

**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 7**

**Held at :**

Hearings Room  
709 Cotton Mill Street  
Cornwall, Ontario  
K6H 7K7

Thursday, February 16, 2006

**Tenue à:**

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

Jeudi, le 16 février 2006

**Appearances/Comparutions**

Mr. Peter Engelmann	Lead Commission Counsel
Ms. Louise Mongeon	Registrar
Ms. Raija Pulkkinen	Commission Counsel
Mr. John E. Callaghan Mr. Mark Crane	Cornwall Police Service Board
Mr. Neil Kozloff Det. Insp. Colleen McQuade Ms. Gina Saccoccio Brannan, Q.C.	Ontario Provincial Police
Mr. Joe Neuberger Mr. Mike Lawless	Ontario Ministry of Community and Correctional Services and Adult Community Corrections
Ms. Judie Im	Attorney General for Ontario
Mr. Peter Chisholm	The Children's Aid Society of the United Counties
Mr. Peter Wardle	Citizens for Community Renewal
Mr. Dallas Lee	Victims Group
Mr. David Sherriff-Scott Me André Ducasse	Diocese of Alexandria-Cornwall and Bishop Eugene LaRocque
Mr. Giuseppe Cipriano	The Estate of Ken Seguin and Scott Seguin and Father Charles Macdonald
Mr. Christopher Avery	Mr. Jacques Leduc
Mr. William Carroll	Ontario Provincial Police Association
Mr. Peter Engelmann	Mr. John Liston

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1 --- Upon commencing at 10:02 a.m. /

2 L'audience débute à 10h02

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 presiding.

8 **THE COMMISSIONER:** Thank you.

9 **THE REGISTRAR:** Please be seated. Veuillez  
10 vous asseoir.

11 **THE COMMISSIONER:** Good morning all. Before  
12 we proceed, I see that there is snow flying. So I can  
13 assure you that we'll keep a pulse on that. I also  
14 understand some of you want to leave today and so we will  
15 certainly make arrangements to ensure that everyone gets to  
16 their trains and planes and whatever else at a decent time.

17 So we were speaking to Mr. Liston.

18 **JOHN LISTON, Resumed/Sous affirmation solennelle:**

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

21 **MR. ENGELMANN:** That's right. Good morning,  
22 Mr. Commissioner. Good morning, Mr. Liston.

23 **MR. LISTON:** Good morning.

24 **MR. ENGELMANN:** We were about to start  
25 looking at some child welfare trends over the recent past.

1 So I'm in Mr. Liston's outline, Mr. Commissioner, at the  
2 bottom of page 2.

3 **THE COMMISSIONER:** All right. Thank you.

4 **MR. ENGELMANN:** So that's Tab 3 of Exhibit  
5 20P.

6 Mr. Liston, throughout these years now, from  
7 the late '60s until the middle of last year, you were  
8 actively involved working in the child welfare system in  
9 this province.

10 **MR. LISTON:** That's correct.

11 **MR. ENGELMANN:** And you would have had  
12 actual hands-on experience as a frontline worker, a  
13 manager, an assistant executive director, an executive  
14 director, so a lot of practical hands-on experience with  
15 issues of child abuse and child sexual abuse.

16 **MR. LISTON:** That's correct.

17 **MR. ENGELMANN:** And as well, you would have  
18 been involved in training individuals and receiving  
19 training and just staying up to date on various issues.

20 **MR. LISTON:** Primarily being trained. I  
21 wasn't the trainer in this particular area but, yes,  
22 certainly I did receive some training in this area.

23 **MR. ENGELMANN:** And I understand as the  
24 executive director and we will come to this, that on many  
25 occasions, you would have entered into interagency

1 protocols for dealing with child abuse and/or child sexual  
2 abuse with a number of different agencies.

3 MR. LISTON: That's correct.

4 MR. ENGELMANN: So let's go back to the  
5 early years. You're in Metro Toronto. You're in a certain  
6 part of Toronto. As I understand it, you start working as  
7 frontline worker with Catholic Children's Aid in Toronto.

8 MR. LISTON: That's correct. I graduated  
9 from the School of Social Work in Ottawa in '69, and my  
10 first position was with the Catholic Children's Aid and my  
11 work in the early years was primarily in the area of  
12 visiting families in the -- what would have been known the  
13 Jarvis Street, Cabbagetown area of Toronto. That was  
14 before it sort of became redone or whitewashed, I think was  
15 the term that they used, and it was just north of Regent  
16 Park.

17 MR. ENGELMANN: So at that time, can you  
18 describe sort of the socio-economic basis of this  
19 particular area?

20 MR. LISTON: Well, at that time, it would  
21 have been known as the Red Light District. It was a slum.

22 MR. ENGELMANN: Okay.

23 MR. LISTON: A lot of rooming houses, things  
24 of that nature.

25 MR. ENGELMANN: All right. Now, you tell us

1 in your outline and you used the term "focus on the  
2 individual and the family". I assume you're talking about  
3 is the Children's Aid Society focus.

4 **MR. LISTON:** M'hm.

5 **MR. ENGELMANN:** Can you tell us what you  
6 mean when you use those terms, "individual", "family", and  
7 you also said,

8 "...the psychiatric/psychological orientation saw  
9 the problem of sexual abuse..."

10 and I presume you're talking about child sexual abuse

11 "...as an individual's pathology..."

12 **MR. LISTON:** Yes. The training that I  
13 received in the School of Social Work, we have some  
14 differences in orientation, but at that time at Carleton,  
15 they really referred to the educational basis being Neo-  
16 Freudian. So it very much focussed on a psychiatric  
17 pathology kind of point of view and very much saw issues  
18 that arose as problems being very much the individuals and  
19 the pathology of the individual. So there was that kind of  
20 focus on not looking at it in a group or broader sense.

21 **MR. ENGELMANN:** And when you talk about the  
22 individual, are you talking about the individual victim,  
23 the individual offender?

24 **MR. LISTON:** The individual victim, the  
25 individual offender if it was abuse. So it was seen as an

1 individual-type problem.

2 **MR. ENGELMANN:** And at that point in time if  
3 you can recall, was it seen as an intra-familial problem,  
4 an extra-familial problem or both?

5 **MR. LISTON:** If situations arose where there  
6 were sexual abuse, it was really seen as incest in a family  
7 primarily, very much a father/daughter type of thing. That  
8 would be my recollection of what we were educated to and it  
9 was primarily what was talked about.

10 **MR. ENGELMANN:** And you say in the second  
11 bullet on page 3 that sexual abuse against children was  
12 only reported in rare circumstances.

13 **MR. LISTON:** That really was my experience.  
14 The primary thing that you dealt with in those days when I  
15 first started was what we would refer to as environmental  
16 or concrete problems: housing, poverty, neglect, lack of  
17 employment. Alcoholism was huge. It just seemed to be  
18 pervasive and most of the families we dealt with, my  
19 recollection would be that alcoholism was a problem and  
20 from that spun a lot of other issues. If abuse occurred  
21 and if sexual abuse occurred, it usually was related to  
22 alcoholism.

23 **MR. ENGELMANN:** So if you had a child sexual  
24 abuse case and you had your individual focus, you have an  
25 individual victim in a family, are you looking at other

1 potential victims at that point in time?

2 **MR. LISTON:** One should, okay. I would hope  
3 that people did. I hope I did but again, the focus tended  
4 to be very much on the individual, okay. You get to see  
5 the family. If there were other children in the family,  
6 you should look at that as an aspect, but the focus again  
7 is I'd have to keep coming back to -- it tended to be much  
8 more incident focussed, individual focussed.

9 I think the things that we've done over the  
10 years have improved and certainly something I think I  
11 referred to was a risk assessment model yesterday.  
12 Certainly it takes that very clearly into account today but  
13 again, it depended upon the individual worker and  
14 supervisor at that time.

15 **MR. ENGELMANN:** Now, just before we get into  
16 some of the growing awareness that you talk about under  
17 this section of the '60s and '70s, I understand your second  
18 last bullet in this area, the penultimate bullet, you talk  
19 about multi victim -- multiple victim, multiple offender  
20 cases were rare, little knowledge and you have an example.  
21 As I understand it, this is a multiple victim case.

22 **MR. LISTON:** That's correct.

23 **MR. ENGELMANN:** With a single offender and -  
24 --

25 **MR. LISTON:** That's correct.

1                   **MR. ENGELMANN:** --- you referred to it as  
2                   "settlement house" and that was one of your first  
3                   experiences or perhaps your first experience with multi  
4                   victim child sexual abuse.

5                   Is that fair?

6                   **MR. LISTON:** That's right.

7                   **MR. ENGELMANN:** Can you just tell us a  
8                   little bit about that and how that came to your attention  
9                   as a childcare worker?

10                  **MR. LISTON:** I was a frontline protection  
11                  worker and this was some 30 years ago. It would have been  
12                  30 to 35 years ago. So my memory won't be 100 per cent on  
13                  this, but I was a worker in the Catholic Children's Aid,  
14                  and it was reported to the Society that the evening before  
15                  at a recreation centre settlement house -- it was just a  
16                  recreation centre in the downtown Pembroke Street area.

17                  A worker, a recreation worker, that evening,  
18                  had some children talk to him about incidents of sexual  
19                  abuse and how it occurred was by accident. Some of the  
20                  children came in and had, I don't know, candy, treats,  
21                  hockey cards or whatever, and some of the other children  
22                  asked where they came from, and the children reported that  
23                  -- and I'll just use a name because I don't remember the  
24                  name -- Bill gave them that for what they had done. And  
25                  some of the children complained that Bill didn't treat them

1 that well and they then said, "Well, Bill had given it to  
2 them".

3 So the worker innocently enough asked,  
4 "Well, what do you do for Bill" and it came out. Then it  
5 came out that this worker was confronted with children  
6 telling him what he saw as totally inappropriate sexual  
7 behaviour, contact between this individual, Bill, and the  
8 children and phoned the Children's Aid.

9 **MR. ENGELMANN:** So you have the recreation  
10 worker from the settlement house calling one of your  
11 colleagues at Children's Aid and then you start a response  
12 to that.

13 **MR. LISTON:** And I hadn't had -- I'd had no  
14 experience with this and, as I said earlier, my training  
15 didn't really cover things to this nature. So what we  
16 wound up doing was talking within the agency what should we  
17 do, and we contacted other people in the community,  
18 professionals, how should we approach such a thing, talked  
19 to the police. I know the police were involved at that  
20 time and -- but really the knowledge base was that limited.  
21 People really didn't know how to respond. Even more  
22 senior, more experienced people didn't say, "This is what  
23 we do. This is how you treat the children. This is how  
24 you work with the families."

25 People just -- they talked about how they

1       dealt with an incest case, but to deal with a broader one,  
2       they really just didn't have experience.

3                   **MR. ENGELMANN:** What was Bill's relationship  
4       with these children and his relationship within the  
5       community.

6                   **MR. LISTON:** I can remember this is a rather  
7       poor area of the city, run-down, so on and so forth. Bill  
8       was a trusted, well-respected individual in that community.  
9       He had a little car repair shop at the end of the street, a  
10      garage. He'd been there for years, 20 years or something.  
11      So he was well known, well respected, trusted, liked. He  
12      was seen as a good citizen to that community. He was well  
13      known. No one had to ask who Bill was. Everybody knew who  
14      Bill was. He was down at the end of the street, had the  
15      garage.

16                   **MR. ENGELMANN:** And no one had disclosed --  
17      were there a lot of children, who had been sexually abused  
18      by Bill?

19                   **MR. LISTON:** Oh yes, I mean I think at the  
20      time I could easily say there were ten, there may have been  
21      more, but I could easily say ten to a dozen and what was  
22      interesting about this was when it started to -- as we  
23      learned more and more about it, I can remember the police  
24      coming over and talking to us one day and saying they were  
25      absolutely dumb-founded because families were going over to

1 the Don Jail to visit Bill on the weekend to take him food,  
2 magazines, newspapers. Bill was seen as a trusted, liked  
3 guy. And we became aware, as time went along, that some of  
4 the parents of the children had been abused by Bill years  
5 and years earlier. It was a revelation.

6 **MR. ENGELMANN:** And yet they were still  
7 seeing Bill after he'd been charged?

8 **MR. LISTON:** After he'd been charged.

9 **MR. ENGELMANN:** How did you follow up? You  
10 weren't sure what to do, and I guess your supervisors  
11 weren't sure what to do, but how did you follow up, if at  
12 all, with services for some of these child victims?

13 **MR. LISTON:** Well what happened -- some of  
14 the professionals, and I was one of the people that was  
15 involved in it, but I certainly wasn't leading it at that  
16 time. What we did was, we went to Clarke Institute of  
17 Psychiatry in Toronto at that time, which was the leading  
18 psychiatric facility in the city, did some of the teaching,  
19 some of the men there, professors, mostly men, were  
20 professors at the University of Toronto in the School of  
21 Psychiatry. And we set up a conference-workshop over a  
22 weekend to have some of these people talk about what they  
23 knew, what was the latest knowledge, how could this be  
24 approached. I know there were people from the police,  
25 Children's Aid, the Court Clinic in Toronto, probably some

1 other mental health professionals all attended that,  
2 because we were all going to wind up trying to deal with  
3 this.

4 But that's how we approached it. It started  
5 with, "We don't know what to do. How do we approach it?"

6 **MR. ENGELMANN:** All right. So you didn't  
7 have any inter-agency protocols ---

8 **MR. LISTON:** No.

9 **MR. ENGELMANN:** --- but you made some effort  
10 to come together and work on the problem together?

11 **MR. LISTON:** That's correct.

12 **MR. ENGELMANN:** Do you recall, with respect  
13 to the investigation, if you and/or your colleagues would  
14 have assisted the police at the time?

15 **MR. LISTON:** I don't recall us directly  
16 being involved in the investigation.

17 **MR. ENGELMANN:** All right.

18 Now, you talk about a growing awareness in  
19 some of the points you make in this section and you talk  
20 particularly about some adult women coming forward, talking  
21 about their abuse when they were younger and then talking  
22 about some of the abuse of their siblings. And as part of  
23 that growing awareness, you mention again -- if I can for a  
24 moment, an anecdote, Dini Petty; who was she? And what was  
25 that about?

1                   **MR. LISTON:** Dini Petty was a media person  
2                   in Toronto. I could be fuzzy around the dates, but it was  
3                   while I was the assistant director at Toronto, so it would  
4                   have been in the '78 to '85 era. She, I believe had a TV  
5                   show, and think she's still on television, but I think she  
6                   had a TV show on City TV and because of this -- if I can  
7                   kind of move to this "Growing Awareness".

8                   **MR. ENGELMANN:** Yes.

9                   **MR. LISTON:** What had started to happen in  
10                  the United States, was the women's movement, just the whole  
11                  "asserting women's rights". And as rights were asserted,  
12                  women started talking more about domestic violence and  
13                  there was the start of the Women's Shelters Movements for  
14                  Abused Women. And as women went into these shelters, more  
15                  and more of them talked about their abuse, but also prior  
16                  victimization. People became more aware as the women  
17                  talked about it that some of these women had been  
18                  victimized as children, had been sexually abused and had  
19                  been abused over the years. And it became aware that some  
20                  of their siblings, who were still at home were abused.

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

22                  **MR. LISTON:** So the awareness of sexual  
23                  abuse in the community started to take a higher profile.  
24                  And it was something like this, that I think Dini Petty was  
25                  talking about on one of her shows.

1                   So what she did, just as a journalist, to  
2                   explore the issue, put an ad in the newspaper -- one of  
3                   these box ads or something and you just say, "Write to this  
4                   box. Don't identify." -- and asked if her listeners had  
5                   been sexually abused as children, if they had been  
6                   victimized. She had an overwhelming response. She came to  
7                   the Children's Aid in Toronto, to my colleague, the  
8                   executive director at that time and myself, to meet with  
9                   us, to say, "Look what I've uncovered." She didn't have  
10                  names, but she came in and said, "I've just got an  
11                  overwhelming response. Is this possible? What's going on  
12                  out there? Did you guys know about this?" And the answer  
13                  was, "No." We didn't have it reported. Now maybe we knew  
14                  as the literature was starting to talk about it, there was  
15                  a growing awareness. But we didn't have reports in that  
16                  volume at all.

17                   **MR. ENGELMANN:** So throughout the '70s,  
18                   despite the growing public awareness and perhaps your own  
19                   awareness, you weren't getting many reports?

20                   **MR. LISTON:** Not to the volume that was  
21                   starting to be talked about. No. It wasn't reported. It  
22                   may have been happening -- well, it was happening, but it  
23                   wasn't getting reported in those volumes.

24                   **MR. ENGELMANN:** All right.

25                   I just want to take you for a minute, to Tab

1 9 of your Book of Documents. And this is a book -- I  
2 understand you actually have the book with you, but it's  
3 Guidelines for Practice and Procedure in Handling Cases of  
4 Child Abuse, something that was published in July of 1976  
5 by the Ontario Association of Children's Aid Societies.

6 **MR. LISTON:** M'hm.

7 **MR. ENGELMANN:** So this is something that  
8 you and your colleagues, working for Children's Aid  
9 Societies throughout the province, would have had access to  
10 in the mid-'70s?

11 **MR. LISTON:** That's correct.

12 **MR. ENGELMANN:** I note that in the index, it  
13 lists one of the issues as "Sexual Abuse", and that  
14 reference is page 46. Correct?

15 **MR. LISTON:** Yes.

16 **MR. ENGELMANN:** And there's an introduction,  
17 definitions of child abuse, physical abuse and under "Child  
18 Abuse", physical abuse, physical and emotional neglect and  
19 references, but minor references to child sexual abuse.  
20 But then at page 46, and this should be in the excerpt  
21 that's at Tab 9, there's an article that's referred to by a  
22 LeRoy Schultz, an article from March of 1973.

23 Mr. Liston, this article seems to talk about  
24 a number of things including awareness of child sexual  
25 abuse and it talks about, for example on the third

1 paragraph of page 46, the issue about the sexual abuser  
2 being known to the victim of child sexual abuse. Now  
3 you're getting some material on this and presumably this is  
4 available for child protection workers?

5 **MR. LISTON:** Right.

6 **MR. ENGELMANN:** Are you seeing the reports  
7 of this type of case in the mid-'70s?

8 **MR. LISTON:** Not really. I mean the numbers  
9 hadn't really -- in my recollection, hadn't really grown at  
10 that stage. We were still primarily -- the reports that we  
11 were seeing, primarily were in the family.

12 **MR. ENGELMANN:** All right. And what you're  
13 seeing, again in that paragraph, it says,

14 "If no force is employed and the act  
15 takes place with an acquaintance, it is  
16 probable that it will not be reported.  
17 Thus the incidence of sexual abuse  
18 remains an unknown quantity."

19 Would you agree with that, back at that time, from your  
20 experience?

21 **MR. LISTON:** Yes, it wasn't known that well.

22 **MR. ENGELMANN:** They talk about some of the  
23 reasons why individuals were not reporting.

24 **MR. LISTON:** And I think there was -- we  
25 were still in an era where there was a lot of secrecy

1 within families. And generally, we need to go back, when  
2 you go back and think of the '70s, it was only then. I  
3 mean we talk about the women's movement. There was also  
4 what we talk about, sort of in a broad sense, a sexual  
5 revolution or more liberal discussion of things. And  
6 there's certainly people who would talk about the downside  
7 of that, but one of the things that happened, was by  
8 talking more about it, then reports started to flow.

9 But we were still in that era where things  
10 were not discussed as openly and certainly sexual  
11 situations were not talked about.

12 **MR. ENGELMANN:** Right. I note at page 48,  
13 there's a page or two on the social work treatment or  
14 social work response.

15 **MR. LISTON:** M'hm.

16 **MR. ENGELMANN:** And as well, after that at  
17 page 49, some help with interviewing victims.

18 **MR. LISTON:** M'hm.

19 **MR. ENGELMANN:** Then the conclusion gives  
20 you some discussion on characteristics of child sexual  
21 abuse.

22 **MR. LISTON:** Correct.

23 **MR. ENGELMANN:** Now, you tell us in your  
24 outline, and I know you're at Metro Toronto CAS starting in  
25 about 1978.

1                   **MR. LISTON:** Seventy-eight ('78) as  
2                   Assistant Director, yes.

3                   **MR. ENGELMANN:** Right. And you tell us that  
4                   you're a lead agency with respect to child sexual abuse. I  
5                   am wondering why you said that and if you can just think  
6                   back to that time and give us a sense as to -- you know, we  
7                   have some of this coming out in the literature. We have  
8                   some of this in your training manuals. We don't have a lot  
9                   of it being reported. Why Metro Toronto, why lead agency?

10                  **MR. LISTON:** Okay. Having moved to London  
11                  after that, I learned not to always say that Toronto was  
12                  the centre of the universe all the time.

13                  **MR. ENGELMANN:** Okay.

14                  **MR. LISTON:** But in spite of that, the  
15                  Toronto -- because of its size and its location, but also  
16                  partly because of funding -- the Toronto Metro agency was  
17                  the largest and still is to this day the largest society in  
18                  the province. But the metropolitan government of Toronto,  
19                  with the funding formula -- remember when we talked about  
20                  funding formulas yesterday -- I think around those times  
21                  would have been 40, 60 or maybe 70 per cent provincial.  
22                  But the percentages were influenced by each other. So if  
23                  the municipality gave you more funding, the province was  
24                  required to pay their percentage. What metro government  
25                  looked at in those days was it could fund 30 or 40 per cent

1 of the budget, and it would generate significant more  
2 dollars from the province. So it saw it to its benefit.  
3 It saw it as a cheap dollar. So if it put in 30 cents, it  
4 got seventy cents; good deal. Forty (40) cents, it got 60  
5 cents.

6 So what they had done in the metro agency,  
7 metro government had funded the society quite well because  
8 it saw it was getting broader services for the community.

9 So we had resources. Now, not all  
10 communities saw it that way because also municipal  
11 governments could look at it and say, "I put in less, you  
12 know, that's good for us. Our taxes aren't going up".

13 **MR. ENGELMANN:** What type of leadership did  
14 you have on this issue?

15 **MR. LISTON:** Well, it was very good. I go  
16 back, I think, in those days where Paul Godfrey and some of  
17 the municipal politicians, I can't remember names, but they  
18 were very good and the executive director of the Society at  
19 that time, Doug Barr, was a very strong leader, very vocal.  
20 So we had good leadership on those things and what we did,  
21 we were able to hire additional staff. We were able to  
22 bring in specialists into certain areas. We were able to  
23 provide more training. We were able to send people to  
24 conferences more broadly internationally.

25 **MR. ENGELMANN:** Were you getting a few more

1 cases of child sexual abuse towards the end of the '70s.

2 **MR. LISTON:** I would think so. I think we  
3 were starting to see more of it. Again, it was getting the  
4 publicity. There were articles, the kind of thing that was  
5 going on television. Yes, this thing started to change a  
6 bit.

7 **MR. ENGELMANN:** Now at the beginning of the  
8 1980s, you talk about -- and again, you're the Assistant  
9 Executive Director of Metro Toronto -- you talk about a  
10 taskforce that is set up. Can you tell us why that was set  
11 up and what you did?

12 **MR. LISTON:** It again followed a tragedy and  
13 what happened there was the rape and murder of a young boy  
14 on Yonge Street, Emmanuel Jack. And in that particular  
15 case, as I say, the child was raped, murdered, a high  
16 profile case, and Metro Chairman, Paul Godfrey, at that  
17 time really called together some community leaders to say,  
18 "This is a tragedy and we've got to do something about it.  
19 We've got to prevent this kind of thing happening in  
20 Toronto." And he brought together the Chief of Police,  
21 certainly the directors of the Children's Aid, there's the  
22 Catholic Agency and the Metro and certainly other leaders  
23 at that time. I wasn't at the table at that time directly,  
24 but certainly my colleague, Doug Barr, was. And they  
25 started talking about, how would they address the issue of

1 child abuse in Toronto, primarily sexual abuse at that time  
2 because of this particular case.

3 And what they did was they looked to where  
4 were there model communities, where were these issues being  
5 addressed in a good way. In the United States, at that  
6 time, the federal government was funding some pilot  
7 projects in various communities. So what happened was the  
8 Metro chairman's committee at that time sent  
9 multidisciplinary teams to a couple of those communities to  
10 see what was going on to learn from their experience and  
11 come back to Toronto to put together a strategy. I was on  
12 one of the teams and I went to Seattle, Washington, at that  
13 time.

14 **MR. ENGELMANN:** Can you give us a sense as  
15 to who would have been involved in these multidisciplinary  
16 teams? Not the individuals' names but what agencies they  
17 would come from and their respective rankings in those  
18 agencies?

19 **MR. LISTON:** As I remember, I think there  
20 were four of us who went to Seattle; one was a police  
21 officer with the Youth Bureau, which dealt mainly with  
22 young offenders and children's aid issues, the Youth Bureau  
23 in Toronto; the head of Paediatric Medicine and the Child  
24 Abuse Team at Sick Children's Hospital; a Crown attorney  
25 and myself. So the four of us went to Seattle for a week

1 to look at what they were doing there.

2 **MR. ENGELMANN:** You also talk about  
3 increased training for child protection workers following  
4 recommendations from an inquiry and an inquest. You  
5 mention the Popen Inquiry and the Ellis Inquest in the late  
6 '70s. So did that have anything to do with child sexual  
7 abuse or child abuse?

8 **MR. LISTON:** It had, sir, to do with child  
9 abuse. There was an inquiry, I guess, it would have been  
10 similar to what you are doing here. The Popen Inquiry, Kim  
11 Anne Popen in Sarnia, a very tragic death of a child,  
12 looked into what happened and did not happen to protect  
13 that child. So there were recommendations from that and  
14 then there was another high profile death of a child, Vicky  
15 Ellis, very tragic circumstances in Toronto. It did not  
16 involve, in my recollection or what I know of it, sexual  
17 abuse, but the deaths of children.

18 **MR. ENGELMANN:** And you talk about the fact  
19 that there is more training becoming available for child  
20 protection workers, child welfare workers, et cetera?

21 **MR. LISTON:** Yes, and I think some of the --  
22 you've got an excerpt in my book of things here that---

23 **MR. ENGELMANN:** Yes, at Tab 8, you have some  
24 training materials prepared by Ross Dawson?

25 **MR. LISTON:** M'hm.

1                   **MR. ENGELMANN:** And as I understand it a lot  
2 of training in the early '80s, and if we look at the third  
3 page in, in that Tab, it says, "Training manuals in this  
4 series", and it talks about some of the different training,  
5 Volume 7 being "Sexual Abuse".

6                   **MR. LISTON:** Correct.

7                   **MR. ENGELMANN:** And that's the Volume that  
8 this excerpt comes from; is that correct?

9                   **MR. LISTON:** That's correct.

10                  **MR. ENGELMANN:** And I note, if we turn a few  
11 more pages in, it has Roman numeral XIII at the bottom of  
12 the page, "Objectives of the Handbook" is the caption. If  
13 we look at paragraph No. 1, this appears to have been  
14 training material for child welfare practitioners who are  
15 going to have to deal with intra-familial child sexual  
16 abuse.

17                  **MR. LISTON:** Yes.

18                  **MR. ENGELMANN:** You told us that most of  
19 your experience, at least in the '70s and '60s, was incest  
20 father-daughter. We've heard a little bit about some of  
21 the extra-familial abuse coming in. You talked to us about  
22 the Settlement House case, for example, in the early '70s.  
23 This children's aid and the types of cases you're seeing,  
24 any change there really in the types of cases or are they  
25 still primarily within the family?

1                   **MR. LISTON:** Primarily within the family.

2                   That's what's being reported. There may be ---

3                   **MR. ENGELMANN:** Is there a reason for that  
4                   from a child protection or a children's aid focus?

5                   **MR. LISTON:** Well, yes, that was the focus  
6                   of the children's aid, it was on the individual, the  
7                   family, but also the legislation really spoke to a  
8                   children's aid dealing with parents. So when it was beyond  
9                   that, you could get a little bit beyond that with a  
10                  caregiver, babysitter, maybe school, but really the focus  
11                  was on the family. That was where we were and when it was  
12                  exterior to that, when it was beyond that, it really fell  
13                  as to a third-party and that would be a police  
14                  investigation.

15                  **MR. ENGELMANN:** All right. So the extra-  
16                  familial cases you were getting were primarily being dealt  
17                  with by police forces.

18                  **MR. LISTON:** Primarily.

19                  **MR. ENGELMANN:** Now, you talk in your  
20                  outline -- you've given us a first paragraph without a  
21                  reference to anywhere in the manual. I understood you  
22                  couldn't find that reference ---

23                  **MR. LISTON:** I could not find. No, I  
24                  didn't.

25                  **MR. ENGELMANN:** But you make the comments or

1 the author makes the comments:

2 "Sexual abuse of children is an old problem with  
3 a short history".

4 **MR. LISTON:** And I think that's been  
5 reflected, and I want to give due credit, okay, and the  
6 credit goes to Ross Dawson; okay? That's where it came out  
7 of, this manual on the sexual abuse training and I did flip  
8 through it and thought, after reading some of the earlier  
9 section and read that, yes, that does capture it, because  
10 we've talked about some of the research that even -- there  
11 was little known or little written, but it's not something  
12 that we invented, sexual abuse of children. It's been  
13 going on for centuries, but it wasn't talked about, it  
14 wasn't written about. So we have an old problem with a  
15 short history and the quote really is, in fairness to Mr.  
16 Dawson and his -- I just can't quote the page but it's in  
17 there.

18 **MR. ENGELMANN:** All right. And again, this  
19 training program that is geared to intra-familial also  
20 talks about some of the misunderstandings and myths of  
21 child sexual abuse and that's starting on page 30.

22 **MR. LISTON:** M'hm.

23 **MR. ENGELMANN:** And just thinking back 20-25  
24 years ago, maybe they're even issues today, but at that  
25 time were these concerns and were these myths out there?

1                   **MR. LISTON:** Oh yes. I think this is a  
2 pretty good document. You can even go back today and say,  
3 well, you know -- I mean it focused more on the family and  
4 the individual but it's -- this is a fair statement.

5                   **MR. ENGELMANN:** All right. So the myth one;  
6 child sexual abuse is a rare phenomenon and that's this  
7 whole issue about non-reporting, non-disclosure ---

8                   **MR. LISTON:** That's right.

9                   **MR. ENGELMANN:** --- that you were dealing  
10 with at the time.

11                   **MR. LISTON:** M'hm.

12                   **MR. ENGELMANN:** And the second myth about  
13 the perpetrator of sexual abuse is a stranger to the child  
14 victim.

15                   **MR. LISTON:** And, you know, as parents we  
16 had said that, I mean, and we were taught that; be careful  
17 of strangers, don't go down to the park or don't go here,  
18 don't get in -- and we've put it off as stranger, but the  
19 majority, that's not the case.

20                   **MR. ENGELMANN:** All right. And I note the  
21 comment about male and female children equally involved and  
22 your focus initially had been on girls or ---

23                   **MR. LISTON:** Correct.

24                   **MR. ENGELMANN:** Female victims.

25                   **MR. LISTON:** Correct.

1                   **MR. ENGELMANN:** Now, you talk about the fact  
2                   -- and you've talked about the taskforce in Metro Toronto -  
3                   - you talk about the fact that in 1983 a protocol is  
4                   developed.

5                   **MR. LISTON:** Correct.

6                   **MR. ENGELMANN:** And to your knowledge -- and  
7                   you say this is the first protocol. You're talking about  
8                   within the Province of Ontario that you're familiar with?

9                   **MR. LISTON:** Yes and to our knowledge --  
10                  now, others may have had one but we weren't aware of it --  
11                  but to our knowledge, it was really the first common  
12                  agreement set up outlining when we investigated abuse, how  
13                  a police force and a children's aid would work together,  
14                  keeping each other informed, how they would -- the process,  
15                  how staff of the two organizations would work together in  
16                  addressing the investigation.

17                  **MR. ENGELMANN:** Just before I forget, you,  
18                  in Tab 8 -- in fact, in your outline -- I apologize -- in  
19                  your outline, in your second point, at page 4, second  
20                  paragraph, you say:

21                                 "Like the community and the families  
22                                 involved in sexual abuse, professionals  
23                                 have tended to deny the existence of  
24                                 the phenomenon."

25                                 I'm thinking back now to the early '80s.

1 Did you see that as an issue at that time?

2 MR. LISTON: Absolutely.

3 MR. ENGELMANN: And if you could just turn,  
4 sir, again back to Tab 8 for a minute.

5 MR. LISTON: M'hm.

6 MR. ENGELMANN: There were some notes in  
7 this training program on intra-familial child sexual abuse,  
8 starting at about page 35, talking about the professionals'  
9 range of emotional reaction. And I'm just again asking you  
10 to reflect back to that timeframe and give us a sense as to  
11 whether these were some of the reactions that you and your  
12 colleagues had at that time?

13 MR. LISTON: Clearly, clearly, and some of  
14 them would even be evoked today. But clearly I mean in the  
15 situation I described to you when we had the Settlement  
16 House problem in Toronto, to feel hopeless, to feel  
17 bewildered and people would be looking to you as to "What  
18 do we do?" and you didn't have a very good answer.

19 When you heard what happened to children,  
20 you know, you were angry. When you hear the kinds of  
21 things that are going on, do you get embarrassed or uneasy?  
22 Yes, you do. I mean the professional is no different than  
23 anybody else in terms of how they would react to this, but  
24 what the professional is supposed to do is manage those  
25 reactions and then proceed on and apply the skills that

1           they have.

2                           But, no, it's very upsetting and a lot of  
3           these emotions are very much what you feel and, yes, you  
4           are disgusted and you get angry and you feel the person  
5           should be punished brutally. Those are not -- the  
6           professional is no different than anybody else in their  
7           reaction, and so these emotions happen and they can happen  
8           today.

9                           **THE COMMISSIONER:** I suppose what is  
10          interesting, sir, is what you're documenting is the fact  
11          that the professionals, although being very professional  
12          about it, were on the -- were learning.

13                          **MR. LISTON:** Absolutely. And that's the  
14          part that's sometimes a bit tricky to keep in mind. What  
15          we would take is, well, that seems to make so much sense  
16          today, well, why wouldn't you?

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

18                          **MR. LISTON:** I can tell you, unfortunately I  
19          was there when this Settlement House thing hit in the early  
20          '70s and it was like facing a disease that no one knew.  
21          Not that we shouldn't have because it was a longstanding  
22          problem but we didn't.

23                          **THE COMMISSIONER:** Thank you.

24                          **MR. ENGELMANN:** So let's just go back to '83  
25          then, the protocol -- in fact, I'll come to the protocol a

1 bit later if I can, but this was a protocol, as you say,  
2 between Children's Aid Society and the Metro Toronto  
3 Police?

4 **MR. LISTON:** That's correct.

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

6 **MR. LISTON:** It would have involved the  
7 Catholic agency I'm sure as well.

8 **MR. ENGELMANN:** Right. So you had the  
9 Catholic agency, the Metro Agency and the police?

10 **MR. LISTON:** Yes.

11 **MR. ENGELMANN:** You then talk about -- and  
12 this is the same timeframe -- the Badgley team and the  
13 Badgley Report.

14 **MR. LISTON:** Yes.

15 **MR. ENGELMANN:** And we've heard some  
16 evidence here already that Badgley started in 1980 and did  
17 consultations with a great number of people across the  
18 country and then came out with a report in August of 1984.

19 **MR. LISTON:** Correct.

20 **MR. ENGELMANN:** You're working in child  
21 welfare, child protection, what do you hear about Badgley  
22 and is it significant?

23 **MR. LISTON:** It really was. It was very  
24 important because, as you say, it started in the '80s and I  
25 believe it was a federal government funded research, but

1 obviously by that time the whole issue of child sexual  
2 abuse, again the media movement, more awareness, had  
3 highlighted it and certainly there were reports in the  
4 States that were starting to talk about the incidence and  
5 so on. And what you needed to do was to say, well, what is  
6 the incidence in Canada, what was the information, how big  
7 a problem did we have, what kind of problem did we have,  
8 because if you were going to approach it, you needed  
9 information locally, Canadian data.

10 And so certainly Robin Badgley's study,  
11 sending out information to agencies, parties, gathering  
12 information, created an awareness, but the report was  
13 important because when it went public it made it public not  
14 just to child welfare people but certainly made it  
15 available to the courts, the prosecutors, the Crowns,  
16 police, mental health people and created a public  
17 awareness. So now we were talking about something that  
18 people were aware of and it wasn't seen as though you're  
19 just -- you're inflating the issue, you're pumping it up,  
20 it's not a serious issue thing. You had some hard data,  
21 you had some research, reputable researcher and now you  
22 could talk about "This is real. This is the volume. We  
23 should be doing something."

24 **MR. ENGELMANN:** So this awareness then is  
25 going well beyond child protection workers?

1                   **MR. LISTON:** Oh yes.

2                   **MR. ENGELMANN:** And you talk about, in the  
3 next couple of points, awareness and reporting, child  
4 sexual abuse rises dramatically. There's still some focus  
5 on individual predominantly female. You say:

6                                 "Sexual abuse cases include extra-  
7 familial, almost all abusers known to  
8 their child victims."

9                   **MR. LISTON:** That is correct.

10                   **MR. ENGELMANN:** You're seeing a little bit  
11 more of that now as well then.

12                   **MR. LISTON:** Yes, and I think there's a  
13 growing awareness again that people in positions of trust -  
14 - again, I would come -- and I think the Act started to  
15 talk about it or some of the literature and some of the  
16 guidelines when we talked about investigations, teachers,  
17 coaches, scout leaders, things like that, but it was really  
18 seeing somebody almost in a caretaking role, a parenting  
19 role.

20                   **MR. ENGELMANN:** So we're now in the mid-80s,  
21 after Badgley. We've got some changes to the Child --  
22 we've got the *Child and Family Services Act* coming in.  
23 You've talked to us about that.

24                   **MR. LISTON:** M'hm.

25                   **MR. ENGELMANN:** And we've got a requirement

1           that you tell us about, about all children's aid societies  
2           and local police departments are required to have  
3           protocols.

4                   **MR. LISTON:** That's correct.

5                   **MR. ENGELMANN:** And you say these protocols  
6           need to be in place for the joint investigation of child  
7           abuse cases.

8                   **MR. LISTON:** That's correct.

9                   **MR. ENGELMANN:** So you go to London in 1985.

10                  **MR. LISTON:** That is right.

11                  **MR. ENGELMANN:** And you take over the  
12           Children's Aid.

13                           Do you have a protocol in place when you get  
14           there ---

15                   **MR. LISTON:** Yes.

16                   **MR. ENGELMANN:** --- or you get one in place  
17           quickly? What happens?

18                   **MR. LISTON:** We actually started, because  
19           the legislation, I believe, was proclaimed enacted in  
20           November. So it was really '86 that it started to roll. I  
21           arrived there in the fall of '85. So we were implementing  
22           the new legislation and, yes, it was at that time that we  
23           were sitting down with the local police and some of the  
24           staff to start working on this.

25                   **MR. ENGELMANN:** And did you set up a

1 protocol right away?

2 MR. LISTON: Well, we started working on it  
3 right away. You don't set it up just overnight because you  
4 -- it takes some time and it takes time and I will explain  
5 that.

6 MR. ENGELMANN: Sure.

7 MR. LISTON: It takes time because what you  
8 really start out with is two organizations that have  
9 different cultures, different perspectives. The police are  
10 primarily in the business of prosecuting, to investigate,  
11 to prosecute somebody for a crime. Children's Aid are  
12 primarily in the business of protecting children. We may  
13 have offenders, but we don't prosecute offenders, the role  
14 is -- and so you really then sit down in a room with people  
15 and start talking about what we need and what you need and  
16 we are going to have a protocol. That doesn't mean you  
17 haven't worked together and you haven't seen each other  
18 before, but now you are going to be doing things jointly  
19 sometimes.

20 Now, you are right into a "How do we work  
21 and you work?", and the cultures are different. A  
22 Children's Aid Society -- at least in London, I can't speak  
23 for all -- but I can say for London, is 80 per cent women  
24 employees. It is today; it was then.

25 So you have a predominantly women-dominated

1 organization and the police force in London was, I would  
2 have to say, 90 per cent men. You put those two things  
3 together, you are going to have some different points of  
4 view and it takes a while to work that out. So you have  
5 attitudes, cultural differences. We talk about cultural  
6 differences in organizations. Clearly we would. Not bad,  
7 but it just takes time to get it together. So it takes  
8 time.

9 So the protocol, although you write it,  
10 doesn't just automatically start to work. It takes more  
11 than just writing it.

12 **MR. ENGELMANN:** So that would have been one  
13 of the first things you would have tackled then as the new  
14 Executive Director in London?

15 **MR. LISTON:** Yes.

16 **MR. ENGELMANN:** It's writing up the protocol  
17 and then getting those two cultures together?

18 **MR. LISTON:** Working on that, yes.

19 **MR. ENGELMANN:** And would you have done so  
20 with the Chief of Police or with a delegate?

21 **MR. LISTON:** Well, the writing of the  
22 protocol was primarily with frontline staff or frontline  
23 managers. I shouldn't say frontline staff. Managers,  
24 supervisors, they would do the sitting down.

25 But how you get that to happen is it is

1 required -- it really requires that people at the top say  
2 "This is what we want in place, and not just to have it in  
3 place, not just to have a written document, but we want it  
4 to work, and you have to make that known. You have to make  
5 yourself available to visibly demonstrate that."

6 So, yes, I did meet with the Chief at that  
7 time. The Chief would be saying to his people "This is  
8 important. You know, I talked to the Executive Director."  
9 I could say that I talked to the Chief and that we wanted  
10 to see the document and we would review it. We would sit  
11 down with our staff and review it, and we are going to sign  
12 off on it. And then you would have to visibly demonstrate  
13 by going to a meeting, going to a presentation, going to  
14 training, walking in together and saying, "We believe in  
15 this."

16 It requires yes at the top, but everybody  
17 down the line gets the idea that we are committed to this  
18 and you start building some commitment.

19 **MR. ENGELMANN:** Now, that direction or  
20 leadership that you focused on as the Executive Director of  
21 the London CAS, was there a shared commitment at that time  
22 from your Police Chief?

23 **MR. LISTON:** Yes.

24 **MR. ENGELMANN:** And is this is a one time  
25 thing; you get the protocol off and running, you make the

1 commitment and you send the message to the staff?

2 **MR. LISTON:** Now, the commitment really  
3 needs to be ongoing. So you need -- I mean I can say over  
4 my 20 years I think we had three or four Chiefs of Police  
5 in London and, fortunately, we have always had good  
6 relationships with the Chiefs. But I would have to give  
7 credit to my staff. I mean they worked with the sergeants,  
8 the investigating officers, the different units and those  
9 people change.

10 So, as that changes, you need to keep going  
11 back to it. We have a process in place where we review  
12 different protocols at different times. So the ones that  
13 are more critical, we review -- we have a process we are  
14 supposed to do it. I don't know if we're always quite up  
15 to snuff, but we are supposed to review them every three  
16 years.

17 **MR. ENGELMANN:** So would you say that one of  
18 the more critical ones is the one with the local police?

19 **MR. LISTON:** Oh, absolutely.

20 **MR. ENGELMANN:** And that would be reviewed  
21 then on a fairly regular basis?

22 **MR. LISTON:** Every three years. The one  
23 with the police is the only one that is mandatory?

24 **MR. ENGELMANN:** All right.

25 **MR. LISTON:** The government has -- like the

1 Ministry has said to us, "You must have a protocol with  
2 your local police". So we have it, yes, with the London  
3 police, but we have it with the OPP because we cover the  
4 city and the county and the county is covered by the OPP  
5 and I believe we have ---

6 **MR. ENGELMANN:** This is the county of  
7 Middlesex?

8 **MR. LISTON:** County of Middlesex.

9 **MR. ENGELMANN:** Yes.

10 **MR. LISTON:** And I believe we have one with  
11 the Caradoc Police. We have a reserve in the London area.  
12 So we have it with the local police.

13 **MR. ENGELMANN:** So that was the -- the ones  
14 with the police were the ones you keyed on first?

15 **MR. LISTON:** Absolutely.

16 **MR. ENGELMANN:** And you have developed  
17 protocols with a number of other agencies?

18 **MR. LISTON:** That's correct.

19 **MR. ENGELMANN:** So we will come to that.  
20 Just before we go into what is in these  
21 protocols and -- you have indicated to us that you're  
22 regularly reviewing the ones with the police?

23 **MR. LISTON:** Correct.

24 **MR. ENGELMANN:** And in fact, are you signing  
25 off on amended protocols throughout your 20 years as the

1 Executive Director of the London CAS?

2 **MR. LISTON:** Yes, as they are updated and  
3 what we update them on is just based on the experience, you  
4 know, or the last two years, we had an investigation, we  
5 had a glitch, we had a problem. There was a circumstance  
6 we hadn't considered.

7 So you would learn. There are changes in  
8 the structure of organizations over time. So you might  
9 identify positions that you would let staff sergeant know,  
10 well, they have a different structure, they have  
11 reorganized. So it is to let somebody else know. So you  
12 address those kinds of things so the right people are  
13 advised, but you build on the experience.

14 The other thing that happens with that is it  
15 is continuing the relationship because if you write a  
16 protocol in '85 and never go back to it, staff change, new  
17 people come on, you need to educate the new people and  
18 build the experience. So sitting down, because what you  
19 are building all the time is relationships. So as much as  
20 you write on paper, I think it's equally important just the  
21 relationship that you build between people because if you  
22 get to know each other, you work together and you work  
23 better. If you don't know each other and all you've got is  
24 the paper, you'll fall back on the paper and you'll just  
25 argue over it. So relationship is critical. And renewing

1           these things, reviewing these things does that.

2                       **MR. ENGELMANN:** Is that the point you are  
3           making at the second bullet on page 5?

4                       **MR. LISTON:** On which page?

5                       **MR. ENGELMANN:** Page 5 of your outline.

6                       **MR. LISTON:** The second bullet, yes.

7                       **MR. ENGELMANN:** You talk about some of the  
8           benefits that you believe flow from these protocols, in the  
9           middle of that page?

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

11                      **MR. ENGELMANN:** You talk about professionals  
12           getting to know each other and understanding the needs and  
13           expectation and the issue of respecting and recognizing  
14           each other's abilities.

15                      **MR. LISTON:** I really think that's key and I  
16           would give my staff credit in London. They worked with the  
17           police. The police officers got to know them. They got to  
18           know them but they get to know that, you know, "Gee, so and  
19           so really is good".

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

21                      **MR. LISTON:** "So and so really, you know,  
22           gets good information. I hadn't seen somebody how they  
23           interviewed that way." So you're learning things which can  
24           apply elsewhere too, from the police officers, and the  
25           officers would realize that the staff at the Children's Aid

1 had a special skill and ability in interviewing children,  
2 knowledge, and it could teach them things. So it was  
3 mutually beneficial.

4 **MR. ENGELMANN:** So you have talked about the  
5 written procedures, the written policies and it was  
6 relationships that are building at the same time.

7 How important, then, is this when we are  
8 dealing with the problem of child sexual abuse having these  
9 protocols and these relationships between the CAS and the  
10 police or perhaps others?

11 **MR. LISTON:** Well, I think it's critical and  
12 it's the key to being successful in my view. And because I  
13 don't think even to this day, none of us are going to say  
14 the abuse of a child sexually is something that doesn't  
15 create emotions or some upset or some unease in us. It  
16 does. And so when you're in it, it is no different again  
17 for the professional. It's unsettling. It's upsetting.  
18 To hear children talk very graphically about sexual matters  
19 and what has been done to them is disturbing. And so when  
20 you are in that situation and if it involves people of  
21 trust, authority, even more so.

22 So I think having rules and guidelines and  
23 procedures, but also knowing who you are doing it with when  
24 you are in that kind of stressful situation is very  
25 important.

1                   **MR. ENGELMANN:** Just before we go into the  
2 protocols and what may be changed and what hasn't changed  
3 from '85 until the present, what about your own internal  
4 systems, and let's think back to when you started in  
5 London. If you're going to be helping with the  
6 investigation or doing a joint investigation of child  
7 sexual abuse, how important was it from your perspective  
8 that you had a -- your systems in place in your own office  
9 and your record keeping, things of that nature?

10                   **MR. LISTON:** Well, it is important. I mean  
11 because one of the first steps in any investigation is to  
12 look back into prior history. Do we have a record? Do we  
13 have -- has this child ever made allegations before? Has  
14 this child ever been abused? Has this alleged offender  
15 ever had an involvement with the society?

16                   So records -- a record check is done  
17 immediately and so the accuracy and thoroughness of records  
18 and having them in a good enough order to be able to go  
19 back and find things is really important.

20                   **MR. ENGELMANN:** Now, was that a priority of  
21 yours when you came into London in the mid-'80s to ensure  
22 that you were able to search and you were able to do things  
23 of that nature and had organized systems?

24                   **MR. LISTON:** What I had in London, with good  
25 fortune, I went to a good agency. My predecessor had built

1 good systems and that just falls into the category "if it  
2 ain't broke, don't fix it". So it really was in -- my  
3 interest was to maintain good systems. We had a good paper  
4 system and we had a starting computer system, sort of batch  
5 processing of some things at that time. It has become more  
6 sophisticated over the years but there was a good paper  
7 system and you could build good information systems  
8 techniques, you know, computer systems, information  
9 systems, if you have a good paper system to start with and  
10 we had one.

11 **MR. ENGELMANN:** So you had a good system  
12 already when you came in?

13 **MR. LISTON:** Yes.

14 **MR. ENGELMANN:** And with that system, I  
15 don't know how it worked but was there some form of coding  
16 so that you could go back and check about whether people  
17 had been victimized before, whether they had been offenders  
18 or alleged offenders before?

19 **MR. LISTON:** You could go back into the  
20 system and pull out information on reason for referral,  
21 reason for service, where children were admitted to care,  
22 when they were admitted, what was the cause for their  
23 admission, yes.

24 **MR. ENGELMANN:** And did you do that  
25 routinely in cases of child sexual abuse?

1                   **MR. LISTON:** You would go back and do the  
2 record check. Absolutely.

3                   **MR. ENGELMANN:** And was that information you  
4 would have been sharing with the local police?

5                   **MR. LISTON:** Yes.

6                   **MR. ENGELMANN:** So then let's go to the  
7 protocol at Tab 7.

8                                   **(SHORT PAUSE/COURTE PAUSE)**

9                   **MR. ENGELMANN:** Mr. Liston, I understand  
10 that this would have been the last protocol that you would  
11 have signed off on?

12                   **MR. LISTON:** That's correct.

13                   **MR. ENGELMANN:** With the police in London in  
14 your term as executive director?

15                   **MR. LISTON:** With Chief Collins, yes.

16                   **MR. ENGELMANN:** Yes, and this was signed off  
17 in November of 2002?

18                   **MR. LISTON:** Yes.

19                   **MR. ENGELMANN:** And do you know off-hand if  
20 there has been a subsequent protocol since you've left?  
21 You left in May of 2005 when you talked to us about a  
22 three-year.

23                   **MR. LISTON:** Yes, they should be.

24                   **MR. ENGELMANN:** Okay.

25                   **MR. LISTON:** It would be on -- I should say

1       again, we have a woman who is in charge of our manuals and  
2       she is as regular as clockwork. So she will have it on the  
3       list and somebody would be -- we have identified the  
4       individual. We have one staff member who is assigned as  
5       the liaison with the London Police and it's her job just to  
6       keep in touch on various things, any issues that arise --  
7       it doesn't have to be around this kind of -- it could be  
8       missing person reports. We're not filing them properly or  
9       we're late or slow or they're getting too many calls from  
10      one group home where staff aren't supervising properly or  
11      something in their view. They would let our liaison person  
12      know but the liaison person would be charged with the  
13      responsibility for sitting down with the police, setting up  
14      a meeting and go over this.

15                   **MR. ENGELMANN:** All right.

16                   So I want to take a look at this protocol  
17      and I realize that it's dated from November of 2002, but  
18      I'd like you to keep in mind as we're looking at it, Mr.  
19      Liston, whether or not some of the issues we've discuss  
20      would have been in place in your first protocol in London  
21      in '85-'86, or, in fact, whether they might have even been  
22      in place back in 1983 when you were at Metro Toronto.

23                   **MR. LISTON:** M'hm.

24                   **MR. ENGELMANN:** So if there are -- we'll  
25      come across a few things. I just want to know whether they

1           were core principles, whether they were there before or  
2           whether they might have been something that was added over  
3           time.

4                   **MR. LISTON:** Some things would be added over  
5           time and expanded upon.

6                   **MR. ENGELMANN:** All right.

7                   **MR. LISTON:** Some would be, I would think,  
8           sort of there from day one.

9                   **MR. ENGELMANN:** All right.

10                   Well, let's just take a look at some of the  
11           general principles for a minute if we can. So I'm on page  
12           -- it's the first full page; so the second page in.

13                           "Children have a right to be protected  
14                           from abuse. Child abuse is a crime and  
15                           has to be investigated as such."

16                           Where those there from the start?

17                   **MR. LISTON:** I think we've added those over  
18           time, the principles, but I would have to say again our  
19           relationship with the London Police has been a good one and  
20           over the years, the police have had a sensitivity and  
21           awareness to protecting children. I think they've seen us  
22           as being the primary people but they've worked with us on  
23           that one.

24                   **MR. ENGELMANN:** Well, let's take a look down  
25           at whether -- actually, there was a section called "General

1 Principles". I want to ask you about some specifics. The  
2 seventh bullet down says:

3 "The L.P.S. and the CAS will work  
4 together cooperatively, share openly  
5 all information relevant to the  
6 investigation, and conduct joint  
7 investigations."

8 Can you tell us if that was there at the  
9 beginning or if that's something that was added later on?

10 **MR. LISTON:** Sharing of information would  
11 have been necessary right from the beginning in my view. I  
12 can't see how you would work together without sharing  
13 information.

14 **MR. ENGELMANN:** What about the conducting of  
15 joint investigations?

16 **MR. LISTON:** We've been doing that for years  
17 really, well before this was written. So that's not a --  
18 whether it's been ---

19 **MR. ENGELMANN:** So that was around even  
20 before the protocols?

21 **MR. LISTON:** I think we've been doing some  
22 joint investigations, yes.

23 **MR. ENGELMANN:** Is that something that  
24 happened in Metro Toronto as well?

25 **MR. LISTON:** Oh, yes.

1 (SHORT PAUSE/COURTE PAUSE)

2 MR. ENGELMANN: And under "Staffing", you  
3 have CAS and police on the next page.

4 MR. LISTON: M'hm.

5 MR. ENGELMANN: There is some requirement  
6 for qualifications and training.

7 Do you recall if that was something that  
8 would have been around in the first protocol or is that  
9 something that was added?

10 MR. LISTON: I think it's really been added  
11 over the years because, again, the Ministry has developed  
12 different training over the years. We got involved -- some  
13 of the staff of the Society, a couple of my staff were  
14 trained to conduct training. Now, it's not continued to  
15 this day but it was called "ISOC" and it was investigating  
16 sexual abuse or offenders or -- I don't recall all the --  
17 what the acronym was exactly but it was joint training for  
18 police and social workers, child protection investigators.

19 MR. ENGELMANN: Was some of that training  
20 given by the Institute -- it's IPCA for the protection of -  
21 --

22 MR. LISTON: I think it was after that this  
23 particular training. I may be wrong. I know we did some  
24 of the training at the Aylmer Police College and it was one  
25 where you matched up. So they've tried to have the same

1 number of police and social workers at the same time.

2 MR. ENGELMANN: Okay.

3 You say in your outline -- and I just want  
4 to go back there too quickly but the Institute for the  
5 Prevention of Child Abuse was established in the mid-'80s  
6 and it provided further education and training.

7 MR. LISTON: Yes.

8 MR. ENGELMANN: Do you recall some of your  
9 staff doing that?

10 MR. LISTON: Oh, yes. They went to a number  
11 of it. I think some staff from Children's Aid were used to  
12 assist with that training, but certainly we sent people to  
13 it.

14 MR. ENGELMANN: And did the police  
15 departments also?

16 MR. LISTON: Oh, yes.

17 MR. ENGELMANN: All right.

18 So let's look at page 3 of Tab 7,  
19 "Initiating the Referral Process".

20 MR. LISTON: Okay.

21 MR. ENGELMANN: We have when the L.P.S., the  
22 London Police Service, receives the referral or when the  
23 CAS receives the referral, and it talks about how they  
24 communicate with one another ---

25 MR. LISTON: M'hm.

1                   **MR. ENGELMANN:** --- do you know if that's  
2 something that was there from the beginning or is that  
3 something that came in later?

4                   **MR. LISTON:** No, I think it was right there.  
5 It was a step that we had in the initial protocols. It  
6 would be focussing around what you identified as cases of  
7 abuse, child abuse. That's what it would have focussed on.

8                   **MR. ENGELMANN:** At the bottom of that page,  
9 there is a caption "Joint CAS/London Police Service  
10 Investigations". It says:

11                                   "Children's Aid Society of London will  
12                                   refer to the police all allegations of  
13                                   serious child abuse and neglect. This  
14                                   includes all sexual abuse allegations,  
15                                   for example."

16                                   So you would -- in cases of child sexual  
17 abuse, you were always referring?

18                   **MR. LISTON:** Correct.

19                   **MR. ENGELMANN:** And would that have been  
20 from the mid-'80s or perhaps even earlier?

21                   **MR. LISTON:** I would think so.

22                   **MR. ENGELMANN:** And how would this work if  
23 there was a joint investigation? Do you know, sir? Would  
24 you have an officer assigned to work with the police  
25 officer?

1                   **MR. LISTON:** Yes.

2                   **MR. ENGELMANN:** Or there would be multiple  
3 people or ---

4                   **MR. LISTON:** Generally, again, it was --  
5 primarily the situations were individuals.

6                   **MR. ENGELMANN:** Right.

7                   **MR. LISTON:** That has been ---

8                   **MR. ENGELMANN:** Individual victims,  
9 individual offenders?

10                   **MR. LISTON:** Individual victims and we would  
11 assign an intake worker and the police would assign an  
12 officer and then they would work together. They would sit  
13 down and talk about, "Okay, what do you know; what do we  
14 have", gather what information -- like as an investigator  
15 to investigator. What information? Where do we -- where  
16 should we go next? Where we should gather before we --  
17 gathering as much information that you can before you ever  
18 confront a potential offender.

19                   **MR. ENGELMANN:** And I just note at the  
20 middle of the next page, there is a paragraph that starts:

21                               "The investigators will clarify roles  
22                               for the interview with the child such  
23                               as who will take the lead in the  
24                               interview, who will take notes if  
25                               applicable. The interview with the

1 child victim will be videotaped  
2 whenever possible. One set of notes,  
3 et cetera."

4 Do you know if that was the practice that  
5 was usually used?

6 **MR. LISTON:** I think it became more -- it  
7 was developed over time, and I think it just came from  
8 experience of what people found worked best and caused less  
9 confusion.

10 **MR. ENGELMANN:** And then with respect, in  
11 the next paragraph, it says:

12 "CAS will delay contacting the alleged abuser in  
13 most situations until police can conduct the  
14 interview".

15 **MR. LISTON:** That's correct.

16 **MR. ENGELMANN:** So it appears with the  
17 child, your people may be involved right there in that  
18 first interview, but with the alleged offender, it's mainly  
19 the police who did the first one.

20 **MR. LISTON:** And that's because of their  
21 role. Theirs is one of prosecution; ours is to protect the  
22 child.

23 **MR. ENGELMANN:** I note it says:  
24 "When appropriate, as deemed by the police, the  
25 social worker may attend the interview with the

1                   alleged abuser.”

2                   Do you know if that happened from time to  
3                   time?

4                   **MR. LISTON:** From time to time, it did, yes.

5                   **MR. ENGELMANN:** All right. Now, this whole  
6                   section on responding to multi-victim and/or multi-offender  
7                   cases, do you know if that was there at the beginning?

8                   **MR. LISTON:** No, it was definitely not.

9                   **MR. ENGELMANN:** And how do you know that,  
10                  sir?

11                  **MR. LISTON:** Well, we just didn't have  
12                  experience with it, to be perfectly honest.

13                  **MR. ENGELMANN:** Do you recall what might  
14                  have been the impetus for having that added to the  
15                  protocol?

16                  **MR. LISTON:** Oh, yes. It was Project  
17                  Guardian.

18                  **THE COMMISSIONER:** I'm sorry, Project  
19                  Guardian?

20                  **MR. LISTON:** Project Guardian.

21                  **MR. ENGELMANN:** All right. We are going to  
22                  talk about that in a little bit of detail. That was an  
23                  investigation that took place between '93 and '95 in the  
24                  City of London?

25                  **MR. LISTON:** That's correct.

1                   **MR. ENGELMANN:** And as a consequence of that  
2 investigation, your next protocol afterwards would have had  
3 something dealing with multi-child victims and multi-  
4 offender cases?

5                   **MR. LISTON:** That's correct.

6                   **MR. ENGELMANN:** And then you also have some  
7 captions when the alleged victim of a joint investigation  
8 is a child in the care of the CAS?

9                   **MR. LISTON:** Correct.

10                  **MR. ENGELMANN:** Would you have had some  
11 provisions with respect to that issue from early days?

12                  **MR. LISTON:** I believe we would have. I  
13 think it's again been refined over time as we've had  
14 experience. What happened; what didn't happen; how the  
15 police saw us conducting that particular investigation our  
16 own selves. So you do learn from experience and you build  
17 it in as you review these things.

18                  **MR. ENGELMANN:** You've talked to us about  
19 the necessity to be able to search records and look at past  
20 history, whether you're dealing with previous complaints  
21 that the alleged victim may have made or you're looking at  
22 whether the alleged offender had been investigated before.

23                               I'm looking at 11, "Communication and Record  
24 Sharing", on the next page.

25                  **MR. LISTON:** M'hm.

1                   **MR. ENGELMANN:** It says:  
2                   "Lines of communication that remain open and all  
3                   information relevant to the joint investigation  
4                   will be shared. New information will be shared  
5                   as soon as possible, continue to share all  
6                   necessary information..."

7                   -- et cetera --

8                   "...and if you are uncertain as to what action to  
9                   take, each party shall feel free to consult the  
10                  other."

11                  Do you know if this was in the protocol from  
12                  the get go or if not, whether that type of practice was  
13                  followed?

14                  **MR. LISTON:** There would have been a sharing  
15                  of information. There had to be. I think I said that,  
16                  that you just can't talk about working jointly with  
17                  somebody on an investigation even if two investigators were  
18                  police officers, you would expect that they would be  
19                  sharing the information that they had so as you go forward  
20                  in interviews, you can use it, use it properly, and you  
21                  both know what's going on. It's kind of like the right and  
22                  left hand knowing what each other is doing.

23                  And so this may have been expanded upon but  
24                  sharing information, this is what it would have meant even  
25                  if we didn't say it as clearly.

1                   **MR. ENGELMANN:** And lastly, you have  
2 something called "Matters of Contention". That looks a bit  
3 like a dispute resolution process of some sort where ---

4                   **MR. LISTON:** Yes.

5                   **MR. ENGELMANN:** --- there are ways, if there  
6 are problems with that relationship, you can go up the  
7 chain of command?

8                   **MR. LISTON:** Absolutely, I mean, you've got  
9 to be realistic. You work on these things, but there's  
10 still going to be individuals and circumstances that you  
11 don't anticipate. And as good an organization as you have,  
12 you still have people who sometimes I would -- well, I  
13 would not directly but I guess one of my managers might get  
14 a call from one of the police to say, "So and so didn't  
15 seem very well prepared. They need more training." You  
16 get feedback.

17                   I mean, people aren't perfect, and you never  
18 anticipate everything in any protocols. So it's just that  
19 thing to -- having said everything else, you have a  
20 fallback position, and if we have a problem, what do we do?

21                   **MR. ENGELMANN:** All right. Let me just ask  
22 you about one particular phase. You've talked about the  
23 joint investigation and the childcare worker, social worker  
24 and the police officer interviewing the alleged victim, the  
25 child. You've talked about doing that together.

1                   Do you have any views on that whether that  
2                   should be done together or whether one should do it first  
3                   and then the other do it? Any thoughts on that from your  
4                   experience?

5                   **MR. LISTON:** From my experience, I find it  
6                   better to do it together. And I think you bring the  
7                   expertise of two perspectives at the same time. And as  
8                   I've said, Children's Aid workers have an expertise and are  
9                   specifically trained in interview techniques but also in  
10                  interviewing children. We've got more experience with  
11                  that. And I think police officers have certainly improved  
12                  their training, they've done a lot of work on it, but I  
13                  think there are things that we can contribute. I think  
14                  police officers bring a stronger orientation in  
15                  investigation techniques and that can be helpful.

16                  So I think there's benefits to both and  
17                  their perspectives.

18                  The other thing too is when you're  
19                  interviewing particularly in the areas of sexual abuse, you  
20                  don't want to put the child through it too often in terms  
21                  of discussing this. That could be traumatic in itself.  
22                  And so by having one interview and doing it well, I think  
23                  you're better off.

24                  So I see the benefits. I think we've seen  
25                  the benefits over time. The other thing too and it clearly

1 was demonstrated in Project Guardian, which we'll come to,  
2 but the focus of a Children's Aid worker is going to be the  
3 protection of the child. So in an investigation, an  
4 officer may ask questions which are drawing information to  
5 a system in prosecuting an offender. There's other  
6 information coming out also at that time, which the child  
7 may not clearly articulate, that really talks to a child  
8 being neglected.

9 For instance, if a child is in circumstances  
10 where they are abused, and you're not asking the question,  
11 "Well, how long were you there; didn't somebody know you  
12 were there? Didn't your parents know you were out? Where  
13 was your mother?". You are really talking about lack of  
14 supervision or possibly neglect. And that's not directly  
15 spoken to because the focus of the interview might at that  
16 time be about the offences that occurred.

17 So I think there are different things that  
18 you're looking for, but being together, I think, really  
19 allows that all to be handled at once and helps clarify  
20 things for both parties, and I think it's easier on the  
21 children.

22 **MR. ENGELMANN:** All right. And that was  
23 your practice or your experience if you could investigate  
24 that way with the London Police?

25 **MR. LISTON:** We certainly had that

1 experience with the London Police and certainly the staff  
2 of the Society that were directly involved and I would feel  
3 very supportive of that approach.

4 **MR. ENGELMANN:** Let's talk a little bit  
5 about some of the training.

6 Before we go there, you've talked to us  
7 about the mandatory protocol, that being local CAS, local  
8 police force, and you've talked about how in a number of  
9 occasions in the City of London you would have amended that  
10 protocol.

11 **MR. LISTON:** Correct.

12 **MR. ENGELMANN:** And you tried to do it at  
13 least every three years?

14 **MR. LISTON:** Correct.

15 **MR. ENGELMANN:** And also the importance  
16 about continually talking about it.

17 **MR. LISTON:** Correct.

18 **MR. ENGELMANN:** Especially from your  
19 position as a leader.

20 **MR. LISTON:** M'hm.

21 **MR. ENGELMANN:** Can we talk a little bit  
22 about some of the other protocols and can you just tell us  
23 -- maybe we could turn to Tab 6.

24 And would it be fair to say that in the mid-  
25 '80s, you developed a protocol with the London Police

1 Force?

2 MR. LISTON: Correct.

3 MR. ENGELMANN: And presumably also with the  
4 OPP because of the work you did in the County of Middlesex.

5 MR. LISTON: That's right.

6 MR. ENGELMANN: And you have a number of  
7 other agencies here and you've got dates.

8 Would this have been the first time these  
9 protocols were entered into or were these the last protocol  
10 that you had with respect to a date?

11 MR. LISTON: Okay. These would have been  
12 the date of the last protocol.

13 MR. ENGELMANN: All right.

14 MR. LISTON: And you will note, and I'm  
15 flipping down this here and I see one here in 1993, which  
16 is well over the five years, with Community Living in  
17 London. And when we reviewed this, as you'll see at the  
18 back on the bottom of the page, it says, "February '05",  
19 the date. This is part of the Society's Policy Manuals.  
20 It was one of the things that I was doing before I was  
21 leaving, reviewing and updating all of our policies in the  
22 Agency, and it was at that time we really identified how  
23 often -- now, some of the protocols were being reviewed  
24 regularly, they just were. That's when we really  
25 instituted we should do this on a prescribed basis, every

1 three or every five years. So you will see on the far end,  
2 "Frequency for Review - Three or Five Years". So that was  
3 just what the senior staff and I sat down. There's no  
4 requirement to do that. We just said that that looked to  
5 us to be wise. And you'll see that some of them are three  
6 and some of them are five.

7 **MR. ENGELMANN:** This is sort of best  
8 practices from your point of view?

9 **MR. LISTON:** From our point of view.

10 **MR. ENGELMANN:** And one seems to have fallen  
11 through the cracks; the Community Living?

12 **MR. LISTON:** Yes.

13 **MR. ENGELMANN:** Okay. All right. Now, these  
14 are a variety of agencies. Might there be some agencies  
15 who didn't make it on this list that you would have had  
16 protocols with?

17 **MR. LISTON:** Yes.

18 **MR. ENGELMANN:** I mean I assume you tried to  
19 be comprehensive.

20 **MR. LISTON:** Well, yes. You're required to  
21 have them. The Society is required to have the police, and  
22 it makes sense to have one with the school boards, that's a  
23 sensitive one, hospitals. Another one that's quite  
24 sensitive to work with are the women's shelters; very  
25 important because it's just a sensitive one. So that would

1 be some that we had in place and certainly organizations  
2 approached us about doing that.

3 The other one is kind of a reverse  
4 responsibility, if you will, and that is child care in  
5 institutions, children's mental health centres, group  
6 homes, institutions that care for children, have a  
7 requirement under the provincial government's licensing  
8 procedures that they have a protocol with the Children's  
9 Aid. So it's not -- the onus isn't on the CAS, it's on the  
10 provider.

11 **MR. ENGELMANN:** Is that what we see at Tab  
12 5?

13 **MR. LISTON:** At Tab 5? Yes.

14 **MR. ENGELMANN:** So what is meant by a  
15 licensed residential facility?

16 **MR. LISTON:** It could be a children's mental  
17 centre. Frankly, I can't think of -- I don't know the ones  
18 in this area, I must say, this part of the province.

19 **MR. ENGELMANN:** No, I'm just looking at your  
20 list here for London, for example.

21 **MR. LISTON:** Oh, okay.

22 **MR. ENGELMANN:** Madame Vanier's Children  
23 Services.

24 **MR. LISTON:** Children's Mental Health  
25 Centre.

1                   **MR. ENGELMANN:** All right. Bluewater Family  
2 Support Services.

3                   **MR. LISTON:** I think it's called a child  
4 intervention agency. That's part of the section of the Act  
5 that it's under. It's a group home.

6                   **MR. ENGELMANN:** All right. So it's not just  
7 the police then. There are some other types of services  
8 that are required to have ---

9                   **MR. LISTON:** That's right.

10                   **MR. ENGELMANN:** --- protocols?

11                   **MR. LISTON:** Yes.

12                   **MR. ENGELMANN:** Whereas other community-  
13 based organizations, it may be voluntary?

14                   **MR. LISTON:** Yes.

15                   **MR. ENGELMANN:** For example, I don't see it  
16 here and I don't know whether you had one, but Minor Hockey  
17 Association.

18                   **MR. LISTON:** That's correct. That would be  
19 voluntary.

20                   **MR. ENGELMANN:** Right. So they may have  
21 their own interagency -- intra-agency protocol; may or may  
22 not have something with the Children's Aid.

23                   **MR. LISTON:** Yes. One my staff -- just a  
24 couple of the guys that are on staff were very active with  
25 the Hockey Association. They helped the local Hockey

1 Association in London draft procedures, a booklet for the  
2 hockey coaches and hockey officials in the London  
3 community. It's just that they happened to be on the  
4 executive of the Hockey Association and that's who they  
5 tapped.

6 **MR. ENGELMANN:** Would you encourage your  
7 staff to do that type of outreach, if possible?

8 **MR. LISTON:** Absolutely. It's just good  
9 community relations.

10 **MR. ENGELMANN:** Now, I want to ask you just  
11 a little bit about IPCA and you've got that just at the end  
12 of your section on the '80s in your outline. I'm looking  
13 towards the bottom of page 5 of Tab 3.

14 **MR. LISTON:** M'hm.

15 **MR. ENGELMANN:** And you've talked about  
16 further training, education on issues of child sexual abuse  
17 to all professionals working in the field of child sexual  
18 abuse.

19 To your knowledge -- you said mid-'80s. Do  
20 you have some recollection as to for what period of time  
21 you would have been sending staff to this sort of  
22 multidisciplinary training?

23 **MR. LISTON:** It would have been from the  
24 mid-'80s to the early '90s. I think it was in the early  
25 '90s that the government shifted the funding and put it

1 over to the association. The institute was in existence  
2 for a number of years.

3 **MR. ENGELMANN:** We've had a previous  
4 witness, Professor Bala, talk about doing some of that  
5 training. I don't know if you were aware that he was doing  
6 that and/or others?

7 **MR. LISTON:** I certainly know of Dr. Bala  
8 and certainly I think I've attended sessions that he's done  
9 over the years, whether it was at the Institute or other  
10 training opportunities.

11 **MR. ENGELMANN:** And did you have an  
12 opportunity to attend any of this training?

13 **MR. LISTON:** Yes.

14 **MR. ENGELMANN:** What kind of a priority was  
15 it for you to have staff go to this type of training?

16 **MR. LISTON:** Well, it was the government-  
17 sponsored training but it also very much was up to date. I  
18 mean, the people there -- and I remember a couple of them.  
19 There was a Ron Luciano, who had been a Director of a  
20 Children's Aid in Northern Ontario at Peel, and then Ross  
21 Dawson who wrote some of these documents, and Ross had been  
22 an Executive Director, but they were very knowledgeable.  
23 They had knowledge of the Ontario legislation, where we  
24 were at with the procedures and standards. Some of the  
25 training they did was broader in nature which could be on a

1 national basis.

2 MR. ENGELMANN: Let me just ask you if you  
3 can recall. Do you know if any of the training dealt with  
4 investigating ---

5 MR. LISTON: Oh, yes.

6 MR. ENGELMANN: --- cases of child sexual  
7 abuse?

8 MR. LISTON: Absolutely.

9 MR. ENGELMANN: Would any of it involve  
10 interview techniques?

11 MR. LISTON: Yes.

12 MR. ENGELMANN: Do you know if any of it  
13 involved dealing with victim support or counselling?

14 MR. LISTON: It would have. I think you saw  
15 some of that in the materials that were here, but, yes, and  
16 I think that came along not right at the front end. It  
17 focused on the investigating and interviewing.

18 MR. ENGELMANN: All right. You make some  
19 reference at the end of the '80s to Mount Cashel. We've  
20 heard a little bit about that. You've already told us  
21 about Badgley and some of the effect that had.

22 Comment on Cashel from your child welfare  
23 response perspective, what impact that might have had on  
24 your staff and how you did things.

25 MR. LISTON: I think again the nature of

1 that incident was shocking. It was shocking in the sense  
2 that individuals of trust who you had seen -- and they were  
3 clergy, certainly of trust, of authority, that had abused  
4 that trust; that it had been so wide scale; that it had had  
5 such serious consequences on the victims, and some of that  
6 was apparent because there was news coverage, media  
7 coverage. I think CBC covered these kinds of things.  
8 There were shows and so on and you really saw just how  
9 traumatized these -- and how it affected people's lives  
10 long term. So it was upsetting.

11 I don't -- again, I would come back to  
12 saying I don't think people in the field are any different  
13 than any other citizen in being upset by these things. I  
14 think what's more upsetting, even for people in the field,  
15 is that, you know, were we as aware of these things as we  
16 should have been. Okay? Were there -- you know, we've  
17 had institutions around us and is it possible here.

18 **MR. ENGELMANN:** All right. We've heard that  
19 at about that time, in the late '80s, there were policies  
20 and programs being put into place in a number of not-for-  
21 profit agencies, child serving agencies, screening  
22 protocols, things of that nature.

23 I'm wondering, with respect to some of the  
24 agencies you were dealing with in London, thinking back to  
25 the mid to late '80s and perhaps particularly some of these

1 child caring agencies that you had protocols with or  
2 mandatory protocols with, were you involved at all in  
3 screening or trying to ensure that some of the people  
4 working in these institutions had been checked?

5 **MR. LISTON:** Well, I think at that time and  
6 I wouldn't know the exact date, but I think the Ministry  
7 started putting in requirements, licensing requirements  
8 that police checks be done on hiring employees or people  
9 involved with the children. So that's -- we would have  
10 certainly supported and encouraged that. And in terms of  
11 staff visiting institutions, we certainly would have looked  
12 at adequate supervision, quality of staff, training.

13 It's very important that when you have staff  
14 in these institutions and they are in a position of power  
15 and authority, that you have checks and balances in place  
16 so that things don't get out of hand; so things where  
17 children are left alone with individuals where  
18 inappropriate activities can take place. And certainly we  
19 did that. The Children's Aid Society in London had six  
20 group homes, staff operated.

21 **MR. ENGELMANN:** As I understand it, sir, in  
22 some Ontario communities there's a direct relationship  
23 between the CAS and group homes whereas, in others, ---

24 **MR. LISTON:** There may not be.

25 **MR. ENGELMANN:** --- group homes are running

1 independently?

2 **MR. LISTON:** Yes, and it varies across the  
3 province. The London CAS happens to have six group homes.  
4 Some might have one, some might have none. It just depends  
5 on the history and how it developed in that community.

6 The London Society did have six and that's  
7 where some of these part-time employees that I referred to  
8 earlier on the staff of the Society and a lot of that came  
9 in. We took steps to ensure that we never had staff on  
10 alone, that we had two people on at least to ensure that  
11 there coverage so that you could have -- just make sure  
12 that you didn't have people where allegations could be  
13 raised or where situations could arise where people were  
14 doing anything inappropriate.

15 **MR. ENGELMANN:** Right. Mr. Liston, I was  
16 just going to turn into the 1990s but perhaps this would be  
17 an appropriate time for our morning break.

18 **THE COMMISSIONER:** Yes. We'll have our  
19 morning break. We'll come back at 11:35.

20 Thank you.

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

23 The hearing will reconvene at 11:35.

24 --- Upon recessing at 11:21 a.m./

25 L'audience est suspendue à 11h21

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

2 L'audience est reprise à 11h37

3 **THE REGISTRAR:** Order; all rise. A l'ordre;  
4 veuillez vous lever.

5 This hearing of the Cornwall Public Inquiry  
6 is now in session.

7 Please be seated. Veuillez vous asseoir.

8 **THE COMMISSIONER:** Sir.

9 **MR. ENGELMANN:** Thank you.

10 **JOHN LISTON, Resumed/Sous le même serment:**

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

13 **MR. ENGELMANN:** Mr. Liston, we were just  
14 getting into the 1990s when we left off and you've noted a  
15 couple of cases that were, I guess, in the news in the  
16 early '90s, late '80s/early '90s. You cite the choirmaster  
17 case in Kingston and there were some Ontario training  
18 school cases. Would you say this brings it closer to home?

19 **MR. LISTON:** Yes.

20 **MR. ENGELMANN:** A little closer than what  
21 was happening in Newfoundland, for example?

22 **MR. LISTON:** Correct.

23 **MR. ENGELMANN:** And these cases, you say,  
24 also highlighted the issues of abuse by individuals in a  
25 position of trust and/or authority.

1                   **MR. LISTON:** Correct.

2                   **MR. ENGELMANN:** And these cases, several of  
3 them had male victims. Correct?

4                   **MR. LISTON:** Correct.

5                   **MR. ENGELMANN:** And I'm wondering if these  
6 events triggered any kind of response or changes in child  
7 caring agencies, to your knowledge.

8                   **MR. LISTON:** Not significantly, really.

9                   I think we still tended -- I can say for  
10 myself, some of my staff might have done some experimental  
11 work and when I say like, a group or something of that  
12 nature, but not really.

13                   **MR. ENGELMANN:** Okay. I'm just wondering  
14 with respect to a focus on male victims as victims of child  
15 sexual abuse; any real distinction there?

16                   **MR. LISTON:** Not to my knowledge.

17                   **MR. ENGELMANN:** And what about with respect  
18 to staffing issues or supervision in some of these  
19 residential homes or group homes, were there any changes  
20 that you saw there, that were happening?

21                   **MR. LISTON:** The kinds of things that I  
22 mentioned, I think a little bit earlier, the police checks,  
23 ensuring that you would have adequate staff on to ensure  
24 that there would be two staff on or at least more than one  
25 staff. Those would be the kinds of things that I would

1 have seen done.

2 **MR. ENGELMANN:** Okay. Was there any  
3 distinction between genders with staffing, to your  
4 knowledge?

5 **MR. LISTON:** Yes, the one thing that I know  
6 I was careful with, was clearly in the female residences or  
7 group home, that we would ensure that we'd never have a  
8 male on alone. It was good to have a positive male image,  
9 positive male person in the home as one of the workers, but  
10 you would make sure that you never had them on alone.

11 **MR. ENGELMANN:** Your next point you talk a  
12 little bit about ---

13 **THE COMMISSIONER:** Sorry, Mr. Engelmann.

14 **MR. ENGELMANN:** I'm sorry.

15 **THE COMMISSIONER:** In a boy's home, you  
16 didn't necessarily have that concern, in the sense of being  
17 aware of possibly, you know, a male ---

18 **MR. LISTON:** We would have had male and  
19 female staff, but I can't say I would have said that we  
20 would never have two male staff on alone or something with  
21 boys. Okay. I didn't make -- no, I don't make the same  
22 distinction.

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

24 **MR. ENGELMANN:** Yet the effort certainly was  
25 to always have two adults, not one.

1                   **MR. LISTON:** Always. It was around adequate  
2 supervision and to ensure that you didn't leave yourself  
3 open to allegations. It was also a safety issue. There  
4 had been a tragedy in a group home in Ontario, where a  
5 staff member was on alone and was killed.

6                   **MR. ENGELMANN:** Okay.

7                   **MR. LISTON:** And so it was a safety issue,  
8 but when we looked at the combinations of staff, clearly in  
9 the female residences, we made sure we never had a male on  
10 alone.

11                   **MR. ENGELMANN:** All right.

12                   Now in the next point, you talk about the  
13 fact that some of these cases reinforced the need for  
14 protocols.

15                   **MR. LISTON:** Correct.

16                   **MR. ENGELMANN:** And I'm just wondering, and  
17 you talk a little bit about individuals in authority or  
18 positions of trust, and I'm wondering if there were any  
19 concerns or considerations that arose when your staff were  
20 dealing with investigations of people in authority?

21                   **MR. LISTON:** You certainly would have  
22 investigations. It could involve a prominent citizen, a  
23 city counsellor, a professor at the university, a senior  
24 medical person. I can think of some situations.

25                   In those situations, or if something like

1 that was going to arise and staff or a manager was aware of  
2 it, a supervisor was aware of it, I had an understanding  
3 with my staff and certainly, as was done over the years,  
4 they would just give me a call and say, "And by the way,  
5 John, if you have a call from so-and-so, if you have a call  
6 from a professor at the university, if you have a call from  
7 somebody, we have an investigation." I wouldn't  
8 necessarily need to know more. It's just, be aware if you  
9 get a call.

10 And I can recall that I did get calls. You  
11 know, you get a call from someone. Then you would call  
12 down and say, "Okay. What's going on?" You don't need to  
13 know the detail, but what you do need to know is; yes,  
14 there's an investigation and they could say, "we look like  
15 we have a problem" or "there doesn't seem to be a lot to  
16 it", but what you could really do then, when you got on the  
17 phone with the individual -- and you would return the call,  
18 could, you could say -- and if they raised the issue, you  
19 know like, "your staff had no business investigating this"  
20 or "they don't know what they're doing", you could say,  
21 "No, they do know what they're doing. I'm aware there's an  
22 investigation." And I'd ask him to cooperate. I think if  
23 you cooperate, we go through this, we can clarify whatever  
24 needs to be done. If it isn't conducted properly, then we  
25 could have a problem.

1                   And as long as staff followed procedures,  
2                   were properly -- carried out their responsibilities, things  
3                   were okay. But staff need to know that, I think, because  
4                   there can be veiled threats or someone can say, "Well, I  
5                   know so-and-so on the board or I know the executive  
6                   director." You know, so staff need to know -- and what was  
7                   really important, it wasn't for me to speak to the staff,  
8                   but I think for the manager to be able to say, "Look, it's  
9                   okay, I've let John know" or "I've let the executive  
10                  director know. We're covered. Do your job." If we do our  
11                  jobs, that's it. And people need to know they're  
12                  supported.

13                   **MR. ENGELMANN:** Why do they need to know  
14                  they're supported dealing with high profile people in the  
15                  community?

16                   **MR. LISTON:** People generally do -- the  
17                  people, the investigators are your front-line staff.  
18                  They'll see themselves as the low man on the totem pole.  
19                  Right. They have a supervisor. They have a manager and  
20                  then in some places, there is an executive director. And  
21                  they just need to know that they are going to be backed up  
22                  because there is that sense of "Well, if I get out there  
23                  and somebody starts saying I don't know what I'm doing or  
24                  I'm incompetent or I'm not doing my -- you know, what's  
25                  going to happen?" And no one likes to be out there on a

1 limb by themselves to find out that somebody's cutting it  
2 off.

3 So it's important that they're just backed  
4 up. They're doing their job. Do your job. Do it right  
5 and you'll be backed up.

6 **MR. ENGELMANN:** Now you talk about research  
7 and knowledge in the area of sexual abuse and child sexual  
8 abuse growing. This is in the early '90s, you talk about  
9 revised standards for the investigation of child abuse  
10 cases.

11 **MR. LISTON:** M'hm.

12 **MR. ENGELMANN:** So what was it that was  
13 being revised or done there in the early '90s?

14 **MR. LISTON:** The Ministry issued more  
15 specific standards in terms of investigation, timeframes,  
16 expectations of agencies and that allowed the Ministry to  
17 monitor more closely just what societies were doing and not  
18 doing.

19 **MR. ENGELMANN:** You talk about more clearly  
20 stating the importance of taking into consideration in your  
21 investigation, the past history of abuse.

22 **MR. LISTON:** It was highlighted and some of  
23 my staff had pointed that out to me. I think we'd become  
24 more aware of this in the '80s, as knowledge was expanded.  
25 And I think this really just made it more formal or

1 codified it, if you will. It brought it to higher  
2 attention in people's minds, to ensure that you did take  
3 that into consideration when you did investigations.

4 **MR. ENGELMANN:** Was that something your  
5 staff would have been doing in the '80s?

6 **MR. LISTON:** I would certainly hope so.

7 **MR. ENGELMANN:** Now, let's talk a little bit  
8 about Project Guardian. You've mentioned it a couple of  
9 times. You have three bullets at the bottom of that page,  
10 page 6, just talking about it. And you talk about how it  
11 came to pass, with the discovery of a garbage bag of  
12 pornographic videos down by the river in London.

13 **MR. LISTON:** Yes. I can speak to it and if  
14 I get rambling, you'll bring me back just to keep me  
15 focussed.

16 **MR. ENGELMANN:** I'm curious. Maybe you  
17 could just -- you've got some of it at Tab 4, but I'm  
18 wondering, you say it starts as Project Scoop, and then it  
19 becomes Project Guardian. Can you tell us what happened  
20 there?

21 **MR. LISTON:** Well what happened, this was a  
22 multiple-victim, multiple-offender case that arose in  
23 London, and I got a phone call one afternoon asking me what  
24 I thought about the pornography tapes, and I just said,  
25 "Oh, I think it's terrible, you know, children." They

1       said, "No, the ones that were made in London." And that  
2       was when it sort of struck you, like, you just didn't think  
3       it could happen in London -- not somebody making  
4       pornographic tapes. But what had happened -- I think  
5       there's some federal changes in federal law between  
6       possession and making of pornographic material and somebody  
7       dumped something like 40-50 tapes in a river north of  
8       London. And somebody out fishing hooked the bag and hauled  
9       out a pile of videotapes. They started to play them,  
10      realized what they had, called the police and the police  
11      started an investigation.

12                   The initial investigation was an  
13      investigation into pornography, and it was headed up by the  
14      vice squad of the London Police Department and that's why  
15      it was called Project Scoop.

16                   **MR. ENGELMANN:** And was the CAS involved  
17      initially?

18                   **MR. LISTON:** Not initially, because it was  
19      seen, not as a child abuse investigation but as a vice  
20      investigation, the making of pornographic tapes. It was  
21      not seen as abuse.

22                   **MR. ENGELMANN:** So when and how did the CAS  
23      get involved?

24                   **MR. LISTON:** The police, the Sexual Abuse  
25      Unit at the police station obviously talked to other

1 officers in the vice squad and they had these tapes. They  
2 thought they recognized a couple of local men, who were  
3 offenders, on the tapes. So they thought they were locally  
4 made and they couldn't identify any of the children and the  
5 officers in the sexual assault unit suggested they come to  
6 the Children's Aid and ask staff there, if they could  
7 identify any of the children.

8 And that was sort of the first step in  
9 starting to involve us and then as the investigation  
10 proceeded and it was realized the number of tapes and the  
11 number of children and the number of offenders that started  
12 to be seen on these tapes. It was multiple victim and what  
13 was happening to the children, it was an abuse case. It  
14 was ---

15 **MR. ENGELMANN:** --- child sexual abuse.

16 **MR. LISTON:** That's right.

17 And over the first period of time, the thing  
18 just kind of kept mushrooming, more and more and it was at  
19 that stage that it became Project Guardian. The Chief of  
20 Police, at that time, Julian Fantino applied for additional  
21 to hire staff to address the magnitude of this  
22 investigation and I, through the Ministry -- I think it was  
23 -- that Ministry has changed names, Community and Social  
24 Services, Child and Family Services, whatever it was that  
25 year, I applied for some additional funding for staffing to

1 work with the police.

2 And that is when it really became Project  
3 Guardian.

4 **MR. ENGELMANN:** All right.

5 So were you successful in getting some extra  
6 resources?

7 **MR. LISTON:** Yes.

8 **MR. ENGELMANN:** And after getting called in  
9 by the police, did the CAS then have an active involvement  
10 in the investigation?

11 **MR. LISTON:** Yes, we did. We worked jointly  
12 with them. Interviews were done jointly. I can't say  
13 every case, but certainly, in most of them there were joint  
14 interview.

15 **MR. ENGELMANN:** With the child victims?

16 **MR. LISTON:** With the child victims.

17 **MR. ENGELMANN:** All right.

18 And at page 2 of "Project Guardian" at Tab 4  
19 I note, for example, that there were 64 defendants charged,  
20 over 84 young complainants in a total of over 5,000  
21 charges.

22 **MR. LISTON:** I think that's a typo.

23 **MR. ENGELMANN:** Is that, should that be 500?

24 **MR. LISTON:** Yes.

25 **MR. ENGELMANN:** Yes. Okay. It seemed like

1 an awful lot.

2 And this Chapter 1 and the other Chapter we  
3 have in here from the Project Guardian Report, as I  
4 understand it that is a report that is done in the two  
5 years following ---

6 **MR. LISTON:** Correct.

7 **MR. ENGELMANN:** --- Project Guardian, and  
8 then it's published in 1987 (sic)?

9 **MR. LISTON:** Ninety-seven (97), I believe.

10 **MR. ENGELMANN:** Sorry, '97. I apologize.

11 And you talk in our outline, at the top of  
12 page 7, about some of the lessons learned from Project  
13 Guardian.

14 Can you just -- maybe just elaborate on  
15 those five points we see there? Why did you -- You've got  
16 "Lessons Learned; The value of skilled" ---

17 **MR. LISTON:** Oh, I ---

18 **MR. ENGELMANN:** --- You have "The value of  
19 skilled and competent staff were well-trained and well-  
20 prepared".

21 **MR. LISTON:** That's just being -- we're in  
22 the business in child welfare of being -- I think someone  
23 said at one time, but it wasn't me, but I've used it -- the  
24 inevitable, but the unpredictable.

25 Inevitably, you're going to have tragedies

1       happen and you just don't know when. So you have to have  
2       staff prepared and ready for when that day comes. We  
3       weren't really prepared for a multiple offender and  
4       multiple victim investigation. Never anticipated, it  
5       wasn't in the protocols, didn't think it could happen where  
6       we lived, but it did.

7                       But having staff who had been trained,  
8       prepared in the areas of sexual abuse, competent, they can  
9       adapt and find a way to proceed, and I think that was one  
10      of the things that you can just look back on and say "Well,  
11      I'm glad we had the right people. We were ready. Maybe we  
12      didn't know exactly how, but they were skilled".

13                    **MR. ENGELMANN:** Now, on the next point, you  
14      talk about the critical importance of building sound and  
15      respectful relationships between professionals in the  
16      organizations. I think you've talked about this already  
17      with the CAS and the police.

18                    **MR. LISTON:** Oh, yes.

19                    And in this one, like I say and think staff  
20      would say, and if you looked at the report, we didn't start  
21      off all working together, but in the vice-squad, it was  
22      kind of secret and they weren't letting out a lot of  
23      information, the police were doing a sensitive  
24      investigation. But it was a relationship we have with the  
25      Sexual Assault Unit. You could approach this and when they

1           came down and asked us to identify some children "Isn't  
2           there a role for us? You're interviewing children. You  
3           can't -- don't you think we..." and the police -- there was a  
4           sense that the police in that unit could say, "Yes, these  
5           people do have skill. Why aren't we using it and how do we  
6           work together?"

7                                So it built out of relationships, it was not  
8           included in any protocol that came out of the  
9           relationships.

10                           **MR. ENGELMANN:** And then you talk about the  
11           need for the continued revision and updating of protocols?

12                           **MR. LISTON:** And you can see that we've  
13           added things to it over time and certainly, they've added  
14           the -- and even the sections now on multiple offender or  
15           multiple victim, the things are so complex, you can't cover  
16           every kind of circumstance. Each of the multiple victim or  
17           offender cases in Ontario, be it the Choir -- the Kingston  
18           case, Prescott, it's just different. It's just really  
19           quite unique. So what you need to do is say "Well,  
20           identify it and when it happens we will work together."

21                           **MR. ENGELMANN:** And your provisions in your  
22           protocol with multiple victims, multiple offenders arose  
23           out of Project Guardian?

24                           **MR. LISTON:** Correct.

25                           **MR. ENGELMANN:** And then your next point,

1 the importance of senior staff supporting the words in the  
2 protocol, when it comes to the day when they were really  
3 tested.

4 **MR. LISTON:** There were some prominent  
5 citizens that were involved in this and it's important that  
6 staff realize they will be backed. I mean it's not just on  
7 paper. What worked in this one was there was commitment  
8 not just at the senior levels but down through the system,  
9 so that superintendents and the sergeants and the police,  
10 certainly senior staff of the Society, were all committed  
11 to make it work. There were things at that time that  
12 weren't covered in any protocol, but -- because people were  
13 committed to making it happen and to doing the best job  
14 they could, I think it did happen.

15 **MR. ENGELMANN:** So it's not just leadership  
16 right at the top; it's leadership in the management ranks  
17 as well.

18 **MR. LISTON:** It comes down the system. Yes.

19 **MR. ENGELMANN:** Then lastly, you say the  
20 unimaginable can happen anywhere, even in your own  
21 hometown.

22 **MR. LISTON:** I didn't think it could happen  
23 in London.

24 **MR. ENGELMANN:** Sir, if we wanted to learn a  
25 bit more about Project Guardian, the report is at Tab 4, I

1 note that at page 178 of Tab 4, the investigators have set  
2 out some key findings or highlights of what took place.

3 **MR. LISTON:** M'hm. One eighty (180)?

4 **MR. ENGELMANN:** One seventy-eight (178), for  
5 example, most of the youths -- the child victims were  
6 disadvantaged, marginalized youths who were at high-risk  
7 for sexual victimization.

8 **MR. LISTON:** And I can speak to the London  
9 circumstance. I can just stay there. What we found in  
10 that, and that where's the joint interviews were important,  
11 is many of the children were known to some of the social  
12 service agency, 60 per-cent of the children, at one time or  
13 another, had contact with the Children's Aid Society. We  
14 may have been involved three years earlier, two -- it might  
15 have been other circumstances; it might have been alcohol  
16 problem; it might have been domestic violence, we'd had --  
17 some of the children had been in our care, some were in our  
18 care at that time or in a group home.

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

20 **MR. LISTON:** So what you are really finding  
21 is that these children were sort of floating in and out of  
22 situations of neglect and they were vulnerable.

23 **MR. ENGELMANN:** I understand, sir, you  
24 assisted the police in identifying many of them.

25 **MR. LISTON:** We did identify, but in the

1 interviews the police were looking at information for  
2 prosecution. It was coming out in between the lines  
3 really, if you will that these children weren't properly  
4 supervised, they were neglected and, consequently, there  
5 was a role for Children's Aid.

6 **MR. ENGELMANN:** All right.

7 You talk about the fact that they were well-  
8 known, and I think you've mentioned that. At least, it is  
9 indicated in the second point in the report. We also see a  
10 peak age for recruitment and in this project or report we  
11 find out that there was grooming, there recruitments and  
12 some of that was from their peers.

13 **MR. LISTON:** That's one of the -- from my  
14 perspective, I guess, others too, but it was one of the  
15 kind of sick parts of this whole thing and lots of it was  
16 sick, but the boys that were involved were seen as getting  
17 too old when they got to be 13, 14, 15 and then those boys  
18 wound up recruiting younger boys.

19 **MR. ENGELMANN:** And they talk about some of  
20 the material goods, perks and psychological manipulation  
21 that went on.

22 **MR. LISTON:** And it was -- it wasn't big  
23 things, logo wear, sports jerseys, running shoes, go to  
24 restaurants, MacDonald's. It wasn't big, big expensive  
25 things. They were things that one would hope the children

1           could have some, but that was what they -- that's what was  
2           used. It wasn't big expensive gifts.

3                       **MR. ENGELMANN:** I note, sir, that they  
4           talked about the fact that the sexual activities in abusive  
5           relationships were clandestine, difficult to uncover and  
6           also the fact that not a one of these alleged victims came  
7           forward on their own to disclose.

8                       **MR. LISTON:** No. Again, it was an  
9           accidental thing. It was the discovery of these tapes and  
10          what really forced the issue where people couldn't deny  
11          that it happened, was the fact that you had tapes, you had  
12          videos, you had pictures and that's what many of the  
13          children were confronted with because it was just flat  
14          denial, didn't want to talk about it, wouldn't do anything.  
15          But when you had the pictures, that's you.

16                      **MR. ENGELMANN:** Yes. I note at the last  
17          point they were commenting on the fact that the short-term  
18          impact appears to have been very negative. That's what  
19          they would've been looking at that time in '97.

20                      Do you know if they've done a follow-up to  
21          this report?

22                      **MR. LISTON:** Not to this date. I should  
23          also say it will be very, very difficult to do a follow-up  
24          because when you look into the report, but the children  
25          weren't -- they didn't disclose. No one came forward, as

1       you said, and said "This happened to me so I want to tell  
2       you about it." It was almost like pulling it out and  
3       confronting people.

4                So to go back, and some of these people and  
5       children didn't want to be involved in any kind of  
6       counselling. The families weren't all that cooperative in  
7       some circumstances. So going back to these people years  
8       later to say, "We'd like to follow up with you", I just  
9       don't see it happening.

10               **MR. ENGELMANN:** Now these male youth that  
11       were involved as victims, do you know if there was any form  
12       of special counselling for them available?

13               **MR. LISTON:** It was made available.  
14       Certainly, the Society tried to make it available and for  
15       some of the children that were older, like beyond 16, which  
16       would have been outside the mandate of the Society,  
17       certainly, it was made available through some of the  
18       children's mental facilities in the city. So there was  
19       efforts to be done.

20               But, again, it only works as much as people  
21       are willing to cooperate and involve themselves.

22               **MR. ENGELMANN:** I note under  
23       "Recommendations", from 179 on, there were various  
24       recommendations that came forward, at least from these  
25       authors, following the Project Guardian experience; for

1 example, further sharing of information about children  
2 between some agencies.

3 **MR. LISTON:** I think there's some legislated  
4 difficulties with that and your Commission may look into  
5 that further as you go along, but there's section Part 8 of  
6 the *Child and Family Services Act* that has never been  
7 proclaimed to my knowledge. And then there's the whole  
8 implications of how it ties in to fit with the *Freedom of*  
9 *Information*. So there are all kinds of regulations,  
10 legislation around the whole issue of sharing information  
11 between organizations.

12 So it's not just police and children's aid,  
13 but school boards, health units, you name it. And until  
14 you clarify some of those things, it makes it difficult for  
15 information sharing.

16 **MR. ENGELMANN:** All right. There are a  
17 number of other recommendations, including primary and  
18 secondary prevention programs.

19 **MR. LISTON:** M'hm.

20 **MR. ENGELMANN:** Programs in the schools and  
21 also best practices models for multiple victim, multiple  
22 offender cases?

23 **MR. LISTON:** Yes.

24 **MR. ENGELMANN:** All right. And as you I  
25 think have told us, some of those were in fact then

1 incorporated into your inter-agency protocols?

2 **MR. LISTON:** Correct.

3 **MR. ENGELMANN:** Sir, Project Guardian is now  
4 10 years in the past, are you confident with the protocols  
5 that you have in place that something like that wouldn't  
6 happen again in the City of London?

7 **MR. LISTON:** Well, unfortunately, I think we  
8 could have a situation again of a multiple offender,  
9 multiple victim. I think it could happen; I hope not but  
10 could. But what I can say is I think we would be somewhat  
11 better prepared, and I would hope that we'd be better  
12 prepared because we've got the protocols, we've updated  
13 them. But not just updated, but you've got to have the  
14 continued contact because over those 10 years, staff have  
15 moved, people have been promoted, people have moved to  
16 different jobs. There's new people in the police  
17 department in those units. There's new people that do  
18 investigative work. So you need to keep up the protocols,  
19 you need to keep up the training, you need to be ready.

20 **MR. ENGELMANN:** Keeping up those  
21 relationships, building those relationships, how much of an  
22 emphasis was that for you right up until 2005 when you  
23 retired as the Executive Director?

24 **MR. LISTON:** It's part of the job. It's  
25 something that I continued to do. I know with my

1        successor, since last spring, one of the people -- you make  
2        a list of people who they should get to meet and drop over  
3        and visit and make contact with. It's between the new  
4        Executive Director, and there was a relatively new Chief of  
5        Police in the last couple of years. So it's one of those  
6        things that you continue to do. Your staff work at their  
7        levels. You work at your level, but it's important to  
8        maintain those kinds of contacts and relationships.

9                    **MR. ENGELMANN:** So you and/or your successor  
10        is still meeting with the Chief of Police. What about your  
11        managers and their managers?

12                   **MR. LISTON:** I would hope that they are  
13        continuing to do that, but while I was there, there was  
14        still work and relationships that were going on, getting to  
15        know the new officers. One of the things some of the staff  
16        did in the Agency, which I always -- a small thing, but  
17        every couple of years, the police seemed to have a  
18        turnover. Certain years, they moved people in their unit,  
19        at least in the London Force, and we would have a social.  
20        They'd have a wine and cheese and alternated, but it would  
21        just be a wine and cheese to thank the officers that had  
22        been in the unit for the last few years and to meet the new  
23        ones.

24                   So that was -- and what has happened out of  
25        that is we've been -- over the years, had a senior police

1 officer on the Board of the Society and we've had no  
2 trouble recruiting anybody. So we've had a senior officer  
3 and we do today.

4 **MR. ENGELMANN:** I just want to ask you a few  
5 questions about this past decade in the year 2000 and  
6 since.

7 You've talked to us already about the  
8 legislative change and several of those bullets, I think,  
9 you've already commented on, but under the Package of  
10 Reforms, you talk about a comprehensive and fast track  
11 information system.

12 **MR. LISTON:** Correct.

13 **MR. ENGELMANN:** Can you tell us what that is  
14 and how, if at all, that's helped with some of these  
15 investigations and some of your work?

16 **MR. LISTON:** Well, what the Ministry funded  
17 with these reforms, it had a new funding formula, but it  
18 also started to have what they call a common -- we started  
19 into developing a common information system. It didn't get  
20 too far with it, but it got into the front-end of it and  
21 what it did was set up a system where Children's Aid  
22 Societies are electronically connected, computers and  
23 information system, and now, if we opened an investigation  
24 in London and we wanted to check a name, we would do our  
25 record check in our Agency. But if we wanted to check the

1 name, and you should on each and every case, past history,  
2 is you could run the name through the system and it would  
3 let you know whether the family or the individual had had  
4 services from the Children's Aid anywhere in Ontario over  
5 -- and I think it's up to 10 years now, the database, is  
6 that -- and you would run the name. Now, it would say the  
7 family has had service in Woodstock and in Owen Sound, in  
8 those societies. Then you could contact those societies to  
9 get more information.

10 **MR. ENGELMANN:** What about your mandatory  
11 risk assessment tool? When does that come in and why is  
12 that important?

13 **MR. LISTON:** This again came in -- I don't  
14 want to get my dates wrong here, but I'm going to say late  
15 '90s, I think would have been the time -- and what it is is  
16 a threefold instrument called the Ontario Risk Assessment  
17 Model. The first part of it is ineligibility. So if you  
18 were to call the Society, I would qualify you as to see  
19 whether you fit within the criteria for service delivery  
20 within the mandate. Because I think I said earlier the  
21 government is funding on a volume-sensitive basis, so they  
22 don't want to be funding services that fall outside what  
23 that mandate is. You can go somewhere else and get it,  
24 it's covered, that's fine, but we're not going to pay for  
25 things that aren't covered.

1                   So there is an eligibility instrument and  
2                   there is a safety instrument, which is just to check on the  
3                   safety of the children today at this time, and then a risk  
4                   assessment, which then helps plan if the case is eligible,  
5                   and you've identified some risk, what is the risk and  
6                   identify the areas that you are going to work on. So  
7                   that's the component. And all agencies in the province are  
8                   now required to use it and we're audited on it.

9                   **MR. ENGELMANN:** So is that information that  
10                  is then shared beyond the community CAS?

11                  **MR. LISTON:** It wouldn't necessarily be  
12                  shared beyond, but it would be for the Children's Aid  
13                  Societies. If you've got into an abuse investigation with  
14                  your local police, you might share that information.

15                  **MR. ENGELMANN:** Okay. Would the Societies  
16                  share it with one another or, I mean, is this province-  
17                  based or community-based when we are looking at the tool?

18                  **MR. LISTON:** It's done locally, but it could  
19                  be shared provincially between other Societies, but it  
20                  would be only to other Societies.

21                  **MR. ENGELMANN:** All right. And on your last  
22                  page, you talk about:

23                         "...2000 saw an increased importance on keeping up  
24                         with training, education, contacts and  
25                         coordination."

1                   Why in your view is it important in dealing  
2                   with child sexual abuse?

3                   **MR. LISTON:** We've kind of been over some of  
4                   these things, but it's nothing you can just sort of say,  
5                   "Well, we've done it, it's all in place". It's something  
6                   you have to keep up to date; you have to keep the contacts.  
7                   You don't know when they are going to be called upon. You  
8                   could wait. Hopefully, we don't have another case like  
9                   Project Guardian in London ever. But you don't know when  
10                  you're going to have a situation that you're going to need  
11                  -- so you need to have the relationships, so when that day  
12                  comes, if it comes, you're ready.

13                  You update your procedures, you keep your  
14                  training. Again, if that day ever comes, I would hope that  
15                  the London Society would have well-trained, competent  
16                  people there again. So for what we hadn't anticipated,  
17                  someone would have the smarts to address it.

18                  **MR. ENGELMANN:** Mr. Liston, thank you very  
19                  much. Those are all of my questions.

20                  A number of counsel may now have questions  
21                  for you.

22                  **MR. LISTON:** Thank you.

23                  **THE COMMISSIONER:** All right. Thank you.

24                  So Mr. Wardle, do you have any questions for  
25                  this witness?

1                   **MR. WARDLE:** No, thank you, Mr.

2                   Commissioner.

3                   **THE COMMISSIONER:** Thank you.

4                   Mr. Lee, for the Victim's Group?

5                   **MR. LEE:** Yes, I have a few questions, Mr.

6                   Commissioner.

7                   **THE COMMISSIONER:** Thank you.

8                   **--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR. LEE:**

9                   **MR. LEE:** Good afternoon, Mr. Liston.

10                  **MR. LISTON:** Good afternoon.

11                  **MR. LEE:** My name is Dallas Lee. I'm  
12                  counsel for the Victim's Group.

13                  Now you've explained today and a little bit  
14                  yesterday, during your qualification as an expert, that you  
15                  began your career as a frontline worker; is that correct?

16                  **MR. LISTON:** That's correct.

17                  **MR. LEE:** And so can I take that to assume  
18                  that would mean that you were dealing directly with reports  
19                  of abuse?

20                  **MR. LISTON:** Correct.

21                  **MR. LEE:** You would investigate things of  
22                  that nature?

23                  **MR. LISTON:** Yes.

24                  **MR. LEE:** Now, you've also spent a lot of  
25                  time today, in particular, explaining about the limited

1 knowledge of the Children's Aid Society, and society in  
2 general, I suppose, when it came to child sexual abuse in  
3 the time that you started your career, which would have  
4 been the late 1960s. Is that correct?

5 **MR. LISTON:** That's correct.

6 **MR. LEE:** So we've heard a lot about what  
7 was not known at the time, but I'd like to concentrate a  
8 little bit on what was known.

9 For example, you discussed today a  
10 Settlement House situation.

11 **MR. LISTON:** Correct.

12 **MR. LEE:** And my understanding is that the  
13 Children's Aid Society at some point, wherever it was in  
14 the process of the investigation, I think, you mentioned  
15 the police got the information first. Is that correct?

16 **MR. LISTON:** I'd have to say I'm not sure  
17 who got it first, okay? I know both of us were involved,  
18 but I couldn't say whether the Settlement House phoned the  
19 police, I know we heard about it, but I couldn't say who  
20 they phoned first.

21 **MR. LEE:** So regardless, at some point, the  
22 Children's Aid Society became involved?

23 **MR. LISTON:** That's correct.

24 **MR. LEE:** And you mentioned today that when  
25 you became involved -- and by "you" I mean the Children's

1 Aid Society as a whole, which you were a part -- there was  
2 general confusion and generally it wasn't known what the  
3 proper steps to take were; is that correct?

4 **MR. LISTON:** That's my recollection, yes.

5 **MR. LEE:** And you mentioned that you  
6 consulted with other organizations and agencies?

7 **MR. LISTON:** That's correct.

8 **MR. LEE:** What was the purpose of those  
9 consultations?

10 **MR. LISTON:** Really to find some expertise  
11 to assist us, to guide the workers and staff of the society  
12 in how we should be approaching these families, what we  
13 needed to do to assist them, were we doing the right  
14 things. I mean you could talk to people in terms of, say,  
15 cooperating with police and they were upset, they were  
16 traumatized. So you could certainly know how to talk to  
17 someone who is upset or to help calm them. But what were  
18 some of the issues that we should be dealing with around  
19 that particular offence, were we doing it correctly, were  
20 we missing things; we didn't know.

21 **MR. LEE:** So is it fair to say that you at  
22 the very least recognized that you had to do something; you  
23 just weren't exactly sure of what to go about doing?

24 **MR. LISTON:** Absolutely.

25 **MR. LEE:** Can I assume from that then that

1 the allegations of sexual abuse were being taken seriously  
2 at that time?

3 MR. LISTON: Absolutely.

4 MR. LEE: And this again is the late 1960s  
5 we're talking about here; is that correct?

6 MR. LISTON: I would've said -- I mean that  
7 was -- my days of frontline work would've been '69 to '72  
8 and I haven't got a specific date. But, yes, they were  
9 taken seriously because there were so many individuals  
10 coming forward, one corroborated the other, and there was  
11 more than one victim. There were a number of victims and,  
12 yes, they were taken seriously.

13 MR. LEE: Would it have been taken seriously  
14 if it had been a single victim?

15 MR. LISTON: It should have been.

16 MR. LEE: Would it have been?

17 MR. LISTON: I would hope so. I think it  
18 probably -- you would've had to investigate it if it had  
19 been one -- if it would have been one victim.

20 MR. LEE: So once the situation came to the  
21 attention of the various organizations and collaboration  
22 happened and you determined, regardless of how  
23 sophisticated it was, that something had to be done. What  
24 was done?

25 MR. LISTON: I did say that the -- I recall

1           this training event where we went to the Clarke Institute,  
2           we talked about finding some experts to assist us and what  
3           I recall as a follow-up to that and with the children was  
4           that we really got into talking to parents and children  
5           about appropriate sexual behaviour, that the children --  
6           some of them, you know, they -- as I said, if people saw  
7           this as a nice man, as a good man but the behaviour was  
8           quite inappropriate, it had been kept secret. So you were  
9           talking to children that they had a right to talk about it  
10          and that they had a right not to be interfered with, not to  
11          have someone doing these things to them, but not  
12          necessarily feel they were guilty about it or that they had  
13          something done wrong.

14                       **MR. LEE:** And what happened to the  
15                       perpetrator?

16                       **MR. LISTON:** I believe he was convicted.

17                       **MR. LEE:** So at the very least, he was  
18                       removed from the situation?

19                       **MR. LISTON:** Absolutely.

20                       **MR. LEE:** So the abuse stopped?

21                       **MR. LISTON:** Yes.

22                       **MR. LEE:** Were the children provided with  
23                       counselling?

24                       **MR. LISTON:** Were the children; excuse me?

25                       **MR. LEE:** Were the children provided with

1 counselling?

2 **MR. LISTON:** I believe they were, but I have  
3 to tell you, I mean I know I was involved with a couple of  
4 them, a couple of the families, but again there were many  
5 victims and I didn't deal with all of them.

6 **MR. LEE:** Would you agree with me that  
7 perhaps the response wasn't as sophisticated as it might be  
8 today but at the very least there was a response?

9 **MR. LISTON:** It certainly wasn't as  
10 sophisticated as it is today, that's for sure, I can tell  
11 you that, but at least there was some response. Yes, there  
12 was a response.

13 **MR. LEE:** So allegations were made in the  
14 Children's Aid Society and we did something about it; is  
15 that correct?

16 **MR. LISTON:** That's correct.

17 **MR. LEE:** You've also talked over the last  
18 two days about the duty to report. Am I correct that the  
19 onus isn't on the child to report his abuse?

20 **THE COMMISSIONER:** I'm sorry; say that  
21 again?

22 **MR. LEE:** My question is whether or not the  
23 onus is on the child ever to report his own abuse?

24 **MR. LISTON:** No. I think I've said that in  
25 terms of the situation in Project Guardian. Even as most

1 recently as the '90s, those children didn't report. What  
2 happened in that situation, we found out about it by  
3 accident. No, it's not a requirement, the child that's who  
4 reports. The child can. Anybody can report abuse. The  
5 child may disclose, but it's not a requirement.

6 **MR. LEE:** Would you agree with me that, in  
7 part, the fact that we have a duty to report is in, at  
8 least, part in recognition of the fact that a child may not  
9 always report his abuse?

10 **MR. LISTON:** I think it's -- I think the  
11 duty to report is there, is that if someone has an  
12 awareness that a crime or a child is abused under the Act,  
13 they have a responsibility to report it, yes.

14 **MR. LEE:** So as it stands now, my  
15 understanding is that the duty to report is ongoing, as Mr.  
16 Engelmann discussed with you yesterday, in the sense that -  
17 - I think you brought up a situation where if you see  
18 bruises in November and you see them again in February, you  
19 need to report it again in February.

20 **MR. LISTON:** Correct.

21 **MR. LEE:** Another big key change, as I  
22 understand it, is that a professional can no longer  
23 delegate his responsibility ---

24 **MR. LISTON:** Yes.

25 **MR. LEE:** --- to report ---

1                   **MR. LISTON:** The professional has a  
2                   responsibility to just do it themselves. They can advise,  
3                   say, a superior that they work with or whatever, but they  
4                   have a responsibility to do it themselves.

5                   **MR. LEE:** Presumably, this wasn't always the  
6                   case?

7                   **MR. LISTON:** If it was a duty to report and  
8                   I think what could've happened was that the individual  
9                   could say "I did report it," but it wasn't always sure  
10                  whether it got through the system. It may have, okay, but  
11                  just to take that possibility of a problem out of the  
12                  system, and I think that comes from experience, the thing  
13                  was made clear that you report directly; you don't delegate  
14                  it.

15                  **MR. LEE:** As far as you can recall, when  
16                  your career began in the late 1960s, was there a general  
17                  duty to report?

18                  **MR. LISTON:** Yes.

19                  **MR. LEE:** Do you recall what that duty was?

20                  **MR. LISTON:** I think if I go back to the Act  
21                  in 1965 -- I think it was in the '65 Act, there was a duty  
22                  to report and I think it focused more -- the wording, but  
23                  my recollection of how it played out was individuals -- and  
24                  I think it's -- I'm not sure if it said professionals.  
25                  Okay, in '65, but it talked more in terms of if you

1 suspected abuse.

2 MR. LEE: So would your understanding at  
3 that time have been that if a school teacher learned of  
4 sexual abuse, that he or she would have a duty to report  
5 it?

6 MR. LISTON: Correct.

7 MR. LEE: The same would go for, I take it,  
8 a principal or a superintendent who was advised by the  
9 teacher?

10 MR. LISTON: Correct.

11 MR. LEE: How about a government official  
12 who learned of sexual abuse?

13 MR. LISTON: Yes.

14 MR. LEE: Same with a police officer, for  
15 example?

16 MR. LISTON: yes.

17 MR. LEE: What would your understanding have  
18 been in terms of an employer who learned that his employees  
19 were abusing, sexually abusing children?

20 MR. LISTON: They should report.

21 MR. LEE: Going back to the Settlement House  
22 situation, you explained that a worker accidentally  
23 stumbled upon the information. Would your understanding at  
24 the time have been that that worker had a duty to report  
25 that ---

1                   **MR. LISTON:** Yes.

2                   **MR. LEE:** --- abuse?

3                   So this wasn't something that he did out of  
4                   the kindness of his heart. You think, on top of that, he  
5                   had a duty to actively report that abuse; is that correct?

6                   **MR. LISTON:** I would agree, yes.

7                   **MR. LEE:** And at the time, despite the fact  
8                   that there wasn't a sophisticated understanding, when abuse  
9                   was reported something was done about it.

10                  **MR. LISTON:** Well, I would say that the  
11                  societies were much better in responding to physical abuse  
12                  and I think we said that -- and that they -- I don't want  
13                  to make it sound like we stumbled all over the place every  
14                  time somebody rang the phone, but certainly in the area of  
15                  a multiple victim sexual abuse case, yes, we really had  
16                  trouble. We weren't well prepared. We weren't as  
17                  knowledgeable.

18                  But clearly societies responded well to  
19                  situations of physical abuse. We responded, I think, well  
20                  when situations arose where there was sexual abuse of an  
21                  individual. I referred to some of the incest cases. I  
22                  think we were doing it. We responded well and done things  
23                  to the best of our knowledge at that time. Certainly,  
24                  today we're more knowledgeable. But in the area of a  
25                  multiple victim allegation, yes, we struggled.

1                   **MR. LEE:** Just to be clear, I just want to  
2                   make sure I understand that answer. Obviously, where it  
3                   was a multiple victim or a multiple offender situation,  
4                   there would be a response and you would have difficulty and  
5                   there was a limited understanding. But in the case of just  
6                   an individual complainant or an individual case of sexual  
7                   abuse, whether it's incest or acquaintance, or whatever it  
8                   is, there would still be some kind of response?

9                   **MR. LISTON:** Yes, there should be.

10                  **MR. LEE:** At the very least, you would  
11                  expect that the abuse would be stopped?

12                  **MR. LISTON:** You would have to investigate  
13                  to see whether you had grounds to go further, but, yes, if  
14                  you had an allegation you would have a responsibility to  
15                  follow up on the allegation and to initiate an  
16                  investigation to find out as much information as you could  
17                  around it to find out whether there was evidence to support  
18                  further steps. Yes, if there's an allegation made, you  
19                  would investigate.

20                  **MR. LEE:** And that was the official response  
21                  that was necessary despite the fact that there wasn't a  
22                  wealth of scientific research available ---

23                  **MR. LISTON:** Yes.

24                  **MR. LEE:** --- and little was known about it.  
25                  You, at the very least at the time, knew that where sexual

1 abuse was involved, it's serious and somebody needs to step  
2 in and do something; is that correct?

3 MR. LISTON: Correct.

4 MR. LEE: Thank you very much, Mr. Liston.  
5 Those are my questions.

6 THE COMMISSIONER: Thank you.

7 Excuse me, Mr. Bennett?

8 MR. ENGELMANN: Mr. Bennett called at the  
9 break and indicated that with the weather he wasn't really  
10 able to make it.

11 THE COMMISSIONER: All right.

12 MR. ENGELMANN: So he won't be participating  
13 in the cross-examination.

14 THE COMMISSIONER: Okay.

15 Mr. Cipriano.

16 (SHORT PAUSE/COURTE PAUSE)

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

18 CIPRIANO:

19 MR. CIPRIANO: Good afternoon, sir.

20 With respect to the duty to report, that  
21 duty exists for any professional. Like a teacher or  
22 doctor, they have a duty once they have a suspicion to  
23 disclose that suspicion to the CAS.

24 MR. LISTON: Or the police.

25 MR. CIPRIANO: Or the police. When a

1 complaint comes to the Children's Aid Society as a result  
2 of that duty to report, an investigation is launched?

3 MR. LISTON: Correct.

4 MR. CIPRIANO: And I take it an  
5 investigation, an assessment and a conclusion is made as to  
6 whether the complaint is substantiated or not?

7 MR. LISTON: Correct.

8 MR. CIPRIANO: And I take it then that there  
9 is a criteria in substantiating the complaint?

10 MR. LISTON: One endeavours to, yes.

11 MR. CIPRIANO: Can you inform us as to what  
12 the criteria is?

13 MR. LISTON: Well, each circumstance, each  
14 case, as you can understand, will be somewhat different,  
15 just as when we say here today, every family is different.  
16 You don't assume just because it's a family that all family  
17 is the same. So when you get the information, it isn't cut  
18 and dry. You have to make some judgment and in the cases  
19 of where -- let's just take abuse where there is a physical  
20 assault or marks, then one can ask for a medical  
21 examination to proceed in case of broken bones, x-rays, and  
22 so on, an expertise to assist you.

23 In the area of neglect, it becomes a little  
24 more difficult in the area of emotional abuse. You're  
25 getting into much more of an assessment and behaviours and

1 so on and so forth. So each abuse situation has its own  
2 uniqueness if you will. Okay.

3 In the area of sexual abuse, again this is  
4 where it becomes very important to have competent, well-  
5 trained staff in terms of the interviewing and I believe  
6 it's important here, where we've talked earlier, of having  
7 joint interviews so that the information is heard clearly.  
8 You have more than one person hearing it. Two ears or two  
9 sets of ears are better than one, and the skill of the  
10 interviewers is very important.

11 In some of these situations, it's very, very  
12 difficult because the child -- it's a child victim, the age  
13 of the child, the maturity of the child, their  
14 understanding and how they explain things. And then you  
15 get into the situation where many of these situations,  
16 individual, are clouded in secrecy. The offender has told  
17 someone, "It's a secret, just our secret and don't tell  
18 anybody". So corroboration becomes difficult. So the  
19 interviewing -- the interviewing techniques become  
20 important but how you're going to be able to support that  
21 once you get out of the interview is not easy.

22 **MR. CIPRIANO:** With respect to the skill of  
23 the interviewers and the types of questions asked, is it  
24 important to keep an objective focus in the sense of  
25 keeping alternative explanations open and exploring those

1 alternative explanations?

2 **MR. LISTON:** Oh, absolutely, and one of the  
3 things that becomes clear too and the police have been  
4 helpful to working with the Society, not only the London  
5 Society but with societies across the province, is that  
6 when you do your interviewing that it's not a situation  
7 where you're leading someone or suggesting things to  
8 people, so that the interview is seen as objective and  
9 fair. And this is where you get into taping interviews so  
10 that you have information that can be supported so that --  
11 but having said all of that, you still come back to the age  
12 of the child and when it's not corroborated, it's very  
13 difficult.

14 **MR. CIPRIANO:** And I take it when a  
15 complaint is made, it's appropriate in terms of the  
16 investigation to look at the circumstances surrounding the  
17 complaints. For example, if the complaint happens in a  
18 school context, to interview some of the teachers or other  
19 students or parents or some of the people involved in the  
20 area that the complaint occurred. (04:27)

21 **MR. LISTON:** Well, this is where you would  
22 sit down and when you talk and I think in the protocols  
23 that we talk about between the Society and the police that  
24 you work out a strategy as to how you're going to approach.  
25 What do we do in this investigation? If someone is saying

1 let's -- for instance, at a school, teacher so and so is  
2 alleged to have done such and such with a child, the child  
3 says, "I was alone with the teacher" or "It happened after  
4 school" and so on, well then the question is somebody has  
5 to ask is, was that teacher there ever after school.

6 **MR. CIPRIANO:** Exactly, and ---

7 **MR. LISTON:** That would be part of the  
8 strategy to take a look at it when you talk to -- we have  
9 an allegation. We have concerns and you have to gather  
10 some information. Do teachers stay -- you have to identify  
11 who the teacher was. Do teachers stay? Which teachers?  
12 What days?

13 **MR. CIPRIANO:** So if an allegation of sexual  
14 abuse arising in a school but let's say in a religious  
15 context during a confession that happened at a school,  
16 obviously the teacher in charge of the class would be  
17 interviewed to ensure that -- what the circumstances  
18 surrounding the complaint made can be verified.

19 **MR. LISTON:** I couldn't -- I think each  
20 investigation would require that the investigators would  
21 look at that. How do we corroborate? Are there ways of  
22 corroborating and how do we go about it? So each  
23 investigation would need to take into consideration the  
24 circumstances around it and then good investigators would  
25 take things into consideration. I can't say exactly but I

1 mean ---

2 **MR. CIPRIANO:** Obviously going to that  
3 teacher would be a valuable asset.

4 **MR. LISTON:** One should try to corroborate  
5 information, yes.

6 **MR. CIPRIANO:** Now, just looking at  
7 generally the Project Guardian investigation, I guess one  
8 of the benefits that came out of that was the sharing of  
9 information between different agencies.

10 **MR. LISTON:** Correct.

11 **MR. CIPRIANO:** If allegations are made to  
12 that extent and what I mean is multiple victims and  
13 multiple offenders, I guess what Project Guardian shows is  
14 the importance of sharing information and how that can help  
15 the investigation come to a conclusion.

16 **MR. LISTON:** Correct.

17 **MR. CIPRIANO:** If for some reason the -- if  
18 for some reason agencies refuse to share information,  
19 obviously that would hinder the investigation and could be  
20 detrimental to the complaints or all parties involved.

21 **MR. LISTON:** It certainly would limit the  
22 ability to carry out the investigation if there was  
23 information you didn't know, yes.

24 **MR. CIPRIANO:** Okay. So if one of the  
25 agencies just chose not to share information, that would be

1 detrimental to the investigation?

2 **MR. LISTON:** It could be.

3 **MR. CIPRIANO:** If the investigation turned  
4 up nothing or headed in a wrong direction, could it be as a  
5 result of not sharing information?

6 **MR. LISTON:** Again, you'd have to know the  
7 circumstances of the situation.

8 **MR. CIPRIANO:** Okay. If you wanted to look  
9 back at an investigation that went poorly, one of the  
10 valuable assets would be to look at who shared what and who  
11 didn't want to share information?

12 **MR. LISTON:** I guess if one were to look at  
13 it from experience as you analyze anything, you would look  
14 at things that work and things that don't work and try to  
15 identify if it didn't work, why not and see if those --  
16 what issues there were. As I've said earlier, with our  
17 experience in London, we used experience from using  
18 protocols.

19 **MR. CIPRIANO:** Okay.

20 **MR. LISTON:** And some things worked, some  
21 things didn't. I guess the part though where I would give  
22 an example would be with our school boards and I think I've  
23 said to counsel -- that was for the inquiry when we were  
24 doing some chatting -- principals of a school can really be  
25 rulers of their own little empires. You can have your

1 protocol but when you arrive at a particular school, the  
2 principal may not be cooperating too well for whatever  
3 reason.

4 **MR. CIPRIANO:** Yes.

5 **MR. LISTON:** And it's what you learn then is  
6 what we're going to build into the protocol, contact the  
7 superintendent. The superintendents are more involved in  
8 the development of these things to remind the principal  
9 like get on board. So you learn from experience. Maybe we  
10 didn't put that in the first protocol, but in the second or  
11 third revision, contact the superintendent became a real  
12 good thing to do. So you learn from experience things that  
13 work, things that make it better.

14 **MR. CIPRIANO:** Okay. And in the case of  
15 Project Guardian, if for example the London Police didn't  
16 want to go to the CAS or didn't feel it necessary to share  
17 that information, that could have derailed that  
18 investigation, could it not have?

19 **MR. LISTON:** Well, we wouldn't have had an  
20 investigation. They had the tapes.

21 **MR. CIPRIANO:** Okay. Thank you.

22 **THE COMMISSIONER:** I know it's 12:30 but I  
23 am also mindful of the fact of the temperature outside. So  
24 I'm wondering if any consensus that we just go through and  
25 finish up with this witness and then decide where we go?

1 Will anybody be very lengthy with their cross-examination?

2 **MR. CHISHOLM:** I may be the longest, Mr.  
3 Commissioner, half an hour.

4 **THE COMMISSIONER:** Half an hour.

5 **MR. CHISHOLM:** Perhaps less.

6 **THE COMMISSIONER:** Pardon me?

7 **MR. CHISHOLM:** Perhaps less than half an  
8 hour.

9 **THE COMMISSIONER:** Well, let's put it this  
10 way: come on forward because I think you are next and ---

11 **(LAUGHTER/RIRES)**

12 **THE COMMISSIONER:** --- I'm sure that your  
13 colleagues and friends will be spurring you on.

14 **--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.**  
15 **CHISHOLM:**

16 **MR. CHISHOLM:** Good afternoon, sir. My name  
17 is Peter Chisholm. I'm counsel with the Children's Aid  
18 Society of the United Counties of Stormont, Dundas and  
19 Glengarry.

20 If I could start, sir, by asking you about  
21 the Children's Aid Society of London and Middlesex, in  
22 terms of the staffing, you told us there were some 400  
23 full-time and part-time employees?

24 **MR. LISTON:** Correct.

25 **MR. CHISHOLM:** And that you had an operating

1 budget of over \$50 million; is that correct?

2 MR. LISTON: In my latter years. It wasn't  
3 always 50 million.

4 MR. CHISHOLM: And is it fair to say this  
5 year you would expect it to be at least 50 million?

6 MR. LISTON: Oh, yes. Well, I'm not there  
7 but it better be, I guess, or they're in trouble.

8 MR. CHISHOLM: And that would be on an  
9 annual basis, is that right, sir?

10 MR. LISTON: It would be on an annual basis.  
11 The Children's Aid Society, in fairness, in London and  
12 Middlesex was one of the larger societies in the province.  
13 So proportionately speaking as the years went along, we  
14 were one of the five or six larger ones.

15 MR. CHISHOLM: With Metro Toronto being the  
16 largest?

17 MR. LISTON: Correct.

18 MR. CHISHOLM: Okay.

19 And in terms of the number of societies in  
20 the Province of Ontario, would there be 53 or thereabouts?

21 MR. LISTON: I think so. It's 53, 52, 53.  
22 Yes.

23 MR. CHISHOLM: You told us yesterday, sir,  
24 about the significant increase in the late '90s and early  
25 2000s with respect to increase in case loads and such. Do

1       you recall that, sir?

2                   **MR. LISTON:** Oh, yes.

3                   **MR. CHISHOLM:** Do you recall, sir, that you  
4       were involved in a project entitled "Protecting Children is  
5       Everybody's Business"?

6                   **MR. LISTON:** Yes.

7                   **MR. CHISHOLM:** Did that project assist you  
8       at all in determining the reason for the increase in your  
9       workload?

10                  **MR. LISTON:** Yes.

11                  **MR. CHISHOLM:** What conclusions, if any,  
12       were drawn from that project, sir?

13                  **MR. LISTON:** The government at the time was  
14       looking at these dramatic increases in children in care and  
15       across the province, I believe, the number almost doubled.  
16       If there would have been 10,000 children in care in the  
17       early '90s. It was almost 18 to 20,000 over a period of  
18       years. And what the study looked at in the government  
19       sense was that Children's Aids might be taking advantage of  
20       a funding formula, because it was volume-sensitive.

21                  What the study found though was really that  
22       there had been some dramatic changes in what had happened  
23       in terms of the community, London community, London  
24       Middlesex. But I think it could be said -- and certainly  
25       the researchers said it was applicable elsewhere. But it

1 was an increase in poverty. Poverty had increased  
2 dramatically. Violence, domestic violence, abuse of  
3 children had increased dramatically and mental health  
4 issues had increased dramatically, particularly depression  
5 among women.

6 So that there were dramatic changes in these  
7 factors, which they then said were related to the increases  
8 of children in care and the number of cases.

9 **MR. CHISHOLM:** Just to go back to your  
10 evidence yesterday, you were referring to societies in the  
11 plural, not just the London society?

12 **MR. LISTON:** Absolutely.

13 **MR. CHISHOLM:** That was something you would  
14 see all across the province?

15 **MR. LISTON:** Well, it was right across the  
16 province. It was dramatic.

17 **MR. CHISHOLM:** Okay. You told us yesterday,  
18 sir, about you overseeing the development of a training  
19 department within your ---

20 **MR. LISTON:** An agency-based training model,  
21 yes.

22 **MR. CHISHOLM:** What can you tell us about  
23 that in terms of -- that was the first one in Ontario, was  
24 it?

25 **MR. LISTON:** I believe we were one of the

1 first ones in Ontario, yes. Certainly staff would say they  
2 were, but I think we were one of the first, if I could put  
3 it that way.

4 And what it was, was the government had  
5 introduced mandatory training for child protection workers,  
6 Children's Aid staff, and certainly those specifically in  
7 terms of investigation and child protection work. And it  
8 identified a number of what it called modules, training  
9 modules or training packages and it was called competency-  
10 based training.

11 What you were to do was to cover certain  
12 curriculum and ensure that the staff had this curriculum  
13 covered if they were to carry out certain duties, clearly  
14 if they were going to be in the business of investigation  
15 or apprehension, bringing children into the care of the  
16 society. And that they had to have certain modules that  
17 they had covered.

18 What really started was the Ontario  
19 association at this stage was doing the training and you  
20 were sending staff to different communities. So there was  
21 a large enough group of staff together to make it  
22 economical to carry out the training.

23 What we did -- and people had to be  
24 qualified as trainers. So I just couldn't get up the next  
25 morning and say, "Well, I'll teach this particular module".

1 I had to be taught the module. I had to have demonstrated  
2 an ability to do it. I had to do it several times, be  
3 tested and then I was a "qualified" trainer to carry out  
4 the training.

5 What we did at the London Society, being a  
6 larger one, we had the ability to train a number of our  
7 supervisors, to qualify them and we could carry out all of  
8 the training on site. It actually saved us money, as one  
9 of the things, because you didn't have to put up people in  
10 motels down in Kitchener or Windsor to have the training.  
11 We had staff in-house and by having it there, we wouldn't  
12 always have a critical mass, enough workers just from the  
13 London society, we made it available to societies in south-  
14 western Ontario, which then allowed us to have the training  
15 done locally.

16 So that's what it was.

17 **MR. CHISHOLM:** One of the advantages of  
18 being a large-sized Society, would you agree? Because you  
19 were a large-sized Society, you were in a position to make  
20 that ---

21 **MR. LISTON:** Absolutely, there are benefits.  
22 Some days there are shortcomings, but there's lots of  
23 benefits.

24 **MR. CHISHOLM:** You spoke to us yesterday,  
25 sir, about the duty to report and you recall there being a

1 duty to report incidents of abuse to children back when you  
2 first started in the business in 1965 or thereabouts. Is  
3 that correct?

4 **MR. LISTON:** That's correct.

5 **MR. CHISHOLM:** And you told us that over  
6 time, it developed to what we have at present?

7 **MR. LISTON:** Yes.

8 **MR. CHISHOLM:** Yesterday, did you tell us  
9 that sexual abuse was covered back in -- encompassed by the  
10 duty to report back in 1965?

11 **MR. LISTON:** I believe so.

12 **MR. CHISHOLM:** Okay. And your understanding  
13 today, sir, is that the duty to report is contained in  
14 section 72 of the *Child and Family Services Act*? Is that  
15 right?

16 **MR. LISTON:** That's correct.

17 **MR. CHISHOLM:** You told us yesterday about  
18 sanctions for not reporting.

19 **MR. LISTON:** Correct.

20 **MR. CHISHOLM:** And again you -- that's  
21 specifically an offence contained in section 72 of the  
22 *Child and Family Services Act*?

23 **MR. LISTON:** That's right. It's been  
24 strengthened over time, but yes. And it speaks  
25 specifically, I think, more to professionals' duty to

1       respond, to report. I don't think a citizen is -- but as a  
2       professional, it's been identified and I think it's got  
3       like teachers, lawyers, doctors. Professionals have a duty  
4       to report. And that's where the sanctions are specific.

5                   **MR. CHISHOLM:** Just going back to the duty -  
6       - you don't have it in front of you, but if you let me read  
7       subsection (1) of section 72:

8                               "Despite the provisions of any other  
9                               Act, if a person including a person who  
10                              performs professional or official  
11                              duties with respect to children has  
12                              reasonable grounds to suspect one of  
13                              the following, the person shall  
14                              forthwith report the suspicion and the  
15                              information on which it is based to a  
16                              Society."

17                   Given that definition sir, would you agree  
18       that the obligation to report is beyond the professional,  
19       to include any person?

20                   **MR. LISTON:** Oh, yes.

21                   **MR. CHISHOLM:** Okay.

22                   Yesterday, sir, you spoke about the duty to  
23       report during your discussion with Mr. Engelmann. You  
24       spoke of the obligation to report being satisfied if the  
25       person reported either to a society or to the police.

1                   **MR. LISTON:** Yes.

2                   **MR. CHISHOLM:** Now, given what I've just  
3 read to you in subsection (1) of section 72, I just want to  
4 clarify your understanding, because the subsection speaks  
5 of "report the suspicion to a Society" and there's no  
6 mention that I see of police. Can you help me there?

7                   **MR. LISTON:** Well, I'll tell you what I  
8 think.

9                   My understanding is that if there was an  
10 abuse, there's been an assault. And I don't think the  
11 general public really knows the distinction necessarily --  
12 the general public, man in the street kind of thing, knows  
13 whether they should report to the police or the Children's  
14 Aid Society. What they think they should do is -- I think  
15 they would hope that they would think that they should  
16 report it.

17                   If it goes to one or the other, it's for the  
18 organizations themselves to somehow find a way to deal with  
19 that. But if I were to talk to my friends in any number of  
20 professions and things, they wouldn't know that legal --  
21 you know what I mean -- nicety.

22                   **MR. CHISHOLM:** All right.

23                   **MR. LISTON:** But somehow, they would think,  
24 if I told you or I told the police somebody is going to  
25 take care of this.

1                   **MR. CHISHOLM:** I have told a person in  
2 authority, it's being dealt with. It would be the common  
3 person's view on the street from your perspective?

4                   **MR. LISTON:** I would think so that they  
5 would see "It's child abuse, maybe call the Children's Aid  
6 or if I call the police", but I don't know if they know the  
7 niceties of that.

8                   **MR. CHISHOLM:** That's fair.

9                   And you told us, sir, going back to the  
10 sanctions that are set out in subsection (4) of Section 72  
11 makes it an offence,

12                   "A person referred to in subsection (5) is guilty  
13 of an offence if (a) he or she contravenes  
14 subsection (1) or (2) by not reporting a  
15 suspicion; and (b) the information on which it  
16 was based was obtained in the course of his or  
17 her professional or official duties."

18                   That would be one of the subsections that  
19 creates an offence for not reporting.

20                   **MR. LISTON:** M'hm.

21                   **MR. CHISHOLM:** And also subsection (6.1) of  
22 Section 72 reads,

23                   "A director, officer or employee of a corporation  
24 who authorizes, permits or concurs in a  
25 contravention of an offence under subsection (4)

1                   by an employee of the corporation is guilty of an  
2                   offence."

3                   That would be another reporting offence that you had talked  
4                   about yesterday.

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

6                   **MR. CHISHOLM:** And finally on the sanction  
7                   you referred to would be set out in subsection (6.2) of  
8                   Section 72, which states,

9                   "A person convicted of an offence under  
10                  subsection (4) or (6.1) is liable to a fine of  
11                  not more than \$1,000."

12                  That's the fine you are referring to, sir,  
13                  is that correct?

14                  **MR. LISTON:** That's correct.

15                  **MR. CHISHOLM:** Do you recall, sir, ever  
16                  hearing of a prosecution under either subsection 4 or  
17                  subsection 6.1 with respect to a failure to report a  
18                  prosecution for someone who has failed to report?

19                  **MR. LISTON:** Yes.

20                  **MR. CHISHOLM:** You have? And do you know  
21                  the outcome of the prosecution?

22                  **MR. LISTON:** I'm going to be fuzzy on this  
23                  one, but we did proceed, I know there was one incident in  
24                  London where we did raise it, and it was with respect to a  
25                  psychologist that clearly had information and we didn't

1       feel -- and I know there was one incident, I should say  
2       there was a second incident, and I believe it was with  
3       respect to a doctor. We had concerns. And I doubt, sir,  
4       how it played out. I'm just ---

5                   **MR. CHISHOLM:** Can you tell us of those two  
6       incidents you've described whether they -- do you know if a  
7       prosecution would have been started. I take it the  
8       prosecution would be in the Provincial Offences Court.

9                   **MR. LISTON:** I believe it was, but I also  
10      know is that by raising it, it raised issues with the  
11      Professional Associations.

12                   **MR. CHISHOLM:** And yesterday, sir, you were  
13      describing to us the purposes of the legislation; how they  
14      were at one time, the purposes were all set out in the same  
15      you may have used the word "clause".

16                   **MR. LISTON:** I'm not a lawyer.

17                   **MR. CHISHOLM:** That's fair. But do you  
18      recall that portion of your evidence?

19                   **MR. LISTON:** Yes.

20                   **MR. CHISHOLM:** And you indicated that a  
21      concern developed that societies were relying to an excess  
22      on the least destructive course of action clause.

23                   **MR. LISTON:** In reading some of the  
24      discussion papers that were developed by the government  
25      before amendments to the Act were introduced, those

1 discussion papers of the government made reference to that  
2 since. Okay, it wasn't -- I wouldn't say it was mine, but  
3 because the legislation was amended, but it was in those  
4 discussion papers, and I would assume the government  
5 consulted broadly, not just with Children's Aids but with  
6 council, police, schools and people -- you know, but the  
7 feedback they got and the way it was stated in those  
8 documents was that there was a, and I remember, there was a  
9 sense that the least intrusive alternative was getting  
10 greater weight than what it was intended and that the best  
11 interest of the child was supposed to be paramount. It  
12 didn't seem to be playing out that way. So that was an  
13 adjustment. I would say it was more of an adjustment to  
14 the Act than a rewrite.

15 **MR. CHISHOLM:** And just so we know what you  
16 were speaking of yesterday, the principal purposes you were  
17 speaking of yesterday would be set out in Section 1 and  
18 I'll read to you subsection (1) of Section 1 of the *Child*  
19 *and Family Services Act*,

20 "The paramount purpose of this Act is to promote  
21 the best interests, protection and well being of  
22 children."

23 So that subsection has that purpose by  
24 itself?

25 **MR. LISTON:** Correct.

1                   **MR. CHISHOLM:** That's what you were  
2 referring to yesterday, sir?

3                   **MR. LISTON:** That's what I'm referring to.

4                   **MR. CHISHOLM:** And then subsection (2) of  
5 Section 1 sets out four paragraphs containing other  
6 purposes. And the second paragraph of subsection (2)  
7 reads,

8                   “To recognize that the least disruptive course of  
9 action that is available and is appropriate in a  
10 particular case to help a child should be  
11 considered.”

12                   That's the purpose you were speaking of  
13 yesterday?

14                   **MR. LISTON:** That's correct.

15                   **MR. CHISHOLM:** And just so I'm clear on your  
16 evidence, at one time all of those purposes were combined?

17                   **MR. LISTON:** Yes.

18                   **MR. CHISHOLM:** Yesterday, sir, and somewhat  
19 today, you spoke of the risk assessment tools, the three-  
20 part tools, the eligibility for service, the safety of the  
21 child and finally, the longer term aspect, what are we  
22 going to do with this case.

23                   **MR. LISTON:** That's correct.

24                   **MR. CHISHOLM:** The Ontario Child Welfare  
25 Eligibility Spectrum, am I understanding correctly that

1 that would form part of the assessment tool?

2 MR. LISTON: That's correct.

3 MR. CHISHOLM: And would that form just the  
4 first part of your three-part?

5 MR. LISTON: Yes.

6 MR. CHISHOLM: Okay.

7 Today, sir, you spoke of the protocols. At  
8 Tab 7, of Exhibit 20P is the protocol between the London  
9 Police Service and the Children's Aid Society of London and  
10 Middlesex.

11 If I understand, I'll wait for it to come  
12 up, it's up on the screen now.

13 MR. LISTON: Yes.

14 MR. CHISHOLM: This protocol, as you've  
15 indicated, was signed by you and Chief Collins of the  
16 London Police in November of 2002. Is that right?

17 MR. LISTON: That's right.

18 MR. CHISHOLM: And this is the only protocol  
19 that you have in your material, is that correct, sir? That  
20 you have provided the Commission?

21 MR. LISTON: That's correct.

22 MR. CHISHOLM: But given your evidence that  
23 I heard today, I believe I would be correct in  
24 understanding that there were previous editions of the  
25 protocol?

1                   **MR. LISTON:** With the police?

2                   **MR. CHISHOLM:** Yes.

3                   **MR. LISTON:** Yes.

4                   **MR. CHISHOLM:** And would you have any  
5 knowledge, sir, as to whether or not those previous  
6 editions of the protocol would still be in existence  
7 retained by the London Children's Aid Society?

8                   **MR. LISTON:** There may be. I -- there could  
9 be.

10                  **MR. CHISHOLM:** Do you know, sir, if in the  
11 course of your preparation for coming to testify, did you  
12 seek out through your records previous copies or editions  
13 of the protocol with the police?

14                  **MR. LISTON:** No, I didn't, no.

15                  **MR. CHISHOLM:** You indicated, sir, that the  
16 London Children's Aid Society developed protocols with the  
17 -- I believe you referred to three separate police  
18 services, the Ontario Provincial Police.

19                  **MR. LISTON:** Yes.

20                  **MR. CHISHOLM:** The London Police Services as  
21 well as a third one, which may be on a ---

22                  **MR. LISTON:** And I don't see it in my list  
23 there, but I did say the Caradoc, it was with the Reserve.

24                  **MR. CHISHOLM:** Then maybe if we go to Tab 6  
25 of Exhibit 20P, that's the "Protocols with Community

1 Organizations and Child Protective Services", the second  
2 page of that list, "Strathroy-Caradoc Police Services";  
3 would that be the protocol you were referring to?

4 **MR. LISTON:** Thank you. Yes.

5 **MR. CHISHOLM:** So in this situation, you had  
6 three separate protocols with each of the police services  
7 that touch upon your geographic jurisdiction; is that  
8 correct?

9 **MR. LISTON:** That's correct.

10 **MR. CHISHOLM:** Do you know, sir, at any time  
11 you would have had one protocol for -- and I'm not saying  
12 that there is, I'm just putting the question out there --  
13 would there ever have been one protocol with respect to all  
14 three police services in your area?

15 **MR. LISTON:** No.

16 **MR. CHISHOLM:** You discussed, sir, and that  
17 was this morning or perhaps this afternoon, the fact that  
18 part of the *Child and Family Services Act* has yet to be  
19 proclaimed in force and would it be correct that you were  
20 referring to Part 8 of that *Act* that is dealing with  
21 confidentiality of an access to records?

22 **MR. LISTON:** That's correct.

23 **MR. CHISHOLM:** And your concerns with  
24 respect to that, sir, would be what exactly?

25 **MR. LISTON:** Well, the societies -- I mean,

1       it's in terms of disclosure. It's got a whole lot of  
2       issues in terms of disclosure to former clients, to  
3       adoption, to adoptees and a whole variety of areas of  
4       information sharing and what are the guidelines around  
5       that. And it hasn't been clarified because the legislation  
6       hasn't been proclaimed.

7                       But we also run into issues in with the  
8       *Freedom of Information Act* and just before my retirement,  
9       it would have been last January, the spring, there was --  
10      the government was talking about proclaiming certain  
11      sections of the legislation I think and then there was the  
12      provincial legislation around information. Now, with  
13      technology being with computers, it's become a highly  
14      complex area.

15                      And without proclaiming this, like what  
16      takes precedence and you have different organizations  
17      falling under different pieces of legislation or impacted  
18      by it. So consequently, without clarity of this, it can  
19      create problems for others. And we ran into the situation  
20      in our Society, again being a larger Society, but we have a  
21      medical doctor that comes in on an on-needs basis or on-  
22      call basis to assist. Well, they were insisting that their  
23      records were separate and were covered under health  
24      legislation. So you have some of your records across the  
25      hall that the doctor is saying "You can't touch" and you've

1 got your records the doctors require. He's got certain  
2 requirements.

3 So without clarifying this thing, this piece  
4 is creating a problem and I really feel it's an important  
5 issue that we should get settled. It impacts on children  
6 and the safety of children and it would be better if we got  
7 this thing cleared up.

8 **MR. CHISHOLM:** And the fact is that we have  
9 both provincial and federal legislation that address the  
10 issues of privacy and protection of information; is that  
11 your understanding?

12 **MR. LISTON:** That's my understanding.

13 **MR. CHISHOLM:** And with respect to a  
14 Society, a Children's Aid Society, have you ever heard it  
15 said that a Children's Aid Society does not fit within any  
16 of the current legislation that is out there?

17 **MR. LISTON:** Yes.

18 **MR. CHISHOLM:** You've heard that said?

19 **MR. LISTON:** I've heard that said and the  
20 Society has counsel or in-house counsel and clearly that  
21 was some of the advice and they were working with the  
22 Association around trying to clarify what was the position  
23 for Children's Aid, but certainly your local -- the counsel  
24 that I had in-house was saying, "Yes, we're different; we  
25 take precedence", which didn't have everybody agreeing.

1                   **MR. CHISHOLM:** It would be boring then,  
2 wouldn't it? Thank you, sir. Those are my questions and  
3 thank you for coming to the Commission to give your  
4 evidence.

5                   **MR. LISTON:** Thank you.

6                   **THE COMMISSIONER:** The beauty of peer  
7 pressure.

8                                   **(LAUGHTER/RIRES)**

9                   **THE COMMISSIONER:** Mr. Neuberger?

10                   **MR. NEUBERGER:** Thank you, Mr. Commissioner.

11 I have no questions.

12                   **THE COMMISSIONER:** Thank you.

13 Ms. Im, are you here with us?

14                   **MS. IM:** No questions. Thank you.

15                   **THE COMMISSIONER:** Thank you.

16 Mr. Avery?

17                   **MR. AVERY:** No questions.

18                   **THE COMMISSIONER:** Thank you.

19 David Sherriff-Scott?

20                   **MR. SHERRIFF-SCOTT:** Just a few, Mr.

21 Commissioner. Thank you.

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

23 **SHERRIFF-SCOTT:**

24                   **MR. SHERRIFF-SCOTT:** Good morning, Mr.

25 Liston. My name is David Sherriff-Scott. I act for the

1           Diocese of Alexandria-Cornwall. I just have a few very  
2           brief questions.

3                           In your evidence, I understood that  
4           historically, you may have been involved in developing  
5           protocols between the CAS and various community  
6           organizations?

7                           **MR. LISTON:** Correct.

8                           **MR. SHERRIFF-SCOTT:** And I also heard you  
9           testify just for an orientation for discussion that some of  
10          your employees on an outreach basis would have been  
11          involved in assisting other community organizations to help  
12          develop their own internal policies, say, to handle the  
13          employees who were accused?

14                          **MR. LISTON:** Yes.

15                          **MR. SHERRIFF-SCOTT:** Now, just if we can  
16          talk about very, very briefly some best practices as a  
17          community organization, if you're thinking about developing  
18          a policy or guideline for your own internal handling of  
19          these allegations.

20                          The first consideration would be, I guess,  
21          who you're going to set up as a committee to establish your  
22          protocol or guideline?

23                          **MR. LISTON:** Correct.

24                          **MR. SHERRIFF-SCOTT:** And if we can, sir, get  
25          a sense from you of the best practice as to composition of

1           what would be a good committee, you would want naturally a  
2           CAS representative?

3                   **MR. LISTON:** I would think so.

4                   **MR. SHERRIFF-SCOTT:** Someone from the  
5           police?

6                   **MR. LISTON:** Yes, that would be good.

7                   **MR. SHERRIFF-SCOTT:** Legal obviously?

8                   **MR. LISTON:** Yes.

9                   **MR. SHERRIFF-SCOTT:** Perhaps someone from  
10          the school's environment?

11                   **MR. LISTON:** Depending on the organization,  
12          yes.

13                   **MR. SHERRIFF-SCOTT:** Would you want to have  
14          a representative of the elderly, say, retirement residence  
15          facilities, that kind of organizations to cover the gamut?

16                   **MR. LISTON:** Again, I guess it would depend  
17          upon what kind of a protocol or referral things you were  
18          looking at, yes.

19                   **MR. SHERRIFF-SCOTT:** Okay. Medical  
20          treatment?

21                   **MR. LISTON:** I think that would be helpful.

22                   **MR. SHERRIFF-SCOTT:** Okay. And someone who  
23          might have particular expertise in the area of this unique  
24          organization, for example, you want that person there?

25                   **MR. LISTON:** Yes.

1                   **MR. SHERRIFF-SCOTT:** And maybe victims'  
2 input or community involvement?

3                   **MR. LISTON:** I would say community  
4 involvement would be good because having the perspective of  
5 -- again, I keep coming back to it but I'll use it again --  
6 the men on the street, the citizen, I think that's helpful  
7 to have that perspective, like what does the community  
8 expect.

9                   **MR. SHERRIFF-SCOTT:** Right.

10                  **MR. LISTON:** Community input.

11                  **MR. SHERRIFF-SCOTT:** So you'd have a non-  
12 interested representative on your committee and you might  
13 publicly invite submissions or something like that?

14                  **MR. LISTON:** M'hm.

15                  **MR. SHERRIFF-SCOTT:** That would sort of be a  
16 best practice to inform ---

17                  **MR. LISTON:** That would be a good way to go  
18 at it, yes. It sounds good.

19                  **MR. SHERRIFF-SCOTT:** Okay. Once you create  
20 your guidelines, would it be a best practice to publish  
21 them to the community for the ---

22                  **MR. LISTON:** Oh, absolutely.

23                  **MR. SHERRIFF-SCOTT:** Okay. And now we  
24 talked -- you talked, I'm sorry, briefly this morning about  
25 the need for revisions and updating of these policies and

1 protocols.

2 MR. LISTON: Yes.

3 MR. SHERRIFF-SCOTT: And that's because  
4 things developed, experience happens and we learn new  
5 lessons?

6 MR. LISTON: We gain knowledge.

7 MR. SHERRIFF-SCOTT: Okay. And in terms of  
8 frequency, you talked about the community organization  
9 protocols that you had, having an interval of update of  
10 anywhere between three to five years?

11 MR. LISTON: That's what we did.

12 MR. SHERRIFF-SCOTT: So can I take it that,  
13 sir, the more frequent, the better to take account of new  
14 developments?

15 MR. LISTON: I think you can say that. It  
16 may not be necessary but, yes, if you learn -- and you may  
17 need to do it more frequently if there were a legislative  
18 change or some major event that occurred. You don't have  
19 to wait but ---

20 MR. SHERRIFF-SCOTT: Sure. So in the normal  
21 course, two years would be a good period as well?

22 MR. LISTON: Two years would be good but  
23 don't let it sit there too long.

24 MR. SHERRIFF-SCOTT: Right, fair enough. In  
25 terms of the nature of the review for revision, would you

1 want to have, not just your own internal people looking at  
2 it from the point of view of their experience, but perhaps  
3 an outside consultant to bring a broader objective scrutiny  
4 to bear?

5 **MR. LISTON:** If you developed such a set of  
6 procedures involving a spectrum of people in the first  
7 place, it would be worthwhile bringing that group together  
8 again and say, "This is what you drafted. This is what  
9 we've learned. How should we look at it now?" I think the  
10 same sort of broad input was good at the start. It makes  
11 good sense to bring them back together.

12 **MR. SHERRIFF-SCOTT:** That would be a best  
13 practice?

14 **MR. LISTON:** I think it would be good.

15 **MR. SHERRIFF-SCOTT:** Okay. And in terms of  
16 the -- if you were a community organization looking at  
17 setting up your own policy for the handling of this kind of  
18 thing and you had a committee for the purpose of  
19 investigation, you might want an outside representative to  
20 ensure credibility and conformance with your practices?

21 **MR. LISTON:** Yes, sure.

22 **MR. SHERRIFF-SCOTT:** Would that be a best  
23 practice?

24 **MR. LISTON:** It would be -- it's good. The  
25 process has to be seen as open and creditable. And when I

1 say that is the -- who does it have to be open to and who  
2 does it have to be creditable to? So you've got to look at  
3 your audience and if that audience thinks this is a  
4 creditable process, that's good, you come back to it. The  
5 proof is in the pudding. Again, it's how you use it.  
6 Like, does it really hit the ground and does it work?

7 **MR. SHERRIFF-SCOTT:** Okay. When you  
8 provided your outline to the Commission counsel, at page 4,  
9 I just want to -- just for the purpose of orientation, in  
10 the middle of the page, it sort of refers to the beginning  
11 chronologically of the implementation of protocols largely  
12 speaking with the two main investigative agencies and  
13 bodies, the CAS and the police.

14 **MR. LISTON:** Correct.

15 **MR. SHERRIFF-SCOTT:** And the Metro reference  
16 in 1983 as the first one in the province, was that Metro  
17 Toronto?

18 **MR. LISTON:** Metro Toronto.

19 **MR. SHERRIFF-SCOTT:** Okay. And then there  
20 was an imperative from the ministerial point of view that  
21 all agencies, that's all CASs, had to enter into this in  
22 1985?

23 **MR. LISTON:** That's correct, with the local  
24 police.

25 **MR. SHERRIFF-SCOTT:** With their local police

1 forces, and so chronologically moving along, your evidence  
2 was sort of sometime in 1986 when you assumed your position  
3 as Director, you began working on your protocol?

4 MR. LISTON: Yes.

5 MR. SHERRIFF-SCOTT: And the writing of that  
6 and more particularly the implementation of it took some  
7 time obviously?

8 MR. LISTON: It doesn't happen overnight.

9 MR. SHERRIFF-SCOTT: Fair enough. So that  
10 would have moved you on into the late 1980s and when would  
11 you have turned your attention to the community protocols?

12 MR. LISTON: Oh, I think they started  
13 developing with the school boards probably almost about the  
14 same time.

15 MR. SHERRIFF-SCOTT: And other  
16 organizations?

17 MR. LISTON: Hospitals, we would have been  
18 right about the same. We had working relationships with  
19 these people. What we were really doing was formalizing it  
20 more, putting it, you know, ---

21 MR. SHERRIFF-SCOTT: All right.

22 MR. LISTON: Putting it down but -- and then  
23 as you went along and you would have investigations, it  
24 just became seen as good practice -- you say best practice  
25 but good practice to say, "Well, if we have this, then your

1 employees know what we're going to do and what they should  
2 do and sort of some guiding principles". I think they sort  
3 of just happened as we went along.

4 **MR. SHERRIFF-SCOTT:** Okay. So this process  
5 would have unfolded late '80s, '90s and so forth?

6 **MR. LISTON:** Late '80s and that, yes.

7 **MR. SHERRIFF-SCOTT:** Okay. And just for a  
8 point of clarification, in your outline there is an acronym  
9 MV/MO and that refers, as I understand it, to multiple  
10 victim, multiple offender cases.

11 **MR. LISTON:** That's correct.

12 **MR. SHERRIFF-SCOTT:** The Settlement House  
13 case, just for a point of clarity because that acronym was  
14 applied to it, was a multiple victim, but single  
15 perpetrator case.

16 **MR. LISTON:** That's right. You're right to  
17 correct that.

18 **MR. SHERRIFF-SCOTT:** And the Project Guardian  
19 case, if I can just -- if we can find out from you you're  
20 experience in terms of your awareness at what were MV/MO  
21 cases, having both elements. Project Guardian fell into  
22 that classification ---

23 **MR. LISTON:** Clearly.

24 **MR. SHERRIFF-SCOTT:** --- and that was, as I  
25 understand from looking at the report and your evidence,

1 the sort of organized criminal sex trade for commercial  
2 purposes.

3 **MR. LISTON:** Well, it was and it wasn't. It  
4 was somewhat organized and one of the things they found  
5 with the offenders when they -- they might have referred  
6 children to each other, but it wasn't like they all knew  
7 each other.

8 **MR. SHERRIFF-SCOTT:** All right.

9 **MR. LISTON:** The offenders. Many of the  
10 boys knew each other, sort of through -- because they  
11 referred and brought it, but it was kind of loose knit and,  
12 yes, videos were made and they were sold, but it wasn't an  
13 organized ring as such.

14 **MR. SHERRIFF-SCOTT:** There's a commercial end  
15 to this?

16 **MR. LISTON:** To some of it.

17 **MR. SHERRIFF-SCOTT:** Okay.

18 And the Prescott cases you referred to and  
19 Mount Cashel, those are residential settings?

20 **MR. LISTON:** Prescott, not so. Mount  
21 Cashel, yes, to my understanding, but Prescott, I think,  
22 was different again.

23 **MR. SHERRIFF-SCOTT:** Okay.

24 Those are my questions. Thank you very  
25 much, sir.

1                   **MR. LISTON:** Thank you.

2                   **THE COMMISSIONER:** Mr. Callaghan.

3                   **--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.**  
4                   **CALLAGHAN:**

5                   **MR. CALLAGHAN:** I will try to be brief and  
6 if I seem as if I'm abrupt, it's because I'm trying to be  
7 brief. My name is John Callaghan and I'm here on behalf of  
8 the Cornwall Police Service.

9                   I just want to make sure we have your  
10 evidence in the proper context. You have already indicated  
11 that London and its Children's Aid Society is one of the  
12 largest in Ontario; correct?

13                   **MR. LISTON:** It is one of the largest; one  
14 of the five or six larger, I would say, yes.

15                   **MR. CALLAGHAN:** Right.

16                   And you respond to the community needs of  
17 London; correct?

18                   **MR. LISTON:** London and Middlesex.

19                   **MR. CALLAGHAN:** Right.

20                   To the community needs in that community.

21                   **MR. LISTON:** To the community needs in that  
22 community, yes.

23                   **MR. CALLAGHAN:** Right.

24                   And I take it that if we're going to have  
25 any recommendations out of this inquiry, we have to look at

1 the local community to see the local needs.

2 MR. LISTON: That's right.

3 MR. CALLAGHAN: Right.

4 And, for example, poverty plays a big role  
5 in the Children's Aid work; correct?

6 MR. LISTON: Yes.

7 MR. CALLAGHAN: And if the poverty rate is  
8 different in Cornwall than it is in London, there may have  
9 to be a different response; correct? Local response?

10 MR. LISTON: Huh?

11 MR. CALLAGHAN: A different and local  
12 response?

13 MR. LISTON: Well, no. I'm not sure I would  
14 agree. I'm not quite sure, maybe, what you mean, but ---

15 MR. CALLAGHAN: Let me qualify it. I'm  
16 saying -- what I'm suggesting is, is that we're getting  
17 evidence at to what took place in London and I'm trying to  
18 suggest to you, sir, that these are local needs that we are  
19 talking about and if there's a higher poverty rate, you  
20 might have higher need for services.

21 MR. LISTON: Oh, yes.

22 MR. CALLAGHAN: Right.

23 And if there is -- if we're talking about  
24 sexual abuse of children, we heard earlier testimony that  
25 they prey on the more vulnerable in the community.

1                   **MR. LISTON:** That's correct. That seems to  
2 be what has happened, yes.

3                   **MR. CALLAGHAN:** And so a child born of a  
4 single mother, say a teen pregnancy, that child may be at  
5 greater risk.

6                   **MR. LISTON:** Could be.

7                   **MR. CALLAGHAN:** Right.

8                   So we'd have to know what the teen pregnancy  
9 rate was in Cornwall to understand what Cornwall response  
10 would be required. Correct?

11                   **MR. LISTON:** To just -- okay -- I see what  
12 you're saying in a response, but the volume of response or  
13 the level of need may vary from between communities. I'm  
14 not sure that the response, if there was a sexual abuse,  
15 would be any -- should be different.

16                   **MR. CALLAGHAN:** No. I'm not suggesting it  
17 is. I'm suggesting to you that the strategy, perhaps a  
18 community ---

19                   **MR. LISTON:** The community strategy might be  
20 different.

21                   **MR. CALLAGHAN:** Right.

22                   And the -- and I'm suggesting to you, sir,  
23 that you'd agree that we have to have that information to  
24 fully understand the picture here in Cornwall. Correct?

25                   **MR. LISTON:** I think it would be helpful for

1       you to have a good community profile of what your community  
2       was like just as in, say, if I were to -- if I'm  
3       understanding you correctly -- understanding the ethnic mix  
4       of the community; London's is changing, Toronto's is  
5       different, so if you were to develop a strategy, it would  
6       need to take into consideration the ethnic mix of a  
7       community.

8                   **MR. CALLAGHAN:** Right.

9                   And so these are issues that one has to  
10          consider when one puts out a strategy. Correct?

11                  **MR. LISTON:** When one is developing a  
12          community strategy to respond, yes.

13                  **MR. CALLAGHAN:** Right. And I want to just  
14          touch on the funding issue. The Children's Aid Society are  
15          now 100 per cent funded by the province; is that correct?

16                  **MR. LISTON:** Yes.

17                  **MR. CALLAGHAN:** Right.

18                  And has that made a difference in the  
19          funding, for example, of London?

20                  **MR. LISTON:** Oh, yes.

21                  **MR. CALLAGHAN:** Right.

22                  And so if you have, for example, higher  
23          poverty in a community, you might even have a lower tax  
24          base, less people to tax?

25                  **MR. LISTON:** Well, yes, I guess it could.

1                   **MR. CALLAGHAN:** Yes. So it stands to  
2 reason. You realize, say, for example, the police are not  
3 on a provincial funding model, but on a municipal funding  
4 model. Do you understand that?

5                   **MR. LISTON:** Yes, I understand.

6                   **MR. CALLAGHAN:** Right.

7                   And so your funding went up, I take it quite  
8 considerably when the province began to fund?

9                   **MR. LISTON:** It went up -- when the new  
10 funding formula came in I think there was a dramatic  
11 increase in funding. That would have been in the mid to  
12 late '90s.

13                   **MR. CALLAGHAN:** Right.

14                   **MR. LISTON:** Prior to that I could say that  
15 there were difficulties and, yes, there was an increase. I  
16 think there's some funding difficulties today again, but  
17 the provincial funding is there. It's 100 per cent  
18 funding. But if it's 100 per cent and it's not adequate,  
19 it still has a problem.

20                   **MR. CALLAGHAN:** Right.

21                   But it's more adequate than it was when it  
22 was municipal funding, in your opinion.

23                   **MR. LISTON:** The formula worked better, yes.

24                   **MR. CALLAGHAN:** And so have you -- you  
25 increased the complement of the Children's Aid workers, I

1 guess, as a result of increased funding; have you?

2 **MR. LISTON:** Yes, I think. Oh, yes, in  
3 London we did, but I think it happened provincially. There  
4 was an increase in staffing.

5 **MR. CALLAGHAN:** So you'd have more  
6 investigators dealing with child abuse and child sexual  
7 abuse in London than you did, say, in the early '90s?

8 **MR. LISTON:** Yes. Today, yes. Staff  
9 complement is greater.

10 **MR. CALLAGHAN:** And what's the ratio of  
11 Children's Aid investigators to police investigators in  
12 Cornwall or in London?

13 **MR. LISTON:** I'm not too sure on that one.

14 **MR. CALLAGHAN:** Right.

15 And I take it that the Protecting Children  
16 is Everybody's Business study that you embarked on was done  
17 with funding by the United Way?

18 **MR. LISTON:** It was funding by the United  
19 Way, some research dollars that were obtained and some  
20 municipal and county support. It was a coalition or  
21 something of some funding, yes.

22 **MR. CALLAGHAN:** Right.

23 And you also -- in London, of course, you  
24 have the University of Western Ontario.

25 **MR. LISTON:** That's correct.

1                   **MR. CALLAGHAN:** Right.

2                   And you utilized their facilities and their  
3 expertise particularly?

4                   **MR. LISTON:** More their expertise, but we do  
5 have good people there that are researchers and, yes, they  
6 can assist us.

7                   **MR. CALLAGHAN:** Right.

8                   And those are resources that are perhaps  
9 somewhat unique to bigger centres?

10                  **MR. LISTON:** Absolutely.

11                  **MR. CALLAGHAN:** Right.

12                  And dealing with the protocols, you used the  
13 phrase, I think with Mr. Sheriff-Scott, that these were the  
14 formalizations of working relationships?

15                  **MR. LISTON:** Yes.

16                  **MR. CALLAGHAN:** Right.

17                  And you agree with me that the working  
18 relationship is the most important?

19                  **MR. LISTON:** I think it is.

20                  **MR. CALLAGHAN:** Right.

21                  And so whether you have the protocol isn't  
22 as important as to whether they're working together.  
23 Correct?

24                  **MR. LISTON:** I believe the working together,  
25 the good relationship is -- if it isn't equal, it's even

1 more important because you are going to have a written  
2 document that you -- if you don't, you know -- all of this  
3 is written words and if you don't get along, it's not going  
4 to work very well.

5 **MR. CALLAGHAN:** Right.

6 And why are protocols done on a local basis  
7 and not on a provincial basis?

8 **MR. LISTON:** Well, we come back to local  
9 societies and to the -- that's where it's going to play out  
10 on the ground. Okay. It's going to play out between the  
11 people here or the people in London or the people in  
12 Hamilton, and structures are different. That's just the  
13 way it's been done.

14 **MR. CALLAGHAN:** So if Cornwall had a  
15 protocol that dealt with Cornwall police, the OPP,  
16 Children's Aid Society and the Crown all rolled into one,  
17 is that better than yours that only dealt with the local  
18 police?

19 **MR. LISTON:** I would guess it would be.

20 **MR. CALLAGHAN:** And I take that protocols  
21 are living in response of documents; in other words you  
22 respond to the community. Correct?

23 **MR. LISTON:** Yes.

24 **MR. CALLAGHAN:** Right.

25 For example, after Project Guardian you

1 added into your protocol the multi-victim, multi-accused  
2 portion of it?

3 MR. LISTON: Yes.

4 MR. CALLAGHAN: Right.

5 Now, that was after Project Guardian?

6 MR. LISTON: That was after Project  
7 Guardian.

8 MR. CALLAGHAN: It wasn't after Mount  
9 Cashel?

10 MR. LISTON: No.

11 MR. CALLAGHAN: Right. And it wasn't after  
12 the events in the early '90s where multi-victim and multi-  
13 accused were known?

14 MR. LISTON: No.

15 MR. CALLAGHAN: Right.

16 It was a local response to what you guys  
17 were going through. Correct?

18 MR. LISTON: Yes.

19 MR. CALLAGHAN: If I read your protocol  
20 today, I don't see anything in there about historic sexual  
21 assaults, do I?

22 MR. LISTON: No.

23 MR. CALLAGHAN: Is that because London  
24 hasn't had those experiences?

25 MR. LISTON: No. No, we've had them.

1                   **MR. CALLAGHAN:** And why is it that it  
2 wouldn't be in your protocol?

3                   **MR. LISTON:** Well, it would be covered -- I  
4 believe it's covered within the context of that because it  
5 would be an allegation and as an allegation we would have  
6 an investigation and again we would advise the police.

7                   **MR. CALLAGHAN:** Right.

8                   **MR. LISTON:** So historical or day-to-day or  
9 something that's occurring this week, we could add it in,  
10 but quite frankly, I think it's been covered.

11                   **MR. CALLAGHAN:** Right.

12                   But you don't have the clarity that, say, a  
13 protocol that does that?

14                   **MR. LISTON:** No, we don't have that.

15                   **MR. CALLAGHAN:** And in dealing with the  
16 reporting, I take it that the *Child and Family Services Act*  
17 is structured to assist children in need of protection?

18                   **MR. LISTON:** Yes.

19                   **MR. CALLAGHAN:** And when you go to Project  
20 Guardian, when the police did not report to the Children's  
21 Aid Society immediately, is that because they didn't  
22 understand there were children in need of protection in  
23 seeing those videotapes?

24                   **MR. LISTON:** Well, I can't say for the  
25 police what they thought or didn't think. I can tell you

1 that where it started was it was seen as a pornography  
2 investigation by a vice squad and, yes, that particular  
3 unit of the police didn't see it as falling into a child  
4 protection situation.

5 **MR. CALLAGHAN:** Is that because they weren't  
6 aware of the legislation or is that because they didn't see  
7 it fitting in the legislation?

8 **MR. LISTON:** They just didn't see it  
9 fitting. I don't think they saw -- I think they would've  
10 respected it and so on, but no, I don't think -- they  
11 thought they were dealing with child pornography and did  
12 not define it or see it. It was the Sexual Assault Unit  
13 officers that talked to them and I think the police as an  
14 organization responded differently.

15 **MR. CALLAGHAN:** Right.

16 And I take it that the understanding of  
17 those sorts of subtleties about the *Child and Family*  
18 *Services Act* has developed over time as to what a child in  
19 need of protection is; correct?

20 **MR. LISTON:** It has developed, yes.

21 **MR. CALLAGHAN:** And it's fair to say that  
22 in, say, even early '90s, people were looking at it in  
23 respect of a child in need of protection at that time.

24 **MR. LISTON:** It would've been as it was  
25 written. The understanding, it's grown over the years,

1       yes.

2                   **MR. CALLAGHAN:** Right.

3                   And if someone who reported an incident who  
4       was 30 years old about a historic sexual assault, in the  
5       early '90s you wouldn't necessarily think that they'd  
6       necessarily report it to the Children's Aid Society,  
7       because the person reporting it is in their 30s. Correct?

8                   **MR. LISTON:** Well, they could go anywhere  
9       with that report. They could go to Children's Aid. They  
10      could go to police. They could go to a mental health  
11      professional.

12                  **MR. CALLAGHAN:** Right.

13                  But you wouldn't necessarily expect the Act  
14      to trigger in under the *Child and Family Services Act*  
15      because the person is 30 years old; correct?

16                  **MR. LISTON:** Oh, no. They wouldn't be a  
17      child, so they weren't at that point in time in need of  
18      protection. They were an adult.

19                  **MR. CALLAGHAN:** If I then could take you to  
20      the 1976 material. We're going backwards now. If I could  
21      find it myself. Just one minute while I pull it up. I  
22      think we're on Tab 9.

23                  Just to put it back into context, this is a  
24      guideline for practitioners in children's aid societies;  
25      correct?

1                   **MR. LISTON:** M'hm.

2                   **MR. CALLAGHAN:** And I appreciate that what  
3 I'm about to deal with has changed. So I just want to get  
4 an understanding as to what was going on so that we can  
5 have a historical context of the issues in this inquiry.  
6 If I could take you to page 46. Forty-six (46).

7                   **MR. LISTON:** Yes.

8                   **MR. CALLAGHAN:** I'm sorry.

9                   **MR. LISTON:** Oh, sorry.

10                  **MR. CALLAGHAN:** We work with a different  
11 medium here.

12                  It says at the second last paragraph:

13                               "Generally, sexual assaults on children  
14 do not in themselves have an  
15 excessively unsettling effect on the  
16 child's personality development."

17                  Do you see that?

18                  **MR. LISTON:** Yes.

19                  **MR. CALLAGHAN:** Is that currently the view?

20                  **MR. LISTON:** No. I wouldn't say so.

21                  **MR. CALLAGHAN:** So we've learned ---

22                  **MR. LISTON:** I believe we have.

23                  **MR. CALLAGHAN:** --- as a society.

24                  If we could then move into page 47 and the  
25 paragraph that says "By far."

1                   **MR. LISTON:** M'hm.

2                   **MR. CALLAGHAN:** It says:

3                               "By far, the greatest potential  
4                               damage to the child's personality is  
5                               caused by society and the victim's  
6                               parents as a result of:

7                                       1) the need to use the victims to  
8                                       prosecute the offender, and;

9                                       2) the need for parents to prove to  
10                                      themselves, family, neighbourhood and  
11                                      society that the victim was free of  
12                                      voluntary participation and that they  
13                                      were not failures as parents."

14                                      Do you see that?

15                   **MR. LISTON:** Yes.

16                   **MR. CALLAGHAN:** All right.

17                                      So I take it the view at the time was that  
18                                      it was the prosecution in part that caused the  
19                                      victimization or the traumatization of the victim.

20                   **MR. LISTON:** It would be this particular  
21                                      author's or this particular writer's opinion that that was  
22                                      the issue. I mean I think it most certainly had an impact,  
23                                      but I think one would have to look at it more broadly than  
24                                      just one piece of literature to take that as the position  
25                                      of the day. But this is certainly one that was presented

1 to Children's Aid.

2 **MR. CALLAGHAN:** Well, I mean it's a  
3 guideline for practice and procedures in handling cases of  
4 child abuse. I mean was this not something that Children's  
5 Aid Societies were working with?

6 **MR. LISTON:** It would be something that we  
7 would use but it's a guideline. It was not a requirement.

8 **MR. CALLAGHAN:** Well, let's go to page 48  
9 under "Social Work Treatment."

10 **MR. LISTON:** Yes.

11 **MR. CALLAGHAN:** "Once the sexual victim  
12 has received medical attention, if it  
13 is needed, the social worker must deal  
14 with helping the family decide on the  
15 desirability of reporting detail of the  
16 offence to others. A desire to avoid  
17 publicity, social stigma or revenge  
18 from others, or a belief by the victim  
19 or parents that the incident created so  
20 much emotional disturbance that  
21 accurate recounting of the offence is  
22 unlikely."

23 Now, am I to understand that that is  
24 referable to reporting to, say, police, for example?

25 **MR. LISTON:** That would be true.

1                   **MR. CALLAGHAN:** So does the Children's Aid  
2 Society have today an option as to whether they report to  
3 police?

4                   **MR. LISTON:** No.

5                   **MR. CALLAGHAN:** So that's changed?

6                   **MR. LISTON:** In here, you'd also -- yes, it  
7 has changed in that -- you're going to have even today  
8 where individuals -- you may have knowledge of an incident  
9 but they will not proceed and the police can't prosecute  
10 because someone is saying "I will not. I will not continue  
11 on."

12                   **MR. CALLAGHAN:** And I take it in your view,  
13 when that happens, when somebody comes forward and says "I  
14 do not want to be involved in a criminal prosecution," that  
15 it is still valid for that person to say so because they  
16 don't want to re-traumatize themselves.

17                   **MR. LISTON:** If they refuse to be a witness,  
18 it would certainly present difficulties, yes.

19                   **MR. CALLAGHAN:** Right.

20                               Is it your view they should be compelled  
21 even though they don't want to?

22                   **MR. LISTON:** No.

23                   **MR. CALLAGHAN:** If I could ask you one last  
24 question, I'm at the Tab 4 under "Project Guardian" and I'm  
25 at page 186.

1 I'm in the paragraph that is one sentence  
2 and it says:

3 "We need a national strategy to  
4 combat child sexual abuse."

5 Do you see that? Oh, I'm sorry. It's on  
6 the screen. My apologies.

7 **MR. LISTON:** That's okay.

8 **MR. CALLAGHAN:** I'm sure it's a line that  
9 you're familiar with.

10 Do you see that, it's right in the middle?

11 **MR. LISTON:** Yes.

12 **MR. CALLAGHAN:** "We need a national  
13 strategy to combat child sexual  
14 abuse."

15 This was in 1997?

16 **MR. LISTON:** Yes.

17 **MR. CALLAGHAN:** And do we have a national  
18 strategy?

19 **MR. LISTON:** No.

20 **MR. CALLAGHAN:** And has the federal  
21 government done anything to assist?

22 **MR. LISTON:** I think they've probably done  
23 some things to assist, but, no, we do not have a national  
24 strategy.

25 **MR. CALLAGHAN:** Would that be a good idea?

1                   **MR. LISTON:** It would be a good idea.

2                   **MR. CALLAGHAN:** Thank you and I apologize if  
3 I was a little quick.

4                   **THE COMMISSIONER:** Thank you.

5                   OPP? So I guess we better -- I know that  
6 it's 1:15. So how long do you think you've going to be?

7                   **MS. SACCOCCIO BRANNAN:** I have one  
8 hypothetical question, Mr. Commissioner.

9                   **THE COMMISSIONER:** Hypothetical.

10                   What about the OPPA?

11                   **MR. CARROLL:** I wouldn't need more than 10  
12 or 15 minutes.

13                   **THE COMMISSIONER:** All right.

14                   **MR. CARROLL:** I'm in your hands as to  
15 whether ---

16  
17                   **THE COMMISSIONER:** A dangerous place to be.

18                   **(LAUGHTER/RIRES)**

19                   --- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MS.

20                   **SACCOCCIO BRANNAN:**

21                   **MS. SACCOCCIO BRANNAN:** Mr. Liston, thank  
22 you very much so far for your evidence today. It's been  
23 instructive and enlightening.

24                   I've gone back to look at the mandate of  
25 this Commission and the mandate is to look at allegations

1 of historical abuse of young people in the Cornwall area  
2 and, as I understand it from your evidence, London didn't  
3 have any protocols that dealt with historical abuse cases.

4 **MR. LISTON:** M'hm.

5 **MS. SACCOCCIO BRANNAN:** But I have a  
6 hypothetical question which I'd be interested in knowing  
7 your answer as a CAS individual.

8 So in the course of an investigation or  
9 carrying out an investigation, a CAS investigation with  
10 respect to a child who is in need of protection for  
11 whatever reason, and during the course of that  
12 investigation you learn that an adult has been the victim  
13 of child sexual abuse, Okay? You also know that the  
14 perpetrator is still in the community ---

15 **MR. LISTON:** The alleged perpetrator.

16 **MS. SACCOCCIO BRANNAN:** The alleged  
17 perpetrator; pardon me.

18 ---and that that alleged perpetrator is  
19 working with children. What do you see as the duty of the  
20 Children's Aid Society worker in that type of a situation?

21 **MR. LISTON:** I would say, again talking  
22 today, that we would want to talk to the police that we  
23 have some concerns, we have some information and we should  
24 do a record check. We should take a look do we have any  
25 prior allegations, do we have any knowledge of problems

1 with this individual, and then you'd have to try and take a  
2 look at was there a situation where you could get any  
3 further information on that, any corroboration either  
4 jointly with the police or on your own.

5 **MS. SACCOCCIO BRANNAN:** And would that be  
6 notwithstanding the fact that the adult victim says to you,  
7 "I don't want to go to the police", knowing that this  
8 individual is in the community and still working with  
9 children?

10 **MR. LISTON:** Well, the Society has a  
11 responsibility for the protection of children and, yes, you  
12 might advise them that you were going to advise the police  
13 and they say, "I'm not going to talk to them", but that  
14 doesn't take away the responsibility. Do we have  
15 reasonable grounds to believe children are at some risk,  
16 and if we do, what can we do about it?

17 **MS. SACCOCCIO BRANNAN:** Thank you.

18 **MR. LISTON:** It may be limited what you can  
19 do. We understand you've got someone that's not sharing  
20 information. You may not be able to corroborate it. You  
21 may not be able to go too far but ---

22 **MS. SACCOCCIO BRANNAN:** And this would be  
23 what you've just explained now in the historical abuse  
24 context?

25 **MR. LISTON:** Yes.

1                   **MS. SACCOCCIO BRANNAN:** And using my  
2 hypothetical; so it's narrow. It might something that  
3 could become part of a protocol for historical abuse cases.

4                   **MR. LISTON:** Yes, it could. You could  
5 develop something in that area that could make it better  
6 for us to follow up on those things.

7                   **MS. SACCOCCIO BRANNAN:** Thank you very much,  
8 Mr. Liston. Thank you, Mr. Commissioner.

9                   **THE COMMISSIONER:** Thank you.

10                   Mr. Carroll.

11                   **--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR.**  
12 **CARROLL:**

13                   **MR. CARROLL:** Good afternoon.

14                   As has been said on a couple of occasions,  
15 this inquiry is mandated to look into historical sexual  
16 abuse in this community and a great deal of your evidence  
17 focussed on dealing with children. It's all very helpful  
18 and I suppose what we'll gain most from your evidence, sir,  
19 would be that, as the immediate response to current  
20 problems present themselves, the less likely we are to ever  
21 have to deal with historical cases; right?

22                   **MR. LISTON:** One would hope, yes.

23                   **MR. CARROLL:** But in dealing with some of  
24 the evidence that you did provide as it related to children  
25 and your involvement, and I'm specifically interested in

1 the frontline people, your frontline people and the  
2 frontline police officers' tasks, and the issue of the  
3 joint investigations, you talked about the fact that the  
4 primary focus of the CAS is the best interest of the child;  
5 correct?

6 **MR. LISTON:** Protection of the child.

7 **MR. CARROLL:** Protection of the child,  
8 whereas the police are interested in the investigation and  
9 ultimately, if appropriate, the prosecution of offenders?

10 **MR. LISTON:** That's correct.

11 **MR. CARROLL:** And protocols have been worked  
12 on over the years, at least in your experience, to assist  
13 in the problems that may arise in that area I take it?

14 **MR. LISTON:** That's right.

15 **MR. CARROLL:** And you've spoken extensively  
16 of the London protocols in preparing the -- did you have  
17 input into the protocols?

18 **MR. LISTON:** Some. My input, to be quite  
19 perfectly honest, would be more to review it to ensure that  
20 we'd worked out any differences or problems, but it was  
21 more my staff that would have done the detail work.

22 **MR. CARROLL:** The protocol that we've been  
23 presented with here, the London protocol, had the benefit  
24 of a review of other policing and CAS agency protocols?

25 **MR. LISTON:** Oh, yes, they would have had

1 access to them.

2 **MR. CARROLL:** So it's a product of the  
3 thinking of the people who developed this and other  
4 protocols throughout the province?

5 **MR. LISTON:** Yes, and I believe the province  
6 even issued a -- what you call like a template or, you  
7 know, an outline to say these would be the things that  
8 would be wise to include.

9 **MR. CARROLL:** Which ministry would have done  
10 that?

11 **MR. LISTON:** I believe -- well, it was the  
12 Ministry of Family and Children Services at the time, but I  
13 think it was jointly and the Solicitor General.

14 **MR. CARROLL:** All right. And, sir, does the  
15 -- do you, in your position or former position as Director  
16 at the CAS, acknowledge that there are occasions when there  
17 is a need to maintain a covert aspect to the police  
18 investigation, at least in the early stages?

19 **MR. LISTON:** Well, that certainly happened  
20 in the Project Guardian where it was seen as an  
21 investigation of pornography and that side of it, but the  
22 protocols on a child abuse investigation are quite clear  
23 that we're just to advise each other forthwith.

24 **MR. CARROLL:** I take it, sir, that there is  
25 no problem if the policing agency requested that the CAS

1 put its active investigation on hold if they need to  
2 conduct certain covert activities at the front end of the  
3 investigation?

4 **MR. LISTON:** The police have asked us on  
5 times, on occasions to -- in terms of our investigation, in  
6 terms of how far we go or how we proceed until they are  
7 ready to investigate or ready to proceed with the  
8 interrogation of a potential offender. So there is a  
9 timing issue. We may get an issue where we have  
10 information from a victim and I can think of situations  
11 where we've had to have investigation of foster parents and  
12 the police, maybe just because of workload, said, "We can't  
13 get there for a couple of days, take it easy", but we still  
14 might have to remove a child from the home if we had  
15 reasonable grounds to believe that there was concerns for  
16 safety.

17 So there is some discussion but the sharing  
18 of information, in my knowledge with what we've worked with  
19 in London, has been open all the way through the process.

20 **MR. CARROLL:** So there is an ongoing  
21 consultative process as each investigation unfolds?

22 **MR. LISTON:** Yes.

23 **MR. CARROLL:** One thing that I wanted to ask  
24 you about specifically, and you related anecdotally about  
25 an incident where a high profile -- at least I understood

1 to be anecdotal -- a high profile accused who contacted the  
2 director saying what's going on here.

3 MR. LISTON: Yes.

4 MR. CARROLL: And you said that how you  
5 handled it, including returning the phone call to the high  
6 profile ---

7 MR. LISTON: I just -- I could have a call  
8 from someone who I know who the individual was. I can  
9 think back but I would just pick up the phone and say,  
10 "Hello, you called. What's up?"

11 MR. CARROLL: All right. And you also  
12 talked about reassuring your staff about the agency being  
13 behind them in their investigation.

14 MR. LISTON: They followed procedures. They  
15 did what they were trained to do and carried it out  
16 properly and they stayed within those -- in those  
17 procedures and guidelines. Yes, they were doing their job.

18 MR. CARROLL: One thing I didn't hear was  
19 whether or not you would notify the police if you received  
20 such a call? I would think -- I would suggest to you that  
21 it would be appropriate if the offender was contacting the  
22 agency, perhaps attempting to exert some influence, that  
23 there would be notification to the police.

24 MR. LISTON: I'm thinking back. It's a good  
25 question. I don't think I called the police directly but I

1           certainly advised my staff that I've been contacted and  
2           that should be notified or it should be noted, but I didn't  
3           contact the police personally directly, okay. But I would  
4           advise my staff, "Yes, I did receive a call. So and so  
5           called me and this is what happened." So they would have  
6           information to include in the file.

7                       **MR. CARROLL:** Would you think in hindsight,  
8           sir, given the number of possibilities that could come out  
9           of that phone call that it would be wise if there was a  
10          police investigation going on to alert them to that  
11          contact?

12                      **MR. LISTON:** Well, under the circumstances,  
13          I can tell you what I did. It might be wise but what I can  
14          tell you what I did in this one, I asked -- I advised my  
15          staff. They would be actively involved with the police, so  
16          they may have advised, but I didn't do it personally.

17                      **MR. CARROLL:** All right. So am I correct  
18          that the answer is yes, then that it would be good idea to  
19          alert the police? Whether you did it or not in that case  
20          doesn't really matter but looking at it hypothetically, to  
21          alert the police to a possible attempt by an offender, an  
22          alleged offender to influence the investigation, it's a  
23          good idea to let the police know that.

24                      **MR. LISTON:** It would be a good idea to let  
25          the police know.

1                   **MR. CARROLL:** There seem to be a number of  
2 themes that come from your evidence, at least as I  
3 understood it, that over the decades and the number of  
4 constants, you are constantly the agencies, policing and  
5 CAS and perhaps others, in need of increased and ongoing  
6 funding; correct?

7                   **MR. LISTON:** I would say that, yes.

8                   **MR. CARROLL:** And as it relates to the  
9 multiple offender and multiple victim scenario, which is  
10 one thing we're dealing with here, a need for sophisticated  
11 and dedicated training of your people and of police  
12 officers.

13                   **MR. LISTON:** Yes, very much so.

14                   **MR. CARROLL:** You spoke about the need for  
15 formal protocols and that they need not only to be in place  
16 but to be regularly updated.

17                   **MR. LISTON:** Yes.

18                   **MR. CARROLL:** And in response to an earlier  
19 question, you also put at least on as high a plane the need  
20 for building relationships.

21                   **MR. LISTON:** Yes.

22                   **MR. CARROLL:** And you gave us examples of  
23 that.

24                   **MR. LISTON:** Yes.

25                   **MR. CARROLL:** All right.

1                   **MR. LISTON:** If I could pick up on your  
2 point?

3                   **MR. CARROLL:** Please.

4                   **MR. LISTON:** I think I would describe the  
5 funding to Children's Aid, and possibly to police they  
6 could say better, but we seem to go on rollercoaster  
7 funding. We seem to have response and then valleys. It's  
8 hard to maintain a consistency in training, protocols  
9 because you're stretched. One time, you see you get caught  
10 up and then you have a down. So these things -- that's the  
11 difficulty with the funding.

12                   **MR. CARROLL:** Yes, and one of the  
13 difficulties that struck me from your evidence that  
14 rollercoaster seems to pick up momentum with every tragedy  
15 that's uncovered.

16                   **MR. LISTON:** Unfortunately, yes.

17                   **MR. CARROLL:** And that seems, at least based  
18 on the historical review you have provided to us, to be the  
19 main impetus for significant change.

20                   **MR. LISTON:** That's my perception.

21                   **MR. CARROLL:** All right.

22                   Is there, and I'm asking you to provide your  
23 experiences, frontline or as reported to you by your  
24 frontline people, a difficulty in the statement-taking  
25 process where both police and CAS are involved?

1                   **MR. LISTON:** No, I haven't heard of  
2 difficulties -- I think it can be individual staff and so  
3 on. I think I made reference to that, that somebody would  
4 say somebody wasn't well-prepared, but generally no, the  
5 overall reaction that I've had from Children's Aid staff  
6 and police is that this is a beneficial way to approach it.

7                   **MR. CARROLL:** There is nothing in writing, I  
8 take it, other than it's to be a cooperative venture, but  
9 there's no subset of the protocol setting out who actually  
10 does what. It's left to the individual investigators to  
11 divide up the tasks?

12                   **MR. LISTON:** Yes. It can be a joint  
13 investigation but it very clearly states that we will sit  
14 down together and work out how we're going to proceed,  
15 whether we do it two of us in the room at the same time;  
16 you do this interview, I do that interview, you do this  
17 part of it, I take the lead, I'm there but you do the lead.  
18 It's all of that. That's working out the process.

19                   **MR. CARROLL:** Right. And to your knowledge,  
20 does that process generally function with the police  
21 conducting the first part of the interview or does it vary  
22 from investigation to investigation?

23                   **MR. LISTON:** It varies from investigation to  
24 -- depending upon the circumstances.

25                   **MR. CARROLL:** And you haven't received any

1 negative feedback as far as that kind of joint  
2 participation in an interview process?

3 **MR. LISTON:** No, I have not.

4 **MR. CARROLL:** And by negative feedback, I  
5 mean perhaps an adverse impact on the criminal process as  
6 the police go forward with the investigation.

7 **MR. LISTON:** No, no and crowns have not come  
8 back to us to say that, "Gee, we've had problems with  
9 evidence or information". No, that has not come back.

10 **MR. CARROLL:** All right.

11 When these events occur in the community and  
12 then there's the -- by events I mean the abuse, whether it  
13 be individual or as we're dealing with here with a  
14 multiple-offender, multiple-victim scenario, there's many  
15 casualties?

16 **MR. LISTON:** Yes, absolutely.

17 **MR. CARROLL:** I'm going to read you a  
18 statement from the report at page 182, I think it is. Or  
19 sorry, 152. And just see if you agree with this, sir:

20 "The importance of the police services  
21 agencies' response to the workload  
22 demands of the investigators cannot be  
23 overstated. This type of investigation  
24 carries its own forms of stress and  
25 trauma on the investigators."

1                   Would you agree with that?

2                   **MR. LISTON:** Oh, absolutely.

3                   **MR. CARROLL:** "The investigation is  
4                                   relentless in its demands of excessive  
5                                   hours of work from each officer."

6                   I take it you had the same experience with your frontline  
7                   people?

8                   **MR. LISTON:** Yes.

9                   **MR. CARROLL:** "The investigations  
10                                   disrupted and interfered with personal  
11                                   lives ---

12                   **MR. ENGELMANN:** Excuse me, sir, I just think  
13                   for the record, you should clarify what you're reading  
14                   from.

15                   **MR. CARROLL:** Yes. I'm reading from the --  
16                   -

17                   **MR. ENGELMANN:** It's not part of ---

18                   **MR. CARROLL:** --- Project Guardian Report  
19                   and it's a document that the Commission counsel was kind  
20                   enough to prepare separately and has provided copies to all  
21                   counsel, sir.

22                   **THE COMMISSIONER:** So that should be filed  
23                   as an exhibit, which will be Exhibit 21P, which is "Chapter  
24                   13 - Perspectives from The Police Department on the  
25                   Investigative Process".

1 --- EXHIBIT NO./PIÈCE No. 21P

2 CHAPTER 13 - PERSPECTIVES FROM THE  
3 POLICE DEPARTMENT ON THE INVESTIGATIVE  
4 PROCESS BY KEN HESLOP, LONDON POLICE;  
5 AND RHONDA HALLBERG, CHILDREN'S AID  
6 SOCIETY OF LONDON & MIDDLESEX

7 MR. CARROLL: Thank you. All right.  
8 I'm just carrying on, sir. Do you have a  
9 copy of it?

10 MR. LISTON: I don't have.

11 MR. CARROLL: Perhaps a copy could be  
12 provided, just so that you could follow along.

13 MR. ENGELMANN: I believe the witness may  
14 have a copy of it ---

15 MR. CARROLL: --- in the big book.

16 MR. LISTON: Oh, here this one.

17 MR. CARROLL: Yes. Page 182 -- or 152,  
18 sorry.

19 MR. LISTON: 152?

20 MR. CARROLL: Right.

21 MR. LISTON: Okay.

22 MR. CARROLL: That middle paragraph and I'm  
23 in approximately three or four lines down.

24 "The investigations disrupted and  
25 interfered with personal lives of

1 investigators."

2 Was that your experience as well with your  
3 people, sir?

4 **MR. LISTON:** Yes.

5 **MR. CARROLL:** "The disruption and  
6 significant drain on resources inside  
7 police organizations also carries an  
8 impact. Police organization needs to  
9 be aware of the needs of the  
10 investigating officers, the heavy  
11 workloads, the long hours put into the  
12 job every day, week after week and the  
13 traumatic information that the officers  
14 must deal with. Where the police  
15 organization is involved in this type  
16 of investigation, it is important that  
17 there is some preplanning which  
18 addresses the issues for the  
19 investigating officers and the  
20 organization as a whole."

21 And finally,

22 "Attention must be given to the  
23 traumatic nature of the investigation  
24 and high workload demands."

25 Those comments, sir, are provided in the

1 context of the report from the actual London Police, but  
2 you would agree that they apply to your people as well?

3 MR. LISTON: Very much so. If I could add  
4 something to that?

5 MR. CARROLL: Please do.

6 MR. LISTON: As part of this investigation  
7 at one stage, I think we were having a press conference and  
8 the police set up a room, just simply to put out the number  
9 of videotapes that were on the table, magazines, things  
10 that they had collected from the homes of some of these  
11 offenders, not to stand there and go through any of them or  
12 show them, but just to have them out. But the magazines  
13 and the literature, I mean, were disgusting.

14 And yes, if you had had to go through tape  
15 after tape, picture after picture and seeing this for weeks  
16 and months at a time, I can't imagine that it wouldn't be  
17 traumatic and have an impact on individual's bewaring,  
18 being on police and Children's Aid staff. The demands were  
19 significant, I think, if you enter this report but  
20 certainly the police and the police were very good in terms  
21 of their sensitivity and they worried about these children.

22 They were concerned after they did these  
23 interviews that the children were traumatized. They were  
24 concerned about the children being depressed. They were  
25 even worried about some children possibly committing

1 suicide.

2 So the officers were very good. But you  
3 took that home with you. And they met these children, they  
4 got to know them, they befriended them.

5 So yes, it was a very heavy, very involved  
6 process but it had this -- I think they refer to it as  
7 vicarious trauma that comes out related to it. And yes, I  
8 think this did impact on the officers and it did impact on  
9 the staff of the society.

10 **MR. CARROLL:** Would it be your  
11 recommendation then, sir, that where this type of  
12 investigation is undertaken, that the policing agency make  
13 counseling services available to its frontline officers to  
14 deal with issues that may arise from the investigation?

15 **MR. LISTON:** I think it's very important  
16 that there should be support for people involved, yes.

17 **MR. CARROLL:** Thank you. Thank you, sir.

18 **THE COMMISSIONER:** Thank you.

19 Mr. Engelmann, do you have any questions?

20 **MR. ENGELMANN:** I do not.

21 **THE COMMISSIONER:** Terrific. Thank you.

22 Thank you very much for coming, sir. It has  
23 been very enlightening.

24 **MR. LISTON:** Thank you.

25 **THE COMMISSIONER:** Before we close off, I

1           suppose we should look at next week. We're starting on  
2           Monday.

3                       **MR. ENGELMANN:** Yes, we have Professor Bala  
4           ---

5                       **THE COMMISSIONER:** Yes.

6                       **MR. ENGELMANN:** --- coming back for his  
7           cross-examination on Monday. And we have Peter Jaffe,  
8           available but not on Tuesday.

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

10                      **MR. ENGELMANN:** Unfortunately just on  
11           Wednesday because of prior commitments. So I've spoken to  
12           counsel informally and I'm hopeful that we can use some  
13           time on Tuesday to have meetings that perhaps haven't  
14           occurred or to discuss other issues.

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

16                      **MR. ENGELMANN:** We have left Thursday aside  
17           for motions if necessary, if there are some preliminary  
18           motions from counsel.

19                      **THE COMMISSIONER:** All right.

20                      Well let me just comment on that then. With  
21           respect to the motions day I suppose on Thursday, what I  
22           intend to do is try to deal with those matters now rather  
23           than later, for indeed March 27<sup>th</sup> is when we start, I  
24           suppose, the formal hearings I suppose, if you want to put  
25           that, Phase I. And I'd like to get any preliminary matters

1 out of the way, so that we don't waste that period of time  
2 in between.

3 So I believe that Mr. Engelmann has  
4 indicated that if there are motions, that we should have  
5 notice of them today and that we should proceed with the  
6 day on the Thursday.

7 The difficulty, I suppose, is that initially  
8 in the schedule, it was of course to ensure that all of you  
9 booked those days in quickly. It's always easier to give  
10 them back than to ask you to come back. And I fear that if  
11 there are any motions and we don't deal with them next  
12 Thursday that it will be next to impossible to get all of  
13 you back here on a day before March 27<sup>th</sup>.

14 And as I've indicated previously, it's my  
15 duty and somewhat yours to ensure that we deal with this  
16 inquiry in a timely fashion. Accordingly, I'm going to  
17 have to insist that if you wish to bring motions, and  
18 that's fine, that you do so immediately so that we can deal  
19 with them on next Thursday. Okay.

20 Thank you very much.

21 **THE REGISTRAR:** All rise. Veuillez vous  
22 lever.

23 The hearing is now adjourned.

24 --- Upon adjourning at 1:39 p.m./

25 L'audience est ajournée à 13h39

**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.

Je, Sean Prouse, un sténographe officiel dans la province de l'Ontario, certifie que les pages ci-hautes sont une transcription conforme de mes notes/enregistrements au meilleur de mes capacités, et je le jure.



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Sean Prouse, CVR-CM