFFE:** There's an attitude that some
16 police officers tend to think that they have to do it all,
17 that their department has to do it all and there is not
18 enough collaboration. So without overstating this or
19 intending to quantify it, I think, in my view, modern
20 police officers, more so perhaps than previous generations,
21 are more open to collaboration. They don't feel threatened
22 by different people's areas of expertise. I think in the
23 old days, you know, you had to do it -- sometimes people
24 did it a certain way and they weren't open to sharing
25 information or seeking consultation.

1 **MR. CARROLL:** And one of the ways I would
2 guess that that collaboration, if you will, was encouraged,
3 fostered and taught was through that course at the Ontario
4 Police College during its currency.

5 **DR. JAFFE:** That was very helpful, yes.

6 **MR. CARROLL:** Right. Sir, I'm going to --
7 and you agreed I think earlier at an earlier question that
8 standardized -- or it came from you -- standardized
9 educational programs or training are very important;
10 correct?

11 **DR. JAFFE:** Yes.

12 **MR. CARROLL:** All right. And given that all
13 police officers, including the OPP, must attend the Ontario
14 Police College, would you agree that it's an appropriate
15 place to at least have an introductory course involving co-
16 training police and CAS?

17 **DR. JAFFE:** Yes.

18 **MR. CARROLL:** Would you endorse a
19 recommendation if it came from this inquiry to reinstate
20 that program so that frontline officers can be properly
21 educated to work with CAS workers? Would you endorse such
22 a recommendation?

23 **DR. JAFFE:** With respect to -- Your Honour,
24 is it premature to talk about recommendations?

25 **THE COMMISSIONER:** No, you can.

1 DR. JAFFE: Okay. I think it's a great
2 idea.

3 MR. CARROLL: It's a great idea?

4 DR. JAFFE: Yes.

5 MR. CARROLL: All right.

6 In addition to the counselling that we have
7 spoken of, there has been some talk about vicarious trauma
8 experienced by frontline workers, police and CAS.

9 DR. JAFFE: Yes.

10 MR. CARROLL: Right. Would you endorse,
11 sir, an aspect of the educational program for police to
12 alert police officers to the possibility that this could
13 exist, that they could go out there and actually experience
14 this?

15 DR. JAFFE: Yes. It should be mandatory.
16 It should be built in. It should be part of the screening
17 preparation. Before someone becomes a police officer, they
18 should know what they're actually getting into. When
19 they're doing it, there should be vigilance by senior
20 officers and there should be encouragement for disclosure
21 about what officers are suffering rather than feel it's a
22 lack of strength to disclose it.

23 MR. CARROLL: In addition to having that at
24 the front end as part of the educational program, in the
25 first instance, would you also agree that counselling

1 services should be made available for frontline officers in
2 the form of debriefing and professional services for
3 officers once they have completed such an investigation?

4 **DR. JAFFE:** Yes, I think it should be built
5 in. It shouldn't be something where you have to go to the
6 chief and ask for extra help. It should be expected and we
7 should understand that this work is difficult and it has an
8 impact.

9 **MR. CARROLL:** In part, that overcomes
10 perhaps resistance within the police community to seek that
11 kind of help.

12 **DR. JAFFE:** Yes. Actually, I have a
13 brother-in-law who -- I'm close to all these institutions
14 we're talking about -- I have a brother-in-law who is a
15 police officer and he often talks about the stress of the
16 work and all the demands in terms of the standards, all the
17 expectations. So I know firsthand how difficult the work
18 is.

19 **MR. CARROLL:** Finally, sir, there's some
20 propositions that were provided to us by Doctor Wolfe. I
21 just want to see if you would agree. He told us that no
22 one could be blamed for not being as aware decades ago as
23 we are now of the problem with child abuse.

24 Is that a fair proposition?

25 Institutions, police, CAS are much more

1 aware of the problem now than 10, 15, 20 or 30 years ago?

2 **DR. JAFFE:** I agree with part of it. I
3 agree that -- I think it's fair to say that we know a lot
4 more in 2006 than we did 20 years ago or 30 years ago. In
5 terms of blaming institutions, again, it's not the
6 inquiry's job to cast blame. So clearly, it's not my job
7 either.

8 But as a witness, I will say there are
9 institutions -- that new things were happening that covered
10 up -- where bystanders didn't give things the time and
11 attention they deserved and I think ultimately it's a
12 collective responsibility.

13 I mean, I understand that an individual
14 perpetrator, you know, from the passage that we reviewed
15 earlier, an individual perpetrator holds the ultimate
16 responsibility, but the extent to which an institution was
17 aware, didn't respond, there's both direct liability and
18 vicarious liability.

19 **MR. CARROLL:** He advised that in his view,
20 at least, child abuse is an epidemic; it's a public health
21 issue. Do you agree?

22 **DR. JAFFE:** That was my starting point
23 today.

24 **MR. CARROLL:** And that it is his view,
25 Wolfe's view, that I assume you share, that everybody

1 within the community must be educated to this problem?

2 DR. JAFFE: Yes, I agree with that.

3 MR. CARROLL: Finally, as was pointed out by
4 Mr. Manderville, despite the great apparent working
5 relationship that the London Police Service had with the
6 CAS and all of the forward thinking that went on in the
7 '70s there, your community, the London community, still
8 experienced the tragedy of what became to be known as
9 Project Guardian.

10 DR. JAFFE: Yes, and that's not the only --
11 I mean, every community suffers from the aftermath of child
12 sexual abuse.

13 MR. CARROLL: And every community can
14 experience that type of problem. As you said, it can
15 happen anywhere.

16 DR. JAFFE: The challenge is what the
17 response is. At the end of the day, child abuse happens
18 anywhere. I think the ultimate question that's, I imagine,
19 the major one for the inquiry is how do communities
20 respond? How do they work together? When a tragedy
21 happens, you can bury it or you can put a spotlight on it.

22 MR. CARROLL: It would be, sir, I suggest to
23 you, wrong and disingenuous on anybody's part to blame the
24 community of Cornwall any more than it would be to blame
25 the citizens of London or Prescott or Sault Ste. Marie.

1 Is that correct?

2 DR. JAFFE: I'm not here to cast aspersions
3 or blame on the citizens.

4 MR. CARROLL: I know you're not.
5 Would you agree with that statement that
6 this community should not be stigmatized by what happened,
7 but it should be credited for participating in this inquiry
8 to get to the bottom of what happened?

9 DR. JAFFE: I don't think it's my role to
10 answer that question. I think at the end of the day, I
11 think it's both an individual and collective response.
12 Whether it's Cornwall, whether it's Sudbury, whether it's
13 London or Brockville, every citizen has to look in a mirror
14 and say "Am I doing the best I can to protect my children
15 and to protect the other children in the community,
16 depending on role and responsibility? Am I being a good
17 friend, uncle, police officer, grandfather?" I mean, this
18 is a question everybody has to ask themselves individually
19 and collectively.

20 MR. CARROLL: In any town, in any city?

21 DR. JAFFE: Yes.

22 MR. CARROLL: Thank you.

23 Thank you, sir.

24 THE COMMISSIONER: Thank you.

25 Mr. Engelmann, did you have any further

1 comments?

2 **MR. ENGELMANN:** No. I just want to thank
3 the witness, Dr. Jaffe, for his long day here and his
4 patience.

5 **THE COMMISSIONER:** Yes. I think we all join
6 in in thanking you, sir, for your testimony, your patience
7 and your collaboration.

8 **DR. JAFFE:** Thank you, Your Honour, for
9 staying late and all the counsel and staff who stayed late.
10 I really appreciate that and my wife and children
11 appreciate it.

12 **THE COMMISSIONER:** Thank you.

13 **DR. JAFFE:** Not coming back.

14 **THE COMMISSIONER:** Thank you. So we'll get
15 you on your way and we'll resume tomorrow morning at 10:00
16 to deal with whatever we will deal with.

17 Thank you.

18 **THE REGISTRAR:** Order; all rise.

19 The hearing is now adjourned.

20 --- Upon adjourning at 6:05 p.m./

21 L'audience est ajournée à 18h05

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C E R T I F I C A T I O N

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I, Sean Prouse 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.

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