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SUR CORNWALL

Public Hearing

Audience publique

Commissioner

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

Commissaire

VOLUME 9

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Mr. Darrell Kloeze	Attorney General for Ontario
Mr. Peter Chisholm	The Children's Aid Society of the United Counties
Mr. Allan Manson	Citizens for Community Renewal
Mr. Dallas Lee	Victims Group
Mr. David Bennett	The Men's Project
Mr. David Sherriff-Scott	Diocese of Alexandria-Cornwall and Bishop Eugene LaRocque
Ms. Sara Siebert	Mr. Jacques Leduc
Mr. William Carroll	Ontario Provincial Police Association
Mr. Peter Engelmann	Dr. Peter G. Jaffe

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

L'audience débute à 10h04

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

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

Please be seated. Veuillez vous asseoir.

THE COMMISSIONER: Thank you. Good morning, all.

MR. ENGELMANN: Good morning.

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

THE COMMISSIONER: Yes.

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

THE COMMISSIONER: Thank you.

Good morning, sir.

DR. JAFFE: Good morning, Your Honour.

THE REGISTRAR: Your name, please?

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

PETER GEORGE JAFFE, Sworn/Assermenté:

THE COMMISSIONER: Thank you.

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

housekeeping matter, if I could?

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

THE COMMISSIONER: Right.

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

THE COMMISSIONER: M'hm.

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

THE COMMISSIONER: Yes, certainly.

MR. ENGELMANN: In a very brief manner.

THE COMMISSIONER: All right. Okay.

So are we talking spelling or are we talking ---

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

THE COMMISSIONER: I'm sorry?

MR. ENGELMANN: Confusing the questioner with the witness.

THE COMMISSIONER: Okay.

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

THE COMMISSIONER: M'hm.

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

THE COMMISSIONER: All right.

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

THE COMMISSIONER: Good. Thank you.

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

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes, it is.

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

DR. JAFFE: Yes.

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

DR. JAFFE: That's correct.

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

DR. JAFFE: Yes.

MR. ENGELMANN: In a full-time capacity?

DR. JAFFE: That's correct.

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

DR. JAFFE: Yes.

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

DR. JAFFE: He is a consultant, yes.

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

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

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

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

MR. ENGELMANN: All right.

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

DR. JAFFE: Yes.

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

DR. JAFFE: That's correct.

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

Children and Families in the Justice System.

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

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

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

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

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

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

MR. ENGELMANN: All right.

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

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

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

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

MR. ENGLEMANN: And what was involved in such an assessment, just generically, sir? It depended on who it is for?

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

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

We get a number referrals from crown

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

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

MR. ENGLEMANN: And deciding -- sorry.

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

MR. ENGLEMANN: And during the course of assessments, have you ever had occasion to asses pedophiles

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

DR. JAFFE: Yes.

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

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

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

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

Against Women.

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

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

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

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

MR. ENGLEMANN: Okay.

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

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

MR. ENGLEMANN: And, sir, you indicate at

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

DR. JAFFE: Yes.

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

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

DR. JAFFE: Yes.

MR. ENGLEMANN: Also on adult survivors of sexual abuse, the impact of sexual abuse on adult survivors?

DR. JAFFE: Yes.

MR. ENGLEMANN: Abuse within community institutions?

DR. JAFFE: Yes.

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

DR. JAFFE: Yes, sir.

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

DR. JAFFE: Yes.

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

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

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

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

MR. ENGLEMANN: M'hm.

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

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

Actually, the Chief's name was Walter

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

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

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

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

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

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

No one. All right.

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

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

(LAUGHTER/RIRES)

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

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

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

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

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

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

--- EXHIBIT NO./PIÈCE NO 23P:

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

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

DR. JAFFE: Yes.

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

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

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

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

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

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

Tertiary prevention is probably a bit of an

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

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

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

DR. JAFFE: Right.

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

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

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

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

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

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

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

DR. JAFFE: No.

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

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

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

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

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

MR. ENGELMANN: In what sense?

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

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

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

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

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

MR. ENGELMANN: And is that one of the

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: M'hm.

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

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

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

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

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

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

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

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

this into one faculty of education on an elective basis.

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

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

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

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

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

So this recommendation ---

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

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

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

DR. JAFFE: Definitely.

MR. ENGELMANN: Twenty (20) being professional associations.

DR. JAFFE: Yes.

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

DR. JAFFE: Definitely. I think there's progress.

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

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

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

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

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

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

DR. JAFFE: Yes.

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

the consequence of a lack of this strategy?

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

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

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

MR. ENGELMANN: M'hm.

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

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

DR. JAFFE: Yes.

MR. ENGELMANN: --- to youth-serving organizations, ---

DR. JAFFE: Yes.

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

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

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

MR. ENGELMANN: All right.

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

DR. JAFFE: Yes.

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

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

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

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

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

MR. ENGELMANN: All right.

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

DR. JAFFE: Yes.

THE COMMISSIONER: With Children?

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

THE COMMISSIONER: Right.

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

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

MR. ENGELMANN: Yes.

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

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

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

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

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

children it was pleasurable.

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

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

DR. JAFFE: Yes.

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

approximately 500 victims of child sexual abuse?

DR. JAFFE: Yes.

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

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

MR. ENGELMANN: M'hm.

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

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

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

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

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

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

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

MR. ENGELMANN: That's fine.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

> "....programs for children and adolescents that address the issues of sexualized behaviour problems and unwanted sexual advances are important."

You also reference the fact:

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

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

DR. JAFFE: Yes.

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

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

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

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

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

MR. ENGELMANN: Yes.

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

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

DR. JAFFE: That the perpetrators may be older adolescents.

THE COMMISSIONER: Older adolescents.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. JAFFE: Yes.

MR. ENGELMANN: Yes.

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

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

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

Boys tend to talk to no one.

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

DR. JAFFE: Yes, over and over again.

Can I just share a story ---

MR. ENGELMANN: Sure.

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

how powerful this is?

MR. ENGELMANN: M'hm.

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

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

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

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

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

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

THE COMMISSIONER: Why don't we take a short

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

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

The hearing will reconvene at 11:30.

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

L'audience est suspendue à 11h17

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

L'audience est reprise à 11h37

THE REGISTRAR: Order; all rise. Veuillez vous lever.

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

PETER GEORGE JAFFE, Resumed:

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. JAFFE: Yes.

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

economic lines as well.

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

DR. JAFFE: Yes.

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

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

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

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

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

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

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

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

THE COMMISSIONER: Yes. All right.

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

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

DR. JAFFE: All frontline professionals and

volunteers who come in contact with children.

MR. ENGELMANN: Just give me some examples?

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

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

DR. JAFFE: Yes. I assume them in every answer.

MR. ENGELMANN: Right. Might include police officers?

DR. JAFFE: Yes.

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

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

MR. ENGELMANN: So then in your outline at

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

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

> "Understanding the facts of child sexual abuse."

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

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

DR. JAFFE: Yes.

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

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

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

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

happen the child must be making it up".

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

MR. ENGELMANN: All right.

So that's a key element to some of the training you think frontline professionals should get. Sorry.

DR. JAFFE: Again, the second point:

> "Understanding how child sexual abuse happens."

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

MR. ENGELMANN: We've heard about accessibility. Is that an issue here?

DR. JAFFE: Yes.

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

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

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

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

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

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

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

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

DR. JAFFE: Yes.

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

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

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

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

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

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

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

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

DR. JAFFE: Okay.

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

DR. JAFFE: Yes.

MR. ENGELMANN: All right. What about, you

say:

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

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

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

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

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

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

DR. JAFFE: No.

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

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

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

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

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

sexual abuse?

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

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

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

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

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

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

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

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

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

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

MR. ENGELMANN: All right.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MR. ENGELMANN: You say that:

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

Correct?

DR. JAFFE: Yes.

MR. ENGELMANN: What about other employers, other institutions?

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

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

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

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

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

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

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

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

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

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

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

DR. JAFFE: That's correct.

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

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

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

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

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

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

DR. JAFFE: Yes.

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

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

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

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

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

> "Community collaboration is critical for the investigation and prosecution of child sexual abuse perpetrators and for the treatment of victims of child sexual abuse."

Why is this community collaboration so critical?

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

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

sometimes we do.

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

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

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

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

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

DR. JAFFE: Yes.

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

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

MR. ENGLEMANN: M'hm.

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

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

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

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

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

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

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

What about in Canada?

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

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

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

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

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

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

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

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

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

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

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

victims and survivors choose the same path.

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

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

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

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

MR. ENGLEMANN: Okay.

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

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

MR. ENGELMANN: Sure.

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

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

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

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

DR. JAFFE: Yes.

MR. ENGELMANN: Is that a fair comment?

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

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

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

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

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

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

DR. JAFFE: IPCA.

MR. ENGELMANN: IPCA institution.

DR. JAFFE: Prevention of Child Abuse.

MR. ENGELMANN: Thank you.

And that that training was in fact interdisciplinary ---

DR. JAFFE: Yes.

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

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

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

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

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

Is that an important point from your perspective, availability?

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

adults.

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

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

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

What about the community as a whole?

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

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

MR. ENGELMANN: That would be fine.

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

THE COMMISSIONER: Right after lunch, you say?

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

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

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

The hearing will reconvene at 2:00.

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

L'audience est suspendue à 12h33

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

L'audience est reprise à 14h09

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

THE COMMISSIONER: Thank you.

Mr. Englemann.

MR. ENGELMANN: Thank you.

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

THE COMMISSIONER: Yes.

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

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

PETER GEORGE JAFFE, Resumed/Sous le même serment:

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

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

DR. JAFFE: Yes.

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

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

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

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

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

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

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

MR. ENGLEMANN: And you've talked to us

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

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

MR. ENGLEMANN: All right.

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

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

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

MR. ENGLEMANN: Okay.

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

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

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

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

front page of the paper.

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

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

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

MR. ENGLEMANN: This is the multi-victim, multi-offender abuse at the Gardens?

DR. JAFFE: Yes.

MR. ENGLEMANN: Yes.

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

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

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

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

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

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

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

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

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

MR. ENGLEMANN: Right.

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

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

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

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

So it's important to think about how the

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

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

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

DR. JAFFE: The community advisory really -- the coordinated meeting strategy really refers to the earlier point and, again, it’s often -- it could be a police spokesperson; it could be a Children’s Aid spokesperson.

MR. ENGELMANN: All right.

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

DR. JAFFE: Yes.

MR. ENGELMANN: All right.

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

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

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

DR. JAFFE: Yes.

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

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

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

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

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

MR. ENGELMANN: All right. And did this

involve both children and adult survivors of child sexual abuse?

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

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

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

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

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

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

DR. JAFFE: No.

MR. ENGELMANN: Nor were you?

DR. JAFFE: No.

MR. ENGELMANN: All right.

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

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

--- EXHIBIT NO./PIÈCE No. 24P:

Part 3 - From Crisis to Coordination

MR. ENGELMANN: Thank you.

THE COMMISSIONER: All right.

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

DR. JAFFE: Yes.

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

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

MR. ENGELMANN: Sorry?

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

MR. ENGELMANN: Oh, sorry, 82.

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

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

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

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

DR. JAFFE: Yes.

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

the survivors.

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

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

MR. ENGELMANN: Right; okay.

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

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

MR. ENGELMANN: It says:

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

conviction."

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

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

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

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

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

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

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

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

MR. ENGELMANN: Thank you.

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

> "Ongoing communication, sharing of information is essential between investigative partners and community service partners."

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

DR. JAFFE: It's important that people

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

MR. ENGELMANN: All right.

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

Tab 14.

Is that correct?

DR. JAFFE: Yes.

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

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

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

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

I think you've made that comment before.

DR. JAFFE: Yes.

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

And this is the teacher in Sault Saint-Marie ---

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

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

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

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

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

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

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

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

DR. JAFFE: Yes.

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

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

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

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

MR. ENGELMANN: All right.

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

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

And I think you may have touched upon this. But you say:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. JAFFE: Yes.

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

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

I should just share just briefly; I was

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

MR. ENGELMANN: M'hm.

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

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

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

DR. JAFFE: Even though they're older adolescents.

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

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

armour, literally and figuratively.

THE COMMISSIONER: M'hm.

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

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

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

working for all your life."

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

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

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

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

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

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

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

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

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

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

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

> "Efforts to develop safeguards within community settings must recognize the vulnerability and power balance inherent in this issue. Safeguards may include better training in awareness programs for adults as well as youths."

So the power balance is an issue. Is that

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

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

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

DR. JAFFE: No.

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

(LAUGHTER/RIRES)

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

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

MR. ENGELMANN: All right.

So the Law Commission report is just something you were aware of?

DR. JAFFE: Yes.

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

DR. JAFFE: Yes.

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

I just want to take you to page 9.

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

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

THE COMMISSIONER; Tab 16, page 9.

All right.

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

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

institutional child abuse seek redress."

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

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

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

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

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

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

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

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

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

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

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

MR. ENGELMANN: All right.

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

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

(LAUGHTER/RIRES)

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

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

So perhaps - and I think you might have

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

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

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

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

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

unique impact of institutional abuse.

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

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

You also add:

> "Some must first overcome their distrust in professionals."

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

Can you elaborate on that briefly?

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

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

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

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

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

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

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

medication or not real good coping strategies long term.

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

So those are the two points from that paragraph.

MR. ENGELMANN: Thank you.

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

DR. JAFFE: Yes.

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

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

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

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

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

Again, it's obvious when that person is still a teacher or a coach or a community leader or a grandparent, but often it doesn't have to be that obvious to see the ongoing nature of the role.

MR. ENGELMANN: How important is it that these protocols, whether they're protocols between the police and the Children's Aid or interagency protocols with other institutions, how important is it that they're reviewed and revised on a regular basis?

DR. JAFFE: Essential. You can't -- you have to keep up to date.

I'll use the example of the Internet and pornography. Maybe a good example is every school in the province has a Code of Conduct. Whether you're in elementary school or secondary school, there's a Code of Conduct for students. It's very clear and it's about bullying and a number of things that -- you know, things that are acceptable, things that aren't acceptable. That has to be updated on a regular basis because now we have the Internet. We have cyber bullying. We have students creating websites. We have a variety of technology that can be used as an extension of the bullying and harassment. So you have to update your Code of Conduct.

In the same view, with child sexual abuse you have to acknowledge pornography. The availability of pornography in a way in itself is a form of child abuse. So again, I think it has to be updated.

MR. ENGELMANN: If you're updating, does that give some of these agencies an opportunity to develop relationships or continue relationships with one another?

DR. JAFFE: Yes, definitely.

And again, the good news about this is out of tragedies there are good lessons to be learned. Lots of communities have protocols, but they really haven't had the chance to use them, which obviously is a good thing, but they get out of date in a hurry.

Other communities, because of Project Jericho, they've had to -- you know, you'll end up with a very highly trained Crown's office, police, victim services, Children's Aid because of the tragedy and because of the tragedy they are, in fact, further ahead.

So again, dealing with the aftermath of abuse doesn't have to lead to a sense of hopelessness. It's actually -- it should give people hope for the future about dealing with future allegations and investigations.

MR. ENGELMANN: All right.

I'm going to skip down to the Child Witness Project then in your outline. This is something that the centre you were with for a long time has had something to do with?

DR. JAFFE: Yes. One of the services at the Centre for Children and Families of the Justice System is the Child Witness Project that is actively involved in research, education and programs for young people who have to testify in court.

MR. ENGELMANN: And as I understand it, one of the goals is to make the court system, whether it's the criminal system, civil system or what have you, less intimidating for child victims?

DR. JAFFE: Yes.

MR. ENGELMANN: Child witnesses?

DR. JAFFE: Yes, child witnesses.

Sometimes they're child witnesses who aren't victims.

MR. ENGELMANN: Yes.

DR. JAFFE: There's children who witness a domestic assault or children who witness another peer assault, but sometimes children are witnesses and victims, and the whole -- children who are witnesses and victims, the goal is -- it's tertiary prevention. They have already been harmed enough by what happened to them with the initial nature of the abuse. You don't want them re-traumatized by the system.

So we do a lot -- staff do a lot in regards to preparation for -- they deal with understanding how the court system works, dealing with relaxation, how to basically understand everyone's role in court.

MR. ENGELMANN: And with respect to an adult witness who alleges child sexual abuse, are programs like this important for them?

DR. JAFFE: Yes. Someone has to -- when you come into a courtroom, any adult, particularly someone who has been victimized, needs to understand that they're going to be facing the perpetrator, alleged perpetrator depending on the circumstances. They have to understand and respect what reasonable doubt means. They have to understand and

respect that a defence lawyer has a job to do. They have to understand the process and how to survive. They have to understand that the judge will be there to ensure that if somebody is standing a foot away pointing at them or yelling at them, that the judge will intervene in all likelihood.

MR. ENGELMANN: And I understand that, and I don't want to go there now, but that some of what you've done in London with respect to child witness protection is set out at Tab 18 in Tipping the Balance?

DR. JAFFE: Yes. So part of -- I think the benefit we -- one of the real commitments we have had in not only providing service but also doing research. So we constantly talk to abuse victim survivors to find out what their experience is, what worked, what didn't work, what would have made it better for them.

MR. ENGELMANN: Lastly, Dr. Jaffe, the last page of your outline, page 11, you have "Early Intervention and Treatment for Victims and Perpetrators". You talk about the crisis of disclosure as the opportune time. Why is that? Why is it an opportune time to become involved in treatment and is it something that is possible to do?

DR. JAFFE: Very briefly, the word "crisis" comes from Chinese symbols that mean opportunity and danger. In some ways a crisis can be a turning point. It

can make things better. Crisis of disclosure if someone is supported; gets the right help, both potentially victims, survivors and also offenders, that can make a big difference in terms of future victims and future offenders -- the future offending behaviour.

If the crisis -- if the disclosure isn't taken seriously, if it's simply minimized, denied; if it's not properly investigated or there isn't adequate resources, it shuts the window on an important opportunity for change. That's really the reference why -- often how we deal with the first disclosure is the most important.

MR. ENGELMANN: You talk about timing, accessibility of adaptive services. Are those points, those principles, important for both alleged victims and alleged offenders?

DR. JAFFE: Yes, and both for current cases, children, and also adult survivors of historical abuse.

MR. ENGELMANN: And you also say at the end of your outline that society is not sympathetic to those who perpetrate sexual crimes against children and there is, therefore, less concern about their treatment outside of incarceration.

Why is sexual offending treatment, in your view, an important component of prevention?

DR. JAFFE: If you look at the damage that

one perpetrator can do; take the DeLuca case, you know, if someone that was able to help that one individual early on, if there was -- if he was able to come forward or discovered earlier and get appropriate treatment, you would save the paining and suffering of dozens of subsequent victims.

I think the reality is the only resources often available to treat sex offending are in the prison system in provincial and federal facilities, more so actually in federal facilities. It makes it very difficult. You would want to ultimately create a climate where you would want offenders to get help, to volunteer for help and you would want to have some of that treatment certainly community-based treatment.

MR. ENGELMANN: I understand in some jurisdictions, not in this country but in others, there have actually been some radical initiatives on that point with respect to offering immunity to people if they will come forward.

DR. JAFFE: Yes, there's some -- again, there are very controversial programs that probably should be talked about and debated publicly. One U.S. state actually gave perpetrators a chance to come forward and fully acknowledge all their perpetration and get help without facing the full wrath of the criminal justice

system just to ensure they would be off the streets and they would get the help that they would require and they would stop the offending behaviour. It's sort of like people turning in their guns; people acknowledging crimes. Obviously, it's a very radical idea and it's one that clearly needs to be thought through very carefully.

So I am not -- I want to be clear; I'm not here recommending that, but one thing I certainly would recommend in other phases of this inquiry is we need to think outside the box. We need to think about some fresh ideas about how we can prevent child sexual abuse, and part of it may be stopping ones that are happening now and getting help immediately for victims and perpetrators.

MR. ENGELMANN: Thank you very much, Dr. Jaffe. Those are my questions.

THE COMMISSIONER: All right.

So we'll have the afternoon break. You might want to canvass counsel to determine how much time we'll need with Dr. Jaffe. I understand he is not available -- you are not available tomorrow?

DR. JAFFE: No, Your Honour.

MR. COMMISSIONER: That's fine. That's fine.

So we'll have to see whether we can finish today and if not, well, we will set it for another date.

We will talk about that when we come back at 3:30.

DR. JAFFE: Thank you.

THE REGISTRAR: Order; all rise. Veuillez vous lever.

The hearing will reconvene at 3:30.

--- Upon recessing at 3:15 p.m./

L'audience est suspendue à 15h15

--- Upon resuming at 3:30 p.m./

L'audience est reprise à 15h30

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

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

THE COMMISSIONER: Thank you.

PETER GEORGE JAFFE, Resumed/Sous affirmation solemnelle:

MR. ENGELMANN: Mr. Commissioner, I just wanted to inform you that my efficient, learned friends have indicated it will take approximately 90 minutes, give or take 15. So we are going to try and sit late, if that's all right and finish Dr. Jaffe.

THE COMMISSIONER: I think, given Dr. Jaffe's schedule, as I understand it, and his popularity, I suppose, with his students and with the other important engagements that he has, that it would be beneficial that

we finish off this afternoon.

So let's give that a try and we'll see where we go.

MR. ENGELMANN: Thank you, Your Honour.

THE COMMISSIONER: All right.

So we will hear first from Mr. Manson.

MR. MANSON: Thank you, Mr. Commissioner.

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

MR. MANSON: Dr. Jaffe, I represent the Citizens for Community Renewal and I want to thank you. Your evidence was very informative and very clear this morning.

I'm just going to deal with four issues.

Firstly, I think this may come under the topic of tertiary prevention. It's really an issue for the Commission as they organize themselves, but I am concerned that we have been talking about historical problems, but there is clearly a current dimension to these problems. I don't need to go back to the evidence that Dr. Wolfe gave, but he talked about 42 per cent of survivors suffering PTSD after 20 years, 65 per cent suffering alcohol disorder; 25 per cent suffering mood disorders like depression and suicidal ideation.

And my question is should the Commission be

concerned about its impact on survivors in the community of Cornwall? By that I mean the impact of the publicity once again of these old stories on people who survive them?

DR. JAFFE: Yes.

MR. MANSON: It should be concerned?

Do you have any advice for the Commission in terms of either a treatment or an educational response? I say this with all due respect to Mr. Commissioner. This is an issue that we're concerned about as well.

DR. JAFFE: I can't believe that there is a school anywhere in the Cornwall area that's not talking about child sexual abuse where the issue isn't on the agenda where students of every age are talking about this to deconstruct what's happening. The worst thing is denial. The best thing is having open conversations in classrooms, at the dinner table, community forums wherever possible.

There are -- you talked about post-traumatic stress disorder. Clearly, there are historical survivors, some who haven't come forward; some who have where the publicity is an ongoing trigger for their nightmares.

I think, in my view, it would be certainly helpful to make sure there is appropriate counselling services in place and groups. So I would certainly support you on that.

MR. MANSON: And so the Commission has already expressed its concern about providing help for individuals who participate in the Commission, but it's not only that group that we should be concerned about?

There are others who may -- we may not even know about who may present new treatment needs and new issues as a result of this Commission.

DR. JAFFE: Yes, and some of it is treatment and some of it is support groups. I mean, I'm sure the residents of Cornwall love their city, love their community, want to talk about what happened, want to talk about a future that's a positive one in terms of what can come out of the tragedy. I think there's all kinds of support that can be built it.

MR. MANSON: And of course, Cornwall is a small community with limited resources.

DR. JAFFE: Yes. Again, I'm not an expert on Cornwall, but I assume that.

MR. MANSON: I want to move on to another area that I'll call public education/public awareness and I want to refer both to Project Guardian and the Robins Report. So Project Guardian is at Tab 10 and at page 181, which is file page 17, the authors -- who I take it are Dr. Sas and Ms. Hurley?

DR. JAFFE: Yes.

MR. MANSON: They say:

> "There is an acute need to provide the public with concrete accurate knowledge regarding the sexual exploitation of children."

I want to suggest to you that this goal is substantially impeded when there are efforts by a major institution in a community to maintain secrecy. I mean secrecy about abuse, secrecy about complaints of abuse.

DR. JAFFE: In general, secrecy is the enemy of child sexual abuse. You want open dialogue discussion. You want people to be able to come forward and feel support. So in general, secrecy is not helpful as a concept in eradicating child sexual abuse.

MR. MANSON: But it's worse than being not helpful; it, in fact, undermines these goals.

DR. JAFFE: Yes.

MR. MANSON: In the same document there is a section called "A 'Best Practices' Model for MVMO's". It's at page 185 of the document, file page 21.

Here, the authors say -- talk about the need for an interagency investigative protocol, which you've already talked about, and also the need for a comprehensive -- that such a protocol would include a comprehensive system of data collection which is shared when there are

suspicions of abuse of children.

I want to suggest to you again that these goals are undermined when a major institution has a policy of secrecy.

DR. JAFFE: Yes.

MR. MANSON: The document also talks about a media strategy which delineates a protocol for police officers, child protection and others. I want to suggest to you that what the authors are saying is that in order to best respond or effectively respond to child sexual abuse, communities need to know information but the information must be disseminated accurately.

DR. JAFFE: Yes.

MR. MANSON: And at appropriate times.

DR. JAFFE: Yes.

MR. MANSON: And that thought needs to go into these issues beforehand rather than after the event.

DR. JAFFE: Yes.

MR. MANSON: And thirdly, that the goal of disseminating information accurately and in a timely way is again undermined when there is incongruence between the information that is disseminated and practices and policies of a major community institution which are all about secrecy.

DR. JAFFE: Yes.

MR. MANSON: Thank you.

I want to move to the Robins Report which is at Tab 15 I believe. Yes.

You mentioned the duty to report and discussed that in detail with Mr. Engelmann. I want to suggest to you that the current provision, which is section 72(5) of the *Child and Family Services Act*, includes a group of professionals -- this isn't in any of the materials. So if this is something that you're not familiar with, please just tell me -- but that it includes a group of professionals including teachers, school principals, social workers, family counsellors, priests and rabbis and others.

Is that consistent with your understanding, that it's a large group that includes priests and rabbis?

DR. JAFFE: I'm not sure. Is this something you're recommending or you're reading from the actual legislation? I'm not sure.

MR. MANSON: This is in section 72(5) of the Act, but I just want it in the record that the group has been expanded over time.

THE COMMISSIONER: Are you aware of that at all?

DR. JAFFE: I'm aware that the expectations go beyond teachers and social workers. I know there's some

controversial issues around ---

THE COMMISSIONER: Who is a professional?

DR. JAFFE: Yes.

MR. MANSON: I apologize, Mr. Commissioner, I would have put that to Professor Bala but I wasn't hooked up to wireless on Monday and I couldn't get into the statute and I wanted to make sure I had the section number right. It's section 72(5) of the *Child and Family Services Act*.

Let me go on to two other aspects of the Robins Report that you should be familiar with, Dr. Jaffe.

At file page 28, there's a discussion of communication subsequent to disclosure and some comments made about speculation, gossip and innuendo.

I would suggest that, again, just like the Sas and Hurley document, there is a concern about the accuracy of information and rumours present their own dangers.

Would you agree with that?

DR. JAFFE: Yes, definitely.

MR. MANSON: And the dangers of rumours are, on the one hand, inaccurate information that undermines this process of communication, as well as a concern about false allegations.

DR. JAFFE: Yes.

MR. MANSON: And rumours ought to be avoided at all cost.

DR. JAFFE: Well, there's no way to control rumours but there is a way to control direct communication from an official spokesperson that there is an allegation floating around the school. I think a principal needs to talk to the student body about what the issues are, what's being investigated; needs to explain that there's a presumption of innocence in Canadian society. I mean there's lots of ways that good teachers, good principals and various institutions can make that point very directly.

MR. MANSON: Thank you.

The Robins Report at file page 29 talks about negotiated settlements and in this context they're talking about teachers resigning, getting neutral letters of reference and the parties agreeing not to disclose allegations. Justice Robins recommends that no resignation of an employee should be secured by agreement not to disclose.

I want to suggest to you that similar concerns would apply to agreements negotiated with victims not to disclose.

DR. JAFFE: I agree that secrecy is not a good thing. I agree that we shouldn't muzzle victims in this regard.

MR. MANSON: In the Robins Report, the specific concern that is mentioned is the fear about the situation of new victims as people move on; in other words, aside from the communication issue, there's a prevention issue by keeping matters secret.

DR. JAFFE: The Robins' recommendation, Mr. Justice Robins' recommendation is very clear and, in fact, school boards now have to report misconduct to the College of Teachers. So there's no longer any way to negotiate a deal.

MR. MANSON: And you'd agree with me that the same rationale and the same logic would apply to other major institutions in the community.

DR. JAFFE: Yes. I think it's a model protocol. There has to be a body to report and it has to be public.

MR. MANSON: But by the same token, if this is a negotiated settlement with an alleged abuser, a negotiated settlement with a victim that is secured and accompanied by a promise not to disclose is equally negative.

THE COMMISSIONER: Not to disclose what?

MR. MANSON: Oh, not to disclose the abuse. I'll be very specific. I'll put a hypothetical -- I'm assuming a situation where a major institution makes a

financial settlement with a victim and part of the financial settlement is a) you will not prosecute; b) you will not disclose the nature of the abuse.

THE COMMISSIONER: Well, first of all, we know that that agreement would be illegal.

MR. MANSON: That part of the agreement that talks about "will not prosecute" would be illegal.

MR. MANSON: Absolutely.

THE COMMISSIONER: Okay.

MR. MANSON: So it would more likely -- I'm only doing this hypothetically, but one would imagine it would be worded in terms of "will not disclose to police or prosecutorial authorities." I'm just doing this hypothetically for the moment.

THE COMMISSIONER: It's illegal.

MR. MANSON: I appreciate that, Mr. Commissioner.

THE COMMISSIONER: Okay. Well, go ahead. Let's understand that, first of all, it would be illegal.

DR. JAFFE: Yes.

THE COMMISSIONER: All right.

So go ahead; answer.

DR. JAFFE: I wouldn't support -- I wouldn't knowingly support an illegal act. I support His Honour.

(LAUGHTER/RIRES)

MR. MANSON: This isn't a dispute between His Honour and ---

THE COMMISSIONER: It's not a dispute. It's just I wanted -- normally, in settlements people say "You will not disclose the terms of the settlement, but you can disclose the fact that I sued you ---

MR. MANSON: Yes.

THE COMMISSIONER: --- and we've come to a resolution," and that we can do and that is, in the ordinary course of business, something that is somewhat accepted.?

MR. MANSON: And it's common.

THE COMMISSIONER: It's common.

MR. MANSON: I'm talking about an agreement where one of the participants agrees once I sign my name and take the money I will not disclose to anybody the nature of the abuse.

Is this as damaging as the kind of non-disclosure that Justice Robins was talking about?

DR. JAFFE: Can I separate the question into a psychological part and legal part?

MR. MANSON: Yes. You can leave out the legal part.

THE COMMISSIONER: Leave out the legal part.

MR. MANSON: That's right.

DR. JAFFE: Thanks.

Psychologically, I think it's important for victims as a part of the healing process to tell their stories and to tell their stories openly and frankly. That's the bottom line.

MR. MANSON: And, secondly, I would suggest to you it permits repetition.

DR. JAFFE: Prevents.

MR. MANSON: No, I mean an agreement not to disclose permits repetition.

DR. JAFFE: Right.

MR. MANSON: Just like with the teacher moving to another school.

DR. JAFFE: Right.

MR. MANSON: Is that not true?

DR. JAFFE: Yes. In terms of promoting secrecy, yes. Yes.

MR. MANSON: I think I only have a few other questions left.

I've been doing some reading and I've come across the notion of fragmented memory and I've seen the phrase "trauma fragments memory." Is this something that you could help us with, this concept?

DR. JAFFE: Briefly, if you look at the concept of post-traumatic stress disorder and how people

are affected by traumatic events in their life, it's commonly understood that people's memory may come in bits and pieces. You may remember part of the event but not the whole event. So it may to you in bits and pieces over time.

So the reality is that the concept, the stereotype that memory is like a videotape or a DVD you replay, that's not the way memory works. You reconstruct events and you'll remember places, times, certain aspects, but you may not have -- it may be fragmented in that it's not a complete and pure moving picture, so to speak.

MR. MANSON: And we might have clear memories of parts and very dull memories of another part?

DR. JAFFE: Yes.

MR. MANSON: And that doesn't in any way mean that the memory is inherently unreliable?

DR. JAFFE: No. It may be harder to prove within a criminal proceeding, but ---

MR. MANSON: That's exactly my point. This is something that investigators and prosecutors ought to know when they're dealing with historical sexual abuse cases ---

DR. JAFFE: Yes.

MR. MANSON: --- that they should be treating victims and potential witnesses differently than

they would treat someone else's memory?

DR. JAFFE: I think one has to be sensitive to individuals who were traumatized and, actually, I've testified in many Courts around delayed recall or fragmented recall and sometimes people are so traumatized they've forgotten for years and then there's a trigger for the event and it comes back to them. So there is -- obviously it's an important part of evidence in civil and criminal proceedings about the nature of memory, but it should be commonplace for police officers, Crown attorneys and Children's Aid workers to know about that.

MR. MANSON: This is another part of the specialized nature of participating in historic child sex abuse investigations and prosecutions?

DR. JAFFE: Yes, that's a good point.

MR. MANSON: And my last question, in this area of work does one find offenders who abuse both girls and boys?

DR. JAFFE: Yes.

MR. MANSON: And if I could just have a quick look through my notes, Justice Glaude.

THE COMMISSIONER: M'hm.

(SHORT PAUSE/COURTE PAUSE)

MR. MANSON: Thank you very much, Dr. Jaffe.

THE COMMISSIONER: Thank you, Mr. Manson.

Mr. Lee from the Victims Group.

MR. LEE: Thank you, Mr. Commissioner.

THE COMMISSIONER: Thank you.

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

MR. LEE: Dr. Jaffe, my name Dallas Lee. I'm counsel for the Victims Group.

DR. JAFFE: Yes.

MR. LEE: Now, in the preface to your outline of evidence you specifically stated that your evidence is to deal with the prevention of childhood sexual abuse and proposing models for prevention; is that correct?

DR. JAFFE: Yes.

MR. LEE: And as part of the, and we've heard about it today, you discussed tertiary prevention?

DR. JAFFE: Yes.

MR. LEE: Is the detection of childhood sexual abuse a part of that?

DR. JAFFE: Yes. Again, primary, secondary and tertiary is really how -- you know, primary, someone hasn't been abuse yet.

Secondary, you're looking for the early warning signs; and tertiary, they have been abused. So you try to make sure you're reducing the possibility of re-victimization.

MR. LEE: And is a part of tertiary the removal of the perpetrator in order to prevent future abuse?

DR. JAFFE: Removal as in out of the home, out of the school you're talking about?

MR. LEE: Exactly. Whatever it might be; whatever you have to do to make sure that the abuse of the child in question and other children doesn't continue.

DR. JAFFE: Again, it depends if you -- obviously, have to have the evidence.

To take an example, you know, you have to have a reasonable basis in fact that something is taking place. There obviously has to be enough confidence because if you remove somebody or just suspend somebody even with pay or assignment or duties, you have to make sure you have a basis to do that and there's an issue around child safety.

So the short answer is yes. The long answer is it depends.

MR. LEE: Now, assuming we get to the point where we have that evidence and there's -- on whatever standard you want to use there's a reasonable expectation that that person is a perpetrator.

DR. JAFFE: The answer is yes.

MR. LEE: Doesn't punishment of that person

prevent abuse?

DR. JAFFE: Obviously, punishment sends a message to the rest of the community. Obviously, if you're talking about sentencing, you're talking about punishment as in the criminal court context or -- I would say that in terms of sentencing, there's people in this room who know more than I do about the principles behind sentencing. Obviously, you want to have a deterrent effect. You want to communicate something that an act violates every community standard.

So there's aspects of that that are important but, obviously, you have to balance that with also rehabilitation, the extent to which somebody is remorseful, who wants to get help and they can be helped.

Obviously, treatment is an important component.

MR. LEE: So at the very least there is some kind of deterrent effect to punishing offenders; is that correct?

DR. JAFFE: It's a complicated question. It depends on who is punishing. I'm not sure in the sense of what, you know ---

MR. LEE: Let me give you a situation.

DR. JAFFE: Okay.

MR. LEE: If there's somebody who has

actively perpetrated who hasn't been exposed yet or somebody who is thinking of perpetrating childhood sexual abuse and he sees someone punished, whether he's imprisoned, whether he loses his job, whether he's out in the community as a perpetrator, what would the effect be on the person who is considering committing these crimes?

DR. JAFFE: I agree there's a general deterrence effect in terms of what is being communicated.

MR. LEE: What about on a community level in the sense of the attitude of the community and the level of tolerance that the community is putting out in general? Is there some deterrent effect there in the sense that if a community makes it clear and makes it known and it's apparent to everyone that this kind of behaviour is not going to be tolerated in the community? Does that have an effect as opposed to a community who doesn't put out that kind of message?

DR. JAFFE: Yes.

MR. LEE: Earlier today you were discussing briefly some of the warning signs and situations, for example, I think you mentioned with the Ken DeLuca situation in Sault Sainte-Marie, where clearly some of his colleagues would have noticed things and there would have been warning signs that were either not picked up on or were picked up on and were not acted on.

Wouldn't a failure in that situation to ask those questions and to look into the situation lead to more abuse, firstly, in a situation like DeLuca with DeLuca himself and then possible also with other perpetrators?

DR. JAFFE: Yes. I think if a victim and/or perpetrator get the message that no one is watching and people who are watching don't care, won't do anything, if the child feels that, you know, there's no consequences for this even when there's, in the child's mind, obvious signs, warning signs, yes, messages that no one can really protect them.

MR. LEE: And is a similar message being sent when a child comes forward and it's chastised for it?

DR. JAFFE: Yes.

MR. LEE: So there's an effect on perpetrators when that happens as well, when they recognize that the child isn't being believed; is that correct?

DR. JAFFE: Yes. Perpetrators, some perpetrators will feel they're beyond reproach because of status within an institution or community that no one is going to believe a child over them.

MR. LEE: And when that happens, would you agree that it's more likely that the perpetrator is going to continue the abuse?

DR. JAFFE: Yes.

MR. LEE: Possibly with that child and possibly with other children?

DR. JAFFE: Yes.

MR. LEE: In these situations when we look at these institutions, is it fair to say that there was a culture of turning a blind eye to this kind of abuse historically?

DR. JAFFE: Historically, yes.

MR. LEE: What about today?

DR. JAFFE: I used the analogy of 30 kilometres down a 100-kilometre road. I think people are much more aware but people -- I think there is still some resistance. I think there's a -- if you look at any group of professionals, take 100 people at random, you still have some percentage that are in denial. It can't happen anymore. You have some that are open to the possibility but not really sure what to look for and you have some who realize it is a real possibility.

Just to give you an example, I run into the grocery store and I run into people I haven't seen for years and they say, "What do you do? What are you doing?" I say, "Well, I'm still doing the same thing I was doing 30 years ago. I'm dealing with family violence, child abuse; domestic violence." They say, "Well, haven't we dealt with that? You know, like isn't that like past tense?" So

still I have friends, neighbours, professionals in the community who think this is old news, you know. We have help lines. We have shelters. We have Children's Aid. It's not really happening anymore. So we still have a number of people who operate through denial.

MR. LEE: In your experience, when you look back on these historical situations and maybe possibly today in some institutions, did it get to the point where the behaviour was condoned?

DR. JAFFE: I think silence is condoning it. If things are happening and they're -- you know, bystanders -- there's different kind of bystanders when things happen. There are bystanders who watch it happen and don't say anything. There are bystanders who are actively part of a cover-up. So bystanders play different roles, active and passive. At the end of the day, the bystanders whether they're active or passive have ultimately condoned the behaviour; that it wasn't worth stopping, it wasn't worth reporting, it wasn't worth taking action on.

MR. LEE: And what's the effect of condoning that behaviour?

DR. JAFFE: Well, I think it re-victimizes victims in terms of what they feel and it puts other -- puts future victims in danger of the same perpetrator.

MR. LEE: And would you agree that when that

happens that child sexual abuse is allowed to grow in a community?

DR. JAFFE: Yes. Obviously, it's not an appropriate response to child sexual abuse.

MR. LEE: And the very reason I take it the community is seen as putting out the message that child sexual abuse is going to be tolerated in the community?

DR. JAFFE: Yes. Silence is the enemy of child sexual abuse. The extent to which people remain silent as good citizens, as bystanders, as witnesses, I think it's a harmful message.

MR. LEE: Now, speaking generally, and I understand you're not here as an expert on Cornwall as you said, but speaking generally, do you have views on how the situation that is alleged to have occurred in this community could have grown to such significant proportions?

THE COMMISSIONER: Well, first of all, I don't know if there is a basis there. I mean how do we know what the good doctor is going to use as a basis to answer your question?

DR. JAFFE: I couldn't answer the question, Your Honour. I don't have a full sense of what was involved. I know bits and pieces. So it would be inappropriate for me to even try to answer that question.

MR. LEE: I don't think I was clear because

I wasn't asking for a Cornwall-specific answer. Generally, in your experience in cases you've dealt with, wherever it happens, when you see a community that seems to have a real problem with these issues and it seems to be throughout the community and the community is enveloped in some way by it, how do you explain that that it could get to that level?

DR. JAFFE: I think, in general, abuse can happen anywhere and has happened anywhere. I mean Project Guardian is an example of something that happened in London, Ontario with many victims who didn't come forward even though we think we have a very aware and welcoming community. It was only discovered by accident by somebody finding videotapes in the river. So child sexual abuse can happen anywhere and, obviously, responding to it is the big challenge for a community.

So are you asking me why in some communities there's no response and in other communities there's an outpouring of response?

MR. LEE: Commonsense would suggest to me that at a certain point when child sex abuse starts building in a community and it gets more prevalent and there are more incidents, one would think naturally there would be a threshold that's reached where finally the community says, "That's enough. We can't take anymore. Something needs to be done." There seemed to be

communities where that doesn't happen and I'm wondering if you have an opinion on how it can be allowed to escalate to the point that it gets that bad?

DR. JAFFE: I have a general answer, and I hope it's helpful. I think it's hardest to deal with abuse when it's in the highest places in institutions. It's easier to find -- you know, it's easier to single out somebody with no status in an organization as a problem than somebody who has a lot of status. So with any issue around family violence, the extent to which people perpetrate violence, whether it's in a family situation, whether it's in a trust relationship in institution; the more power that person has, the more influence they have in institutions that are supposed to investigate, the greater the danger there will be a longer denial or potential cover-up around the problem.

So I mean at the end of the day, when it comes -- child abuse is about power. It's about adults' position of power violating children and ultimate power corrupts and if people feel they can get away with it and there's no consequence, then there is a real danger. Some of the communities, if you have multiple perpetrators and they have significant influence, it makes it harder to uncover these cases.

MR. LEE: When Dr. Wolfe was here last week,

he told us that the incidence of child sexual abuse was higher among the priesthood. Do you agree with that?

DR. JAFFE: I haven't looked at those studies recently. It's fair to say that it's a major category of historical cases that I'm seeing but I can't -- I usually agree with Dr. Wolfe. I don't know specifically what study he was referring to.

MR. LEE: Are you in a position to discuss with us the reasons why the incidence might be higher? And if you're not, that's fine, but if you are, I'd be interested to hear what you have to say about it.

DR. JAFFE: How much time do you have?

(LAUGHTER/RIRES)

DR. JAFFE: It's my problem then.

MR. LEE: I didn't want to limit your answer based on time.

DR. JAFFE: Your question is hypothetically if there was more abuse in the church, why does that abuse take place or why is it more likely to be in that institution or ---

MR. LEE: Exactly, within the priesthood generally, within the church generally. Are there reasons you can point to, to explain why it would be more prevalent there than elsewhere?

DR. JAFFE: Just I guess, in general, I

think a lot of it I would have covered with the examination in-chief in the sense that abuse in an institution, the more status perpetrators have, the more damage they are to get away with it potentially in terms of not being thoroughly investigated or not coming to light. I think the church has had a profound influence historically. When you're talking about abuse within a church, you're talking about an organization where there is -- you know, there is no college of teachers to report to. There is not the same infrastructure. It's not clear.

It's not like the Pope is there, you know, taking complaints. You know, the system in place to deal with the complaints is often -- it may make sense to people inside the church. It's often confusing from the outside about responsibilities and authority and when you're trying to talk about abuse within a church, you're talking about disclosing something that happened in your whole community. When someone belongs to a church, it's not just belonging to an institution. It's your very sense of being in the community, your faith. It's that more difficult to disclose it, more difficult to disclose it and be believed. So it's the ultimate institution.

And I think one of the examples I used -- and again, I don't want to limit it to those examples -- but when you have institutions where the church and the

schools are combined, you know, it's extremely powerful.

I had a survivor recently who is 35 years of age, and I asked him why he never told anyone, and most of the answers are things you would expect, but what he actually said to me, he said, "I didn't want to disappoint my parents. They believe so deeply in the Church. I didn't want to take that away from them. It was so much part of their life. It was woven into their social life, into their community life. I didn't want to take that away from my father and my mother."

So the implications are profound and far reaching and the power differential is profound. So I say that with -- it's a difficult and painful issue.

You know, my wife has two uncles that are priests, two aunts that are nuns. This is a common discussion when I visit my in-laws. They don't invite me as much as they used to.

(LAUGHTER/RIRES)

DR. JAFFE: There's not a dinner that goes by where this topic isn't discussed, whether it's same-sex marriage in the Church and different points of view or whether it's abuse that happens in church. These are very painful discussions. So I say it with -- I know first-hand the profound sense of faith and belief that people have and all the good work the Church does, but I also know the harm

and the difficulties to shed light on that harm.

MR. LEE: And I take it the difficulty -- I agree with you that it is a difficult situation and I take it a lot of that difficulty stems from the importance of the Church and the importance of faith in the lives of people and in a community. Is that correct?

DR. JAFFE: That's a good summary of what I just said.

MR. LEE: I'm good at summarizing.

Shifting my focus a bit, in your outline -- and you can pull it up if you like -- I'm not going to point to specific parts, but you describe tertiary prevention as the treatment of victims and offenders preventing re-victimization after disclosure. You go through and you make a number of suggestions. You talk about community collaboration and about sharing information and about protocols for investigating and treatment services and counselling, things like that, education and training.

Are these recommendations the result of new research that has come about in the last six years? I mean, has there been a discovery or are these just a matter of sitting down and using common sense to a large part?

DR. JAFFE: I thought I had to go to school for many years to come up with these.

(LAUGHTER/RIRES)

MR. LEE: I didn't mean to demean your work ---

DR. JAFFE: No. I think it's fair to say, again, these -- my evidence really wasn't meant to be recommendations. My evidence -- what I was asked by Mr. Engelmann was really to offer a framework about prevention. At the end of the day, how can we prevent future incidence of child sexual abuse in Ontario or even elsewhere.

So my evidence is really looking at what are some of the promising practices? What do we know that may work? And I was trying to put this within a public health model, looking primary, secondary and tertiary prevention.

So many of the ideas are common sense. Many of the ideas have evolved out of tragedies such as one in a neighbouring community, Project Jericho, where people worked together to deal with those circumstances. So I think it's a bit of common sense. It's a bit of promising practices. It's a bit of research in the field.

Some of what I was offering in examination in-chief for prevention was really based on what children tell us, what works, what doesn't work; why, if you're talking about strangers, kids don't identify what's happened to them.

So short answer, it's common sense, research

and practice and accumulated wisdom in the field, but with respect, at the end of the day, it's not rocket science.

Actually, one of the helpful things I could say on this is that if you look at almost any problem in society, bullying in schools, domestic violence, child sexual abuse, you can eliminate it or reduce it in half overnight by simply talking about it. Naming the problem is the first step. Naming the problem loud and clear is the first -- you can reduce bullying in school by simply telling students what bullying is, what it looks like, what the consequences are overnight. The problem we have with bullying is that people don't talk about it openly. They don't discuss it. They do more so now.

The issue is the same with sexual abuse. It's got to be named. It's got to be understood. There have to be policies and programs in place and there has to be prevention. It's really, in my view, that straightforward.

MR. LEE: As an example, in terms of prevention, if we were having this discussion 20 years ago, would you have been able to say that when an allegation is made by a child it should be investigated?

DR. JAFFE: Yes.

MR. LEE: Would you have been able to say that the police or the Children's Aid Society should become

involved?

DR. JAFFE: Yes.

MR. LEE: How about that the victim should get help in dealing with the issues?

DR. JAFFE: Yes.

MR. LEE: What about that institutional leaders should identify the problem and do something about it?

DR. JAFFE: Yes.

MR. LEE: So 20 years ago you would have been able to say all of those things with the level of knowledge then?

DR. JAFFE: I would have said all those same things 20 years ago, but I couldn't have convinced people. No one would be listening. I was talking to very small audiences 20 years ago in the sense that although I was working with the police back in 1973 and I saw some of the issues, I think the general public and many professionals didn't see the enormity of the issue. So I think I would have said the same thing 20 years ago, but no one would have been here. I would have been all alone.

MR. LEE: Looking at -- sticking with the theme of 20 years ago, looking at these historical cases, as far as you're concerned, was there a requirement that institutions in which perpetrators worked or participated

or were involved were required to investigate allegations of child sexual abuse?

DR. JAFFE: Again, I don't know the exact wording in different policies and protocols, but we always knew sex with kids was wrong. I mean, there's no -- in '73 when I worked with the police -- when I was growing up -- I'm 57 years of age -- when I was going to school, we knew to stay away from certain people's houses and we knew to stay away from certain -- you know, there was no -- we knew having sex with children was wrong. As a child, there was no doubt in my mind. There were warnings. There wasn't -- there weren't 1-800 numbers. There weren't posters, but I knew it as a young person. I knew it when I worked with the police that sexual abuse was wrong and people needed help.

I think what we know now is how prevalent it is, how deeply embedded it is. So the depth and scope of the issues has certainly come out.

MR. LEE: Given that you always knew it was wrong -- I'm not asking for your opinion on a legal duty or anything like that to investigate.

DR. JAFFE: Thanks.

MR. LEE: As far as a moral duty goes, in your opinion, was there at least a moral duty to investigate when an allegation was made?

DR. JAFFE: There wouldn't be any doubt. I mean, in '73 if I was working in an institution where somebody was having sex with kids or sexually abusing kids, there wouldn't be -- I wouldn't need a protocol to tell me what to do or a policy statement. It would be wrong.

MR. LEE: Now, what about suspicions as opposed to allegations?

DR. JAFFE: It depends what the suspicion is based on.

Just to be clear, obviously there's a whole range of suspicions from it being very clear to being more borderline, not being fully understood. So it's a ---

MR. LEE: Presumably I'm talking about suspicions with some merit to them at least. I'm not talking about situations where there's absolutely no basis whatsoever.

If there was a suspicion in these historical cases 20 years ago or 30 years ago, if the principal of an elementary school became suspicious that a teacher may be abusing a child, was there a duty on that principal to do some investigation?

DR. JAFFE: Morally versus legally?

MR. LEE: Let's start with morally.

DR. JAFFE: Morally, yes.

MR. LEE: And can you give us an answer on

legally or that's not your area of expertise?

DR. JAFFE: I'm worried about the time in the afternoon and dates of when laws changed.

MR. LEE: Fair enough.

Was it commonplace 20 years ago for these institutions not to investigate regardless of what the moral obligation was?

DR. JAFFE: Yes.

MR. LEE: And I take it the reasons for that you've got into today?

DR. JAFFE: Yes.

MR. LEE: Why, in your opinion, was there no concern -- with all of the different reasons you've set forth of why you might not investigate and why it might not become public, why was there no concern with the victims?

DR. JAFFE: Because they're only children and children don't have power, children don't matter. At the end of the day, if something was -- the reality, as much as we want to believe that we care deeply about children, and all of us here do, the reality years ago children didn't have, say, more rights and entitlement. Children were seen as appendages to parents, assets to be divided up after divorce. Children didn't have the same rights. Children didn't have lawyers, didn't have the same voice. I think it's about power at the end of the day.

It's about power and privilege.

MR. LEE: So the teacher's job was more important than the children were. Is that right?

DR. JAFFE: Not for the majority of teachers, but in terms of institutional views I'm not sure. I think it takes a lot of courage for an individual victim to come forward. Also, it would take a lot of courage for the individual professional in the system to blow the whistle on a colleague or co-worker in terms of the consequences.

MR. LEE: And this would help explain obviously in some part why teachers were moved or priests were moved, or whatever the case may be, as you explained. There's some effort to do something, kind of, but not to the extent that things should have been done. Is that right?

DR. JAFFE: Yes. I mean moving somebody shows recognition of a problem; not the right solution but it's recognition that there's a problem.

MR. LEE: Just a quick question for clarification. In your outline on page 7 where you're discussing the multi-victim, multi-offender system -- you can go down a little bit -- it says in the first bullet under the heading:

"These cases are defined as involving

more than one offender and more than one victim within a certain identified community by members of that community or within defined geographical area where there are connections between the victims or perpetrators."

Is this to say that you don't need any level of organization between the offenders to be technically considered multi-victim, multi-offender?

DR. JAFFE: No. Sometimes in some cases there is an association; some pedophiles trade kids back and forth and the word gets out about where to go and access to abusing children is made easy. With others, there are more loose connections. So there's a variety of circumstances. Some are more organized than others.

MR. LEE: So a strict definition as far as you're concerned doesn't require a formal hierarchy or understanding between perpetrators that this is what they're going to do and here's how they're going to do it.

DR. JAFFE: That's true and, in fact, Project Jericho that Mr. Engelmann referred to in examination in-chief, one of the points made in that review is that often police and prosecutors waste too much time looking for an organized ring, you know, or a cult. They're looking for some higher structure when, in fact,

it's a very loose organization and people waste time trying to look for the infrastructure when, in fact, it doesn't exist.

MR. LEE: We've heard from Dr. Wolfe that particularly -- that generally when we look at categories of sexual abuse, we have the intra-familial abuse. On the other end of the spectrum, we have strangers and then somewhere in the middle we have these extra-familial situations where the abuser is known to the child and Dr. Wolfe put these two as acquaintance. And you've gone into, and Dr. Wolfe went into, in quite some detail about the trust relationship prior to the authority and everything else. So I won't bring you back over that.

What I am curious, though, is where we had these acquaintance abuses and we had that trust relationship, are most of these perpetrators generally associated or involved in some way with an institution?

DR. JAFFE: They could be, but not necessarily. I mean Project Guardian, it was a very loose association. There wasn't -- you had people from different levels, different parts of the community. It wasn't organized. Some may be within an institution.

MR. LEE: Would you agree that Project Guardian was more the exception than the rule?

DR. JAFFE: I'm not sure I can -- I'm not

sure there's been enough research on all multi-victim, multi-offender -- I think it's fair to say many multi-victim, multi-offenders come out of an institution because there's a focus attempt looking at a group of coaches, teachers, different individuals involved with the same association, but there's also many other cases where it's broad-based and there's a spotlight being put on some allegations and then lots comes out. In some of the cases, the limits are really the limits of the investigation, finding out everyone who is involved.

My guess with -- I've had the experience with some cases I've been involved in where there's multiple offenders who don't want to be identified, don't want to come forward because of all kinds of associations and connections in the community. So I have difficulty trying to generalize too much.

MR. LEE: Just for clarity, I'm not speaking only of multi-victim, multi-offender situations; just in general. I mean, I think it's telling that every witness who has been here, when they put forth a hypothetical situation they say the teacher or the priest or the coach. Generally, the people we associate as abusers are involved in an institution; wouldn't you agree?

DR. JAFFE: I think we use -- because we are talking about institutional abuse and the paper Dr. Wolfe

and I wrote together with a colleague focused on institutional abuse because they were often overlooked as we looked more at what happened within families. So yes, the examples we use are around community institutions like churches and schools.

MR. LEE: Do you agree that a big reason why these institutions are involved are that, in part, the parents in the community have the confidence to let their children participate with these institutions?

DR. JAFFE: I missed the question.

MR. LEE: In the sense that institutions are valuable ---

DR. JAFFE: Yes.

MR. LEE: --- for perpetrators because it inspires confidence in the community and the parents to let the children become involved.

DR. JAFFE: I mean, I think in response to Mr. Engelmann's question earlier, looking at the hockey coaches, parents want their children involved in faith communities, they want their children involved in sports and recreational groups. You know, they have to go to school; they have no choice. So institutions that provide -- do so much good and help so many children in terms of fostering positive elements obviously can also do harm when perpetrators lurk within those institutions and exploit

children.

MR. LEE: And as you explained, perpetrators are most likely to lurk within those institutions simply because that's where the kids are.

DR. JAFFE: Definitely some perpetrators choose that work, that institution, because it's ready access to children.

MR. LEE: And it's that access to the community and access to the public that makes these institutions targets for perpetrators. Is that correct?

DR. JAFFE: Definitely, and again, to strike a balance again we have to -- one of the difficult things about this, my testimony, is that we have to strike a balance because the same time we see in a situation a perpetrator, we also see institutions with many caring adults and it's providing that -- understanding that balance. So you have to have the vigilance and not lose sight of the fact the institution is there for positive social good.

MR. LEE: I think we can all agree with that. I don't anybody is here suggesting that minor hockey is a bad thing and is infiltrated by pedophiles and you should keep your kids away.

What I'm suggesting and what I'm asking you is whether or not it is these organizations, by virtue of

the fact that they have so many children participating, are attractive to pedophiles.

DR. JAFFE: Yes, and again my evidence in-chief has been that there's an onus on those institutions to screen people appropriately, to do training, to remain vigilant.

MR. LEE: Now, you mentioned in your outline and discussed this morning the need for community collaboration.

This is my last area of questions, Mr. Commissioner.

Is that right; you discussed community collaboration?

DR. JAFFE: Yes.

MR. LEE: And you discussed how important it is for all the various institutions to be involved in dealing with child sexual abuse?

DR. JAFFE: Yes.

MR. LEE: Would you agree that the entire community needs to cooperate to address this issue?

DR. JAFFE: Definitely. Everyone has to be a partner. I mean, you know the cliché it takes a whole village to raise a child. Clearly, everyone's got to be at the table; all the community leaders, all the people who provide services related to children.

MR. LEE: So it's not helpful for most of the community to be on board; we need everybody on board. Is that correct?

DR. JAFFE: Definitely.

MR. LEE: Would you say this is especially true in a small town?

DR. JAFFE: Would I say it's especially true in a small town to have the whole community involved?

MR. LEE: Yes.

DR. JAFFE: I think it's true of small towns and large cities.

MR. LEE: Would you agree that in a small town generally the community institutions are very important to that community?

DR. JAFFE: Yes.

MR. LEE: And so along those lines, it's important to involve everybody and I take it -- and you've said today that everybody involved, that includes victims. Victims need to be involved in the process?

DR. JAFFE: Yes.

MR. LEE: And perpetrators to some extent, even if it's only in terms of rehabilitation and recognition, need to be involved?

DR. JAFFE: Yes. Actually, perpetrators can inform us. There's lots of good research. One of the

papers that are referred to by Keith Kaufman, which we don't have to go back to now, but a lot of his research is based on what perpetrators say when people are incarcerated and they talk about, you know, how they went about grooming children, how they went about covering up what they did. So perpetrators can inform and educate us. When they're remorseful and they're honest and they're forthcoming, they can actually better inform how to protect children. You know, the best way to protect the bank is to find out from bank robbers. They become security -- good security agents and they inform you as to, you know, ---

MR. LEE: And finally, you discussed earlier today the -- you drew a distinction between meaningful collaboration and superficial collaboration. So would you agree when we get all these community sectors involved and we get the institutions involved and the victims and the perpetrators and everybody else, everybody has to participate meaningfully in this process?

DR. JAFFE: Definitely.

MR. LEE: Thank you very much. Those are my questions.

THE COMMISSIONER: Thank you.

Mr. Bennett.

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

MR. BENNETT: Good afternoon, Mr. Commissioner. Good afternoon, Dr. Jaffe.

DR. JAFFE: Good afternoon.

MR. BENNETT: I'm David Bennett. I'm with the Men's Project which is an organization that provides counselling and support services for men who are survivors of abuse. And I would also like to comment on how useful your testimony has been today. It's been very educational and I think very important for all of us to get that understanding.

DR. JAFFE: Thank you.

MR. BENNETT: I would just like to cover two areas and given the lateness in the day, I intend to be very brief.

You talked about the Child Witness Project and in questioning, you described how it's to make the process more -- I think you said victim friendly and to prevent re-traumatization. One of the questions you were asked was what are the types of things this Commission could do and you talked about counselling, but I'm wondering with respect to people who are going to be testifying what do you think some of the things this Commission could do?

DR. JAFFE: To begin, I don't know what's possible. So just briefly, I think, you know, providing

support and counselling. I think it's difficult to come forward and tell your story. So I think in the telling of the story, people are going to be re-traumatized. I think -- I sense the Commissioner to be a sensitive individual and with a wonderful reputation, so clearly being conscious of witnesses who are having difficulty telling their story, who break down; so having appropriate breaks, providing support people.

I think it's important and obviously I fully understand the importance of good cross-examination but ensuring there are some lines that aren't crossed in cross-examination; so informing counsel about how to get the truth out as part of the inquiry but also be respectful to the dignity both of alleged victims and also alleged offenders.

MR. BENNETT: And I understand that the Commission is moving towards some form of counselling for people who are testifying. The only question I have for you about that, is there a difference between counselling and support in terms of sort of victim witness services.

DR. JAFFE: Yes. I think support ensures that somebody who is testifying can debrief at the end of the day, debrief about contaminating evidence or -- you know, I think one of the hardest things when you have multiple victims is when people talk to each other, then

they seem to potentially contaminate evidence or collude or different -- I've obviously been part of different proceedings where that's a concern. So the importance is to having a support group. Support means being able to talk about what you're going through without being judged. Listened and supported, that's -- I would see that support.

Therapy would probably -- professional counselling would be at a deeper level to deal with, you know, coping with flashbacks, nightmares, trying to cope with not -- you know, self-medicating through drugs and alcohol, dealing with perhaps deeper psychological issues and more troubling symptoms. So I'd see that as therapy and counselling versus just support.

MR. BENNETT: And they're very much complimentary services for this type of inquiry or anybody dealing with these types of issues I would take it.

DR. JAFFE: Yes. I think you need both. They're different and they're certainly complimentary. I think one of the challenges -- in my experience, one of the challenges always both in criminal and civil proceedings when people start to join groups and they read books, their recovery and the things they have done to read and get support are used against them. It's often turned against them rather than seen as a necessary part of recovery. As a matter of fact, I worked with lots of adult victims who

don't start therapy before the court is over because they're afraid by starting therapy there will be access to notes and records that will be used against them by defence counsel.

MR. BENNETT: Thank you.

I have a few questions for you about another area.

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

MR. BENNETT: Sure.

THE COMMISSIONER: Two questions, just so I've got it clear what we're talking -- you're talking about two or maybe three different things. One is what I would call like a witness assistant here on the premises while the testimony is going on.

DR. JAFFE: M'hm.

THE COMMISSIONER: And to offer some counselling not only to the witnesses but perhaps their families and anyone associated with the inquiry.

DR. JAFFE: Right.

THE COMMISSIONER: Now, Mr. Manson talked about the greater community and that I think, unfortunately, we're just going to have to wait a little bit for that. But was there a third group in there? Like the debriefing, would that be with the witness assistance

or is it a different entity?

DR. JAFFE: No, it would be with the witness. It could be in a support group to talk about the experience.

THE COMMISSIONER: Right.

DR. JAFFE: I think the third one would be more in-depth counselling if somebody, you know, at the end of the day feels suicidal, you know. So it's sort of more the in-depth to make sure service is available in the hospital or local ---

THE COMMISSIONER: Right.

DR. JAFFE: --- professional counsellors.

THE COMMISSIONER: M'hm. So if we're looking at having a mechanism by which anybody who wants to come forward can get a letter of permission I suppose to go out and get some counselling wherever, as long as it's through an accredited, I suppose, counsellor, would that address that issue?

DR. JAFFE: Yes, that would be terrific and again, it may be formal or informal but also, you know, support groups.

THE COMMISSIONER: Yes.

DR. JAFFE: I'm thinking for, you know, family of survivors. The most important thing for a victim or a victim's family members is not to feel they're alone.

THE COMMISSIONER: Right.

DR. JAFFE: Because many people feel that the whole world knows what's happened to them and everyone is judging them and looking at them and to know that you're not alone, to know other people are suffering with you and also to know how other people are coping, how they get on, how they get up each day and cope and to be in a more informal support group.

THE COMMISSIONER: Great. Thank you.

Mr. Bennett.

MR. BENNETT: Thank you. I noticed one of the positions you hold is the Academic Director of the Centre for Research on Violence Against Women and Children and from my perspective or my client's perspective, there is a word missing there and I'm wondering why men are not being looked at. Is that a group that's been overlooked?

DR. JAFFE: It's a good question. The Centre developed after -- actually after the Canadian Panel on Violence Against Women recommended that there should be a number of research centres in the country. The initial focus was on the most vulnerable groups who were initially identified as women and children because women are most in danger in the context of intimate relationships and workplace and a variety of settings and children by the nature of their vulnerability and men are seen to

perpetrate much of the violence, both the physical violence and also the sexual abuse. So the focus was on women and children.

Having said that, our Centre also works with men who are survivors. We do workshops around sexual abuse and adult survivors of sexual abuse. We just organized a community conference on how to engage boys and men in this discussion. Actually, we had a seminar at the London Convention Centre on Monday night and we had 400 people. We had to turn people away at the door, men coming forward wanting to talk about how hard it is to talk about their victimization, how hard it is to talk about their daughters, their sisters, their mothers.

So again, we're trying to -- although the title may seem limiting to you when you look at it, it's actually broader.

MR. BENNETT: I guess the point that I'm trying to get to is -- and it was made the other day but I just want to reiterate. Would it be fair to say that there's a lack of services for men in the province as compared to for women? And I'm not suggesting that there's enough services for women whatsoever because I'm sure we'd have many experts who would say otherwise if there aren't enough, but one of the problems is, because it's been ignored that there aren't really these services for men and

that would be something that could come out -- ideally, a good recommendation out of this Commission.

DR. JAFFE: We're at the recommendation phase here?

THE COMMISSIONER: I'm sorry.

DR. JAFFE: We're not at the recommendation phase yet, are we?

MR. BENNETT: Well, we can always try.

(LAUGHTER/RIRES)

DR. JAFFE: Let me just rephrase it. I understand the question and certainly we need to have good services for men, women and children. The biggest challenge for men is getting them to acknowledge there's a problem. But the problem with men is, even if we, overnight, created a hundred new services and men still wouldn't go, that we have to re-socialize men to think getting help is okay. You know, to use my earlier examples, the way we're socialized makes it very hard for us to cross that barrier.

When I talk about this issue, if I have a group of adults in the room, I ask the women how many of them have husbands that actually go for annual physical check-ups. Then I ask them how many of their husbands actually makes their own appointment or the wife makes an appointment for them and convinces them the importance of

looking after themselves. And the answer is usually about 80 per cent. I've done this across Canada.

So, I think we'd have to -- the starting point has to be re-socializing men to acknowledge their vulnerability, to acknowledge the fact that they have to look at different relationships, different ways to have those relationships. So we're talking about radical change with men.

So I agree that it's important to have services for men and when men come forward, we want to have available services, we'd have to -- we're looking at major revamping of how we look at our -- at growing up in Canada as boys.

MR. BENNETT: Thank you very much.

THE COMMISSIONER: Thank you.

I don't know if Father Charles MacDonald is -- there's no one here for him today, is there?

MR. ENGELMANN: No, he advised that he would not be able to make it until tomorrow.

THE COMMISSIONER: Terrific. All right.

Mr. Chisholm.

MR. SHERRIFF-SCOTT: Mr. Commissioner, sorry to interrupt my friend's passage -- I wasn't going to ask any questions, but I have about 120 second cross-examination but my wireless card is malfunctioning. I need

the transcript of Dr. Wolfe. I'm wondering if the reporter would have a copy.

THE COMMISSIONER: We do? Okay. There you go. No.

MR. SHERRIFF-SCOTT: When Mr. Chisholm's finished. I'm sorry, I didn't mean to interrupt him. I just wanted to make sure that I could get a copy.

THE COMMISSIONER: All right.

So I would have that transcript on my laptop, if Mr. Sherriff-Scott requires it.

MR. ENGELMANN: We can make a copy available.

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

MR. CHISHOLM: Good afternoon, Dr. Jaffe. My name is Peter Chisholm. I am counsel for the Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry.

If I could take you to your outline and specifically to page 4 of it. And I'll wait for Madam Clerk to get it up on the screen. Page 4 of Dr. Jaffe's outline and I'm interested in the three bullets that are just above heading number 3 entitled "Secondary Prevention".

That's fine. It's up on the screen now.

The first point that you make on that third bullet -- well, not the first point but -- the third bullet above heading 3. The last sentence reads:

> "Adolescent sex offending is a problem that is often missed in discussion of sexual abuse."

And you cite Finkelhor as your source.

Are you able to tell us, doctor, how large of a component the adolescent sex offending would be to the overall picture of child sexual abuse?

DR. JAFFE: I can't give the number off the top of my head, but it's significant. I think it's a lot of -- I know our police service has done a recent study and we see more and more -- we look at assaults in general, it's more peer-on-peer, also older adolescents. So it's a sizeable percentage, but I can't give you the number.

MR. CHISHOLM: And when you say the problem is often missed, are you suggesting that this is a significant portion of the child sexual abuse problem that has to be paid attention to?

DR. JAFFE: Yes.

MR. CHISHOLM: Okay.

And you indicate in the second bullet above heading 3, "Secondary Prevention", you indicated that there are individuals who develop a sexual interest in children,

usually develop it during their teenage years and even younger. Again, that is on the same point as the adolescent sex offending.

Is all of the research consistent in that regard that allows you to make that conclusion? So any studies that have addressed that issue would be in agreement?

DR. JAFFE: In general, that someone doesn't suddenly become a pedophile at 40, you know, that generally, sex offending, you tend to see a pattern over time. You often see older -- in families where there's sexual abuse, you may see older siblings who are sexually abusing younger siblings, so it may be extensive within families, between families. There's problems -- you know I've seen a number of cases with babysitters, adolescent babysitters who may be involved in an offence.

MR. CHISHOLM: Doctor, can you give us any guidance as to how young a person who exhibits all of the traits of a pedophile could be, before someone of your profession would be able to classify that individual as a pedophile?

DR. JAFFE: That label is for adults.

MR. CHISHOLM: It's for adults.

DR. JAFFE: So the pedophile label is really one that's used in the DSM-IV for looking at adult

offending. But certainly you would see the warning signs in adolescents but you wouldn't label -- you may not label them early on.

MR. CHISHOLM: Along the DM-IV line you could not label them ---

DR. JAFFE: Yes.

MR. CHISHOLM: --- while they were an adolescent

DR. JAFFE: You couldn't label them. And actually there's an important point and I'm not sure if it's come up in previous testimony, but sometimes the general public may be quick to use the term pedophile ---

MR. CHISHOLM: Yes.

MR. CHISHOLM: --- that most cases of sexual abuse I'm involved with the Court, I'd say 80 per cent, the person involved in that offence is not a pedophile. It's an individual who has a situation and opportunity. And in fact, one of my frustrations -- it's a safe place to express it -- one of my frustrations in criminal proceedings, often somebody has sexually violated the child and defence brings forward an expert on pedophilia and says that their client has no interest in children and therefore couldn't have committed the offence. And, in fact, because someone is not a pedophile doesn't mean they're not sexually exploiting or abusing children. A lot is very

situational opportunistic.

MR. CHISHOLM: So you can have individuals committing sex crimes against children who would not necessarily at that point in their life, fit the definition of a pedophile?

DR. JAFFE: Yes.

MR. CHISHOLM: Are there any instruments that exist that would allow professionals such as yourself to screen for traits of pedophilia while people are at their adolescent stage of life?

DR. JAFFE: You'd see some warning signs in terms of preoccupation with younger children and that being the only subject of sexual interest. So there's, you know, phallometric testing -- we don't have any fail-safe ---

MR. CHISHOLM: I was thinking more along the lines of -- and excuse my ignorance, but the Minnesota Multiphasic Personality Inventory or something about -- is that it?

DR. JAFFE: No.

MR. CHISHOLM: Nothing like that, a questionnaire that would allow you to discover any of these traits?

DR. JAFFE: The safest, not necessarily reliable, is direct interview. I mean there's some adolescents who will acknowledge that their attraction is

to younger children. But not all are going to acknowledge that or report that.

MR. CHISHOLM: If I could move you just a little further down on the same page, under "Professional Awareness", you speak of the professional awareness being critical to the detection of sexual abuse with children and you speak of the training of those professionals.

Can you describe the ideal training environment to us, in terms of who it would be you would provide the training, who would fund it, the length of the training and the frequency of the training?

DR. JAFFE: In earlier testimony, I think obviously doing cross-training. It would be nice to have people from different professional groups together to understand their roles and responsibility. It would be good to have, obviously, senior Children's Aid workers, social workers and psychologists and psychiatrists who are experts on the issue of abuse and warning signs.

So I would see very much a collaborative model and I'd see it as something that needs to be a continuous training. Again, you want to make sure that new teachers coming into a school system, new coaches, I mean, you want something that's ongoing, not something -- what often happens is there's a tragedy and there's a workshop one day and then it doesn't happen the next year. So it's

got to be sustainable. It's got to be built in as part of the mandate and expectation and the ongoing training.

MR. CHISHOLM: And you would want -- as you have indicated, you'd want that training to catch anybody entering the stream be it the child protection stream, the law enforcement stream. Is that fair to say?

DR. JAFFE: Yes. Again, you are looking at new recruits, new workers. So you want to make sure that there's broad-based training, but then also you want to ensure that there is -- you also want to have people senior in the system. Superintendents in the school system, for example, may be involved in the first line of investigation. Obviously, you also want to make sure there's ongoing training for the specialists.

MR. CHISHOLM: And how about for the worker, be it a police officer, a Crown Attorney, a child protection worker who's been in the field for an extended period of time and number of years? Do you see a need for having that training updated and, if so, what would the frequency be?

DR. JAFFE: I would see annually. Again, it depends on the -- in general, you want to have an update on an annual basis. Just because someone has got lots of experience isn't a guarantee that they know what they're doing. I mean, experienced, they could be doing the same

thing wrong over and over again. So it would be important to have that updated and reviewed.

MR. CHISHOLM: And an annual training session for child protection workers, police officers, Crown Attorneys who would be dealing with child sexual abuse issues?

DR. JAFFE: Yes.

MR. CHISHOLM: And in terms of the duration of that annual training, how long do you see that taking place? Are you speaking of a multi -- a week long session, a one day session, a few hours?

DR. JAFFE: A day long for every new teacher, new recruit, new nurse. You know, depending on the system, you want to have at least one day to talk about all the aspects outlined in the following point, but then you want something more in-depth for people who are taking responsibilities in their system.

Again, everybody can't be a specialist.

MR. CHISHOLM: True.

DR. JAFFE: So you want to make sure that you have specialists in place in every police department.

The best analogy is probably domestic violence. For example, the OPP, every region has a domestic violence specialist. There's someone who takes the lead. It doesn't mean the other officers don't good

frontline investigations, but somebody -- there's a coordinator, the link to different community groups and, I think, by analogy, the same model should be in place with child sexual abuse.

MR. CHISHOLM: If I can take you to page 5 of your outline, the last bullet which would be above "Professional Awareness Regarding Child Pornography." I have it up on the screen. That speaks of specialized joint training for police and CAS in forensic interviewing skill is essential.

And you speak of the Police College. If I could just get some clarification in terms of what you meant by the Police College. I understand in Ontario there are at least two police colleges. We have the one in Aylmer and, forgive me, it's either the Ontario Provincial Police or it's one of the municipal forces would send the recruits to?

DR. JAFFE: Yes.

MR. CHISHOLM: That's in -- the municipal one is in Aylmer.

DR. JAFFE: Yes. I think the OPP attend there as well.

MR. CHISHOLM: Do they? Okay.

DR. JAFFE: There's cross-training there.

MR. CHISHOLM: Okay.

And Metro -- I thought I heard in the testimony earlier this week that Metro Toronto may have its own training force. So maybe there's no distinction to be drawn there if there's just the one police college.

DR. JAFFE: Actually, I could say, again, I wasn't limiting it to any one college. If there's -- in my area we deal with the Aylmer Police College. I was thinking of them as an example, but it's meant more broadly.

MR. CHISHOLM: Do I understand your bullet to be that at present there is no joint training available with respect to child protection workers and police officers?

DR. JAFFE: My most recent information in talking to my colleagues, there was a push for this for a while, but now it stopped.

MR. CHISHOLM: And your understanding is that in times gone by there was the joint training that was conducted by the entities you refer to in the bullet?

DR. JAFFE: Yes.

MR. CHISHOLM: And you speak of, in that bullet, of it being left to the individual communities to organize the joint training opportunities.

Can you tell me again what your idea would be in terms of -- on the community level in terms of who in

the community should be organizing that joint training?

Should that be something that the police and the Children's Aid Society undertake on their own or should there be a lead agency that oversees that joint training?

DR. JAFFE: That's probably an area where standards would be helpful. I think, you know, an expectation of the Children's Aid Society and the Police Department is -- and obviously some Children's Aid would deal with multiple police departments. So it would be the OPP and regional police or municipal police.

So, again, I think that should be part of the expectation of CAS directors and senior police officers.

MR. CHISHOLM: But if the training is not available outside of the community as it has been in the past, then it should be done inside the community.

DR. JAFFE: And resources should be -- there's no shortage of resources and expertise in Ontario to draw in.

MR. CHISHOLM: And, doctor, in terms of the specialized joint training, can you tell us why it's preferable to have the police and the child protection workers trained together?

DR. JAFFE: You want to break the barriers as soon as possible. You want to get people in there,

young social workers and police officers to think as a community, to think as two systems rather than to compete over investigative material and blame one person for spoiling the other person's investigation where there are some archaic attitudes that obviously we would like to eradicate. We want people to genuinely collaborate and see each others as valuable partners in the investigation.

MR. CHISHOLM: So it breaks down any barriers that might exist between the two groups. It would also get them on the same page in terms of how an investigation ought to be conducted so that the police and the child protection workers approach the issue from the same perspective.

Is that fair to say?

DR. JAFFE: There may be different perspectives, but they value each other's expertise.

MR. CHISHOLM: And can you tell us, just going back to that point, Doctor, why it was that that joint training referred to in your bullet was suspended?

DR. JAFFE: I'm not sure. I can guess, but I'm not sure.

MR. CHISHOLM: I'll take you on to page 6. I won't have you guess.

THE COMMISSIONER: No, we won't.

MR. CHISHOLM: I'll take you on to page 6 of

your outline and that's under the heading "Professional Duty to Report Training in Specialized Sexual Abuse Training." You indicate in your first bullet that:

> "Much of the professional awareness efforts rest with the CAS duty to report training."

And then:

> "Following the 2000 *Child and Family Services Act* amendments, professional training was offered twice monthly by the CAS with respect to the duty to report."

Am I correct, Doctor, that you're referring to the London and Middlesex experience?

DR. JAFFE: Yes.

MR. CHISHOLM: Okay.

DR. JAFFE: Just in general, whenever -- I think when a law changes, obviously, the *Child and Family Services Act* is the mandate of the Children's Aid Society.

MR. CHISHOLM: Correct.

DR. JAFFE: So whenever the law changes, I assume that every Children's Aid Society in the province has to take the lead in their local cities and counties.

MR. CHISHOLM: And educate?

DR. JAFFE: Yes.

MR. CHISHOLM: Just so I'm clear, in the situation you were describing, the CAS would be going out to other professional groups such as teachers, doctors, nurses. Is that what you are referring to?

DR. JAFFE: Yes.

MR. CHISHOLM: And you speak of the frequency of the reporting initially being offered twice monthly, and then currently it's being offered on a request basis.

Would I be correct in my assumption that over time the Children's Aid Society in London would have exposed themselves to all of the professional groups that had to be spoken to and, therefore, there was no need to have the twice monthly training sessions?

DR. JAFFE: That's what they thought, but I think there's an ongoing need because with the example referred to earlier, there's, you know, new teachers, new police officers, new paediatricians. So I think it's -- we often assume that we're passing on the torch and other professional groups are going to do it themselves, but I think it has to be, in my view, ongoing.

MR. CHISHOLM: And just so I'm clear in your understanding, is it your view that the twice-monthly session should have continued?

DR. JAFFE: Yes.

MR. CHISHOLM: Even after all the professional groups would have been addressed?

DR. JAFFE: Yes. I think as Children's Aid worker, they're not doing their job unless they feel they're annoying and harassing people. I think a good Children's Aid worker has to go to bed at night, or a good director, and has to look in the mirror and say to themselves, "I've annoyed and harassed a lot of people today and reminded them about this mandate". If they can't say that, they haven't done their job. And I say that with kindness. It's an endless job.

MR. CHISHOLM: Yes.

And you speak also of the London CAS developing a protocol. We saw the Thames Valley District School Board policy that you spoke to today.

Just for clarification, when you spoke of that policy, that was Tab 11 of your material, I believe.

DR. JAFFE: Yes.

MR. CHISHOLM: Maybe we can pull it up on the screen?

That policy, just so I understand your evidence today, was that the policy may have existed prior to June of 2000, but this would be the first time that the policy was reduced to writing. Is that -- am I understanding your evidence from this morning correctly?

DR. JAFFE: Yes. I think my evidence was the practice existed, but in terms of getting it framed comprehensively in a policy statement ---

MR. CHISHOLM: So this was the first time you had the written document ---

DR. JAFFE: Yes.

MR. CHISHOLM: --- in June of 2000.

You spoke today of the fact that it would be a bad thing simply to have the protocol reduced to writing, put onto paper and filed away.

You spoke also of the need to develop relationships between the agencies that sign on to the protocol. Is that right?

DR. JAFFE: Yes.

MR. CHISHOLM: And would I be correct that from your perspective, the most important portion of the protocol is to have that good relationship with the parties that ultimately sign onto it?

DR. JAFFE: Yes. A policy is useless if there's no relationship. If there's not the mutual trust and respect and people can't call each other and consult, then you can write all the policy documents in the world, but it won't help until it comes to civil litigation. Then people will say, "Why didn't you follow the policy?" But until that, it's -- you know, in terms of the day-to-day

work ---

MR. CHISHOLM: That's the most important aspect ---

DR. JAFFE: Yes.

MR. CHISHOLM: --- the quality of the relationship between the parties?

DR. JAFFE: Yes.

MR. CHISHOLM: And you spoke also, Doctor, of a protocol between a number of community groups.

Can I take it from your evidence that you would be of the view that the more community agencies that you can get signed onto a protocol and develop a good relationship with, the better off the community will be? Is that a fair statement?

DR. JAFFE: Definitely. And again, writing a policy -- the interesting thing about writing a policy is the process is often as important as the outcome, getting people to a table, getting people to share openly about the roadblocks they faced in the past. Often that's a very important process and it starts to build the trust and understanding.

MR. CHISHOLM: So not only a protocol involving the Children's Aid Society and the police, but you would -- ideally you would like to see one involving hospitals, group homes, boards of education and the various

police agencies that might be in the area. Is that fair to say?

DR. JAFFE: Yes. And ideally there may be natural venues for that. There may be a local Children Services Committee where people get together on a regular basis. There may be a Child Abuse Council. There may be some natural vehicles to pull people together like that.

MR. CHISHOLM: If I can take you to page 7 of your outline? That's under the multi-victim, multi-offender cases. You indicate in the third bullet under that heading "Special Resources":

> "Special resources must be made available to police, CAS, Crown and mental health services in order to address the system burden these cases create."

If I look to Exhibit 24P which was the paper that was handed out today entitled "Care for Kids" and take you to the second page of that document, I see, under the August 1990 timeline:

> "The Ministry of Community and Social Services announces two-year funding of $224,000 for a treatment and prevention project for Prescott."

Is that, Doctor, the type of special

resources that you're referring to when a community is faced with an MVMO situation?

DR. JAFFE: Yes.

MR. CHISHOLM: In terms of the funding available, do you have any comments with respect to the amount that appears in Exhibit 24P; namely, the $224,000? Is that sufficient?

DR. JAFFE: I can't say. I think the most important message -- I mean, it's a significant amount of money and it certainly enhances existing systems, but no one is going to -- I think the most important thing is to recognize that you're asking everybody to go beyond normal workloads and capabilities to deal with this.

MR. CHISHOLM: Because, as you indicated in your evidence today, it's this type of situation that stresses the institutional resources that are there in the community because it's a unique situation. Is that right?

DR. JAFFE: Yes.

MR. CHISHOLM: Can you tell us, Doctor, as to whether there are any other special resources apart from the monetary sum that we mentioned here, any other special resources that you would be referring to in that bullet? And again, you spoke in your evidence today of resources for the Crown -- for the prosecutors, the Crown Attorney's Office, the police officers and the child protection

workers in the Children's Aid Society.

DR. JAFFE: Children and adult mental health centres, the availability of consultants. There may be people who dealt with similar incidents in other communities who may be very helpful consultants to draw in. So I know in the Project Jericho, I know my colleague Dr. Wolfe was a consultant. They brought in other people for advice and support.

MR. CHISHOLM: So money, consultants.

Any other special resources that you would -- that you can think of that would be important to provide these agencies?

DR. JAFFE: I think you can do with the time dedicated to specialists to work on this with the time, with the financial resources to set up a case management operation or a special investigation. Having consultants available, I think that would be the main things.

MR. CHISHOLM: Okay. If I could take you to page 8 of your outline, the first bullet, and I believe Mr. Engelmann and you determined that there was a typographical error. That should read "a community advisory group"; is that right, or is it ---

DR. JAFFE: Yes. Community advisory group, yes.

MR. CHISHOLM: And just setting the context,

this is in a situation -- what stage of the process does the community require the community advisory group in a situation where we have multiple victims, multiple offenders? When the news first breaks, after the charges are laid, when the matter is through the criminal court process; at what stage do we need the community advisory group?

DR. JAFFE: As soon as possible, as soon as -- obviously, any time there is multiple offenders and multiple victims it's going to have a major impact on a community. So as soon as possible. I mean, clearly the police, the Children's Aid, Crown Attorney may be taking the initial lead in the process of investigation and discovery. So as soon as possible, it's got to be expanded.

MR. CHISHOLM: Now, at some point -- my view would be that at some point an investigation is tight-lipped on the part of the police, the Crown and the Children's Aid Society.

Would it necessarily be a good idea to broadcast to the media or to the community what's going on?

I take it if you're in agreement with that, you would also be in agreement that it's only after the appropriate authorities deem it prudent to tell the world of their investigation that the community advisory group

would come into play; is that right?

DR. JAFFE: Yes. I mean, as soon as possible, but obviously commonsense has to prevail. Obviously, if things are very raw and the investigation is very preliminary and you don't know what you're dealing with and there's nothing to form a group around or communicate yet, but I think you have to be on the ready to look for support. That's the important point.

I think it's important for people to think sooner rather than later because if you wait too far down the road, then it's already out in the media anyway and then you're dealing with other issues.

MR. CHISHOLM: And did I understand your evidence correctly today that the community advisory group would facilitate communications with the media at the appropriate time?

DR. JAFFE: Yes. I think the group has to have a spokesperson. I mean, clearly the police department or the Children's Aid have a spokesperson. They may designate somebody, but I think it needs to be -- I think it's good to have an advisory group about how things are reported and the manner.

MR. CHISHOLM: And one spokesperson in terms of -- not one for the police, not one for the Children's Aid Society? Is that what you envision, one for all the

entities that are involved?

DR. JAFFE: That would be ideal, because one spokesperson would communicate something important. It would communicate that the police and the Children's Aid are working closely together. So having different spokespeople say different things, it often happens, but I think it's powerful to have one person speaking.

MR. CHISHOLM: If I could take you to page 10 of your outline under the heading "Police and Child Protection Protocols for the Coordination of Investigations Involving Child Pornography".

Doctor, in terms of your general knowledge of prosecutions in Canada involving child pornography, would you be inclined to be of the view that most charges laid in this area are for the simple possession charges, possession of child pornography as opposed to making or distributing or accessing?

DR. JAFFE: Yes.

MR. CHISHOLM: Would you agree that in some of those situations where a person is charged with simple possession of child -- the possession of child pornography case, they do not have any involvement with children in the community, that the mandate of the Children's Aid Society may not be triggered to allow the Children's Aid Society to join that police investigation?

And again, I'm thinking of tying into your evidence earlier today of the development of the Internet and how that facilitates individuals who are inclined to do so to acquire images of child pornography, that these images could be generated anywhere in the world and well outside of the community where the person is to be found. That's the context that I'm thinking of.

DR. JAFFE: I thought your question was getting at whether an adult is going to be in a trust relationship with a child.

MR. CHISHOLM: And it ties into that in those cases where there is no trust relationship with a child and the persons charged with possession of child pornography, but my point being that as child pornography was generated outside of the community, there is no suggestion, as there was in the London situation, of the locally-generated child pornography involving children of that community.

Would you see the need for the Children's Aid Society to be involved in those types of investigations?

DR. JAFFE: The short answer is yes. The long answer is that very few adults who make or distribute or consume don't have a role with -- you know, obviously there may be somebody living in a cave or a hermit who has

no contact with children, but most adults interact with children in a variety of ways, and so I think -- I just want to raise with you, and it's probably a more debatable point and it may take more time than we have, but I see a broader role for the Children's Aid beyond the narrow definition of somebody being a parent or being a Boy Scout leader. I think adults play many roles, formal and informal, with children. I don't want to create more work for the Children's Aid Societies, but I see a broader role.

MR. CHISHOLM: You would be of the view that the Children's Aid Societies across the province of Ontario have sufficient work on their table at the present time. Is that fair to say?

DR. JAFFE: Yes.

MR. CHISHOLM: Their resources are taxed to a very high level. Would you agree with that statement?

DR. JAFFE: That's what they tell me every day.

MR. CHISHOLM: Are you in disagreement with that statement?

DR. JAFFE: Pardon?

MR. CHISHOLM: Do you disagree with that statement?

DR. JAFFE: I don't disagree with that statement. I think there's always ways that we can work

together in a more effective way, and this is probably one area.

I think we need to look at more partners in doing the work, but I have no doubt that Children's Aid are overworked.

MR. CHISHOLM: Doctor, if I could take you back to the issue of child pornography and ask you if you're familiar with an entity in the Ontario Provincial Police known as Project "P"?

DR. JAFFE: Yes.

MR. CHISHOLM: And you understand that to be a section of the Ontario Provincial Police that's devoted to cases involving child pornography; is that right?

DR. JAFFE: Yes.

MR. CHISHOLM: And what is your understanding with respect to if we had allegations of a person being in possession of child pornography in the Cornwall area; do you know how that would be investigated? Would it be a joint force investigation involving the Cornwall Community Police Service and members of Project "P", or do you have any views or insight into that?

DR. JAFFE: I have no insights into that. My assumption would be joint.

MR. CHISHOLM: Involving the Cornwall Police and Project "P"?

DR. JAFFE: If it isn't, it should be, but that's my ---

MR. CHISHOLM: Because of the expertise of Project "P"?

DR. JAFFE: Yes. And I think -- my sense is that when you have a highly specialized unit, you want to share the expertise with the local jurisdiction.

MR. CHISHOLM: In terms of Project "P", are you familiar with any situations where Project "P" has entered into any protocols with any Children's Aid Societies in the province of Ontario?

DR. JAFFE: I'm not up to date on that.

MR. CHISHOLM: If I could take you, again on page 10, to the last bullet above the heading IV, "Child Witness Project with the Centre for Children and Families in the Justice System"? You speak of, in the bullet above:

> "The research linking viewing with offending is in its infancy."

Can you tell us with the research that is out there now is there a positive correlation between those who view and those who offend?

DR. JAFFE: I think the research is too early, but certainly from a police perspective or Children's Aid perspective, I would want to be vigilant, but it's too early in the field. I think we don't know the

scope of it because we can't keep track of the scope of it. So much of it is undetected. We only know the tip of the iceberg.

MR. CHISHOLM: My final question to you, Doctor, would be, just before we took the lunch break today, you were having a discussion with Mr. Engelmann, speaking of community organizations, and I was -- I don't know what you said, but I was thinking of hockey associations, perhaps Boy Scouts, things of that nature, that had protocols in place with Children's Aid Societies, and you indicated that there were ---

DR. JAFFE: Yes.

MR. CHISHOLM: --- those protocols in place. Can you give ---

DR. JAFFE: Or Big Brothers. I think some of the protocols are in place more with screening, with ensuring that before people are hired there's some checks in terms of potential sex offending.

MR. CHISHOLM: So these may not be protocols then that were entered into between the Big Brothers and the Children's Aid Society but, simply, Big Brothers may have developed an internal protocol as to how to screen potential volunteers and Big Brothers? Is that what you were saying earlier?

DR. JAFFE: Yes, and potentially how to

report -- I mean, similar to the protocols with the school board, you know, again, I don't have examples to bring with me and I can't testify on them today, but I think individual agencies also have worked closely with the Children's Aid to develop protocols, how to deal with allegations.

MR. CHISHOLM: So those individual agencies may have gone to particular Children's Aid Societies seeking the Society's guidance and expertise with respect to developing an internal protocol?

DR. JAFFE: Yes.

MR. CHISHOLM: Thank you, Doctor.

Those are my questions. Again, thank you very much for coming to testify.

DR. JAFFE: Thank you.

THE COMMISSIONER: Thank you.

Probation and Corrections, Claude Rouleau.

MR. ROULEAU: I just have a few questions.

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

MR. ROULEAU: Good afternoon, Dr. Jaffe.

DR. JAFFE: Good afternoon.

MR. ROULEAU: I am acting for Probations and Corrections. My name is Claude Rouleau.

You've talked before about forensic

interview skills with regards to police officers and CAS workers.

How do you see the role of a probation officer or a corrections officer with those kinds of skills?

DR. JAFFE: I think they are another very important group who may have contact with offenders at different points in proceedings both -- I am thinking at pre-sentence reports, both in the -- with young persons and also with adult offenders, also in terms of monitoring in the community, being aware of warning signs and information that may be concerning.

So certainly, there should be awareness and some basic skills and then certainly enough to recognize there is a problem area that might require referral to other community professionals.

MR. ROULEAU: Okay. So it's mostly a role of referral. That's what you are saying in the sense that they need to know how to recognize the symptoms that somebody is presenting that is sitting down with them ---

DR. JAFFE: Yes.

MR. ROULEAU: --- in preparing a probation report or something like that?

DR. JAFFE: Yes, and also I imagine contact with, you know, if you're -- for example, if you were -- to

use an analogy, if you have somebody on your probation load who was a sex offender within a family and they are treated in the back of the family; you want to have contact not only in the office with the offender but also with their spouse, you know, if they are charged with domestic violence. Part of the skill would also be making sure you have community contacts and collateral sources with somebody that you are worried might re-offend.

MR. ROULEAU: Okay. And how would you reconcile the fact that Probations and Corrections officers would have to work with offenders, convicted offenders, and treating them and also work on the other side with victims, survivors? Is that a role that is possible for them and how would it be seen in the community?

DR. JAFFE: Well, I think you can do that with consent. If your primary -- I mean, the primary role of your mandate as a probation officer, as an officer of the court is to monitor somebody's progress, to ensure that all their undertakings or terms and conditions are being obeyed. I think it would be good practice to also, you know, have contact either directly or indirectly with the victim.

Say, for example, it might be domestic violence; someone may be referred to a treatment group for perpetrators of domestic violence. The probation officer

should know if somebody is attending sessions. The treatment group may be having regular contact with the spouse to know whether or not there is re-offending. So there may be reports directly or indirectly.

MR. ROULEAU: Okay. And would you also say that it's more difficult for these workers in dealing -- and I come back to the example you gave about junior hockey players. Would it be fair to say that convicted or young offenders or even adults that have been convicted and have no choice but to go meet the probation officers, it would make life more difficult for those workers in getting those persons to confess, to have confidence in them?

DR. JAFFE: Yes.

THE COMMISSIONER: We are going to have to stop for five minutes. I'm told we have to change the tape around. So we are going to take a very brief five minutes.

Madam Clerk, could you just let me know exactly when we are ready to go? I'll just be outside in the hall.

THE REGISTRAR: Order; all rise. Veuillez vous lever. We will reconvene in five minutes.

--- Upon recessing at 5:17 p.m./

L'audience est suspendue à 17h17

--- Upon resuming at 5:23 p.m.

L'audience reprise à 17h23

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

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

PETER GEORGE JAFFE, Resumed/Sous le même serment:

--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MR. ROULEAU (continued/suite):

MR. ROULEAU: I just have one more question, Dr. Jaffe.

I have read that one of the realities of Project Guardian was that most of the victims had been known by CAS.

Do you feel that we can say -- well, we could have said the same thing about the Probation and Correction Services, that those people were known and if some training had been there, that the symptoms might have been recognized at that time?

DR. JAFFE: Yes.

MR. ROULEAU: Yes? Thank you.

THE COMMISSIONER: All right. Thank you.

Mr. Kloeze?

MR. KLOEZE: Your Honour, I have no questions.

THE COMMISSIONER: Thank you.

For Jacques Leduc, Sara Siebert?

--- CROSS-EXAMINATION BY/CONTRE-INTERROGATOIRE PAR MS. SIEBERT:

MS. SIEBERT: Good afternoon, Dr. Jaffe.

My name is Sara Siebert and I'm here for Mr. Jacques Leduc.

In your evidence, sir, you talked about how professionals can be affected by their work and some of the manifestations of that is that -- I think you used the words "that the investigation can be effectively shut down".

Would you agree that there is a response that can be at the other end of the spectrum and rather than shut down, that the professionals can get into what I would call maybe a tunnel vision and lose their objectivity and that's equally as dangerous because the investigation can be taken into a wrong direction and evidence can be tainted, and that leads to a problem of false allegations?

DR. JAFFE: There's always the possibility. If you look at the two problems, the one you described is less common than the former. The police officers and the Children's Aid that I work with in general are so hyper-vigilant about the consequences of making an allegation, especially of somebody with status in the community, that the repercussions are so profound that they bend over

backwards.

I get lots of cases to review from Crowns. Actually, I have some directly from the police. I have some from defence lawyers where some of the issues being raised are so problematic that they are not pursued and I encourage them not to be pursued because it is going to put everybody through a lot of difficulty.

So I agree with you that one should be vigilant of those concerned, but I think it's the exception rather than the rule.

MS. SIEBERT: But you agree that if you are someone that is subject to those false allegations, it's an important concern that needs to be addressed?

DR. JAFFE: Definitely. It would be terrible to have a false allegation made about somebody.

MS. SIEBERT: And so could you provide us with a little bit of guidance then to the types of guidelines and protocols that you have encouraged the police to use in order to help -- or the police or other frontline workers to help keep them on track, as it were?

DR. JAFFE: Well, briefly, I mean, I think the issue you raise about tunnel vision, I mean, obviously, police have to be open to multiple hypotheses. They have to be open to the fact that somebody wasn't abused or somebody was abused but there was a different perpetrator.

They have to be open to all the information.

I think, at the end of the day, the key word probably is thoroughness of investigation, of interviews. I know the police are, in my experience, looking for reasonable and probable grounds before things proceed.

Often with very delicate cases they may consult with the Crown Attorney early on to look at -- and I've been called in to some of those cases where there is some concern about proceeding and how everyone will be affected.

So thoroughness of investigation, keeping an open mind, consulting and not being afraid to talk to peers. Again, I have been doing the work, as you know from earlier evidence, for many, many years. I still get involved in very complicated cases where I seek counsel, wise counsel from other colleagues about what I see in looking for consistency.

So those are sort of a -- would be a short answer.

MS. SIEBERT: Okay. Thank you. That's the question I had today.

THE COMMISSIONER: Thank you.

Mr. Sherriff-Scott.

MR. SHERRIFF-SCOTT: Thank you.

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

SHERRIFF-SCOTT:

MR. SHERRIFF-SCOTT: Hi, doctor.

I will try and be two minutes.

DR. JAFFE: Thank you.

MR. SHERRIFF-SCOTT: Just in connection with the reference to Dr. Wolfe's evidence earlier, which was used as sort of a springboard to launch into a series of questions, I take it you personally haven't been involved in organized research into the question of comparison of incidence levels of abuse in religious institutions versus other institutions?

DR. JAFFE: I personally haven't done that research.

MR. SHERRIFF-SCOTT: Nor have you published on that subject?

DR. JAFFE: No.

MR. SHERRIFF-SCOTT: And just in terms of what Dr. Wolfe had to say, if I could perhaps refer you to the transcript, if that's available, at Volume 5, page 65, line 13, which is when you see it ---

THE COMMISSIONER: Hold on.

MR. SHERRIFF-SCOTT: --- is a reference that I was asking about and you can read it before I ask a question.

DR. JAFFE: Sixty-five (65)?

MR. SHERRIFF-SCOTT: Just down ---

THE COMMISSIONER: We are still at 59 here.

MR. SHERRIFF-SCOTT: Fifty-nine (59). Sixty-five (65).

THE COMMISSIONER: Yes, I'm getting there. There you go.

MR. SHERRIFF-SCOTT: There we are. "MR. SHERRIFF-SCOTT," in the middle of the page, "Okay. Now…" Just read that.

THE COMMISSIONER: Line 13.

Can you scroll down, Madam Clerk? Scroll down. Okay.

How far do you want it to go?

MR. SHERRIFF-SCOTT: That's fine, stopping with "no, we don't know that."

DR. JAFFE: Yes.

MR. SHERRIFF-SCOTT: Now, in all seriousness, Dr. Wolfe said he taught you everything you know, so should we go with his evidence on this or was your evidence anecdotal?

THE COMMISSIONER: Okay. So let's ---

MR. SHERRIFF-SCOTT: That's two questions. The first question is do you agree with Dr. Wolfe?

DR. JAFFE: Did I say something different from Dr. Wolfe?

MR. SHERRIFF-SCOTT: I think you did.

THE COMMISSIONER: Yes. He's saying that, on line 13, there was -- when Mr. Sherriff-Scott said:

> "Now, just on the subject of a question that was raised yesterday regarding the incidence of offenders within religious organizations as compared to other institutions, I take it from your evidence that you haven't been involved in any study or analysis of that question discreetly?
>
> DR. WOLFE: Difference in incidence, no, we don't know that."

So wouldn't ---

DR. JAFFE: I don't disagree with -- and I wouldn't have -- I'm not sure of the earlier evidence you're referring to. I might have misspoken or ---

MR. SHERRIFF-SCOTT: Just there were some anecdotal points that you raised about discussions at the dinner table and so forth, so I just wanted to clarify the ---

THE COMMISSIONER: In fairness, the way I recall it was that you would have said that there was a higher incidence of abusers, I suppose, in the religious order, but I don't think he said compared to what. And I

think that was the question mark that I was left with myself.

MR. SHERRIFF-SCOTT: Yes. Well, the question left hanging there was "There is more" but there was more compared to what, and Dr. Wolfe's evidence is we don't know the relative proportions and levels of incidence vis-à-vis institutions.

THE COMMISSIONER: Other institutions; that's right.

MR. SHERRIFF-SCOTT: Other institutions is what I was concerned about. Is that fair?

DR. JAFFE: Yes. I think the question I was answering -- and I would agree with Dr. Wolfe's evidence. I think I was -- one of your friends might have been asking questions about the nature of different institutions and the level of secrecy or the difficulty in coming forward. So I said one institution may be different, but I can't -- I agree with Dr. Wolfe; day to day, I can't say the percentage in one institution versus another.

MR. SHERRIFF-SCOTT: Yes, right. You don't have any hard evidence based on the principles of your profession ---

DR. JAFFE: No.

MR. SHERRIFF-SCOTT: --- to offer on that subject here.

Okay. If I can -- now, this might just take just a moment, if we can turn to page 73. There was a series of questions I asked Dr. Wolfe about sort of the historical evolution of knowledge and the reaction of various community sector or organizations in their internal treatment of this problem, which you've touched on today, and your mentor, as I'll describe him, was very fair in my question's response; at least that's how I saw it.

But if we can start at the top of 73, you'll see when we read through it, if you can just take a moment to scan it, there are certain conclusions that he offers that I'd like you to consider. If you could read page 73, down to the bottom of 74, and just alert the person when you need to scroll.

(SHORT PAUSE/COURTE PAUSE)

DR. JAFFE: Scroll down.

(SHORT PAUSE/COURTE PAUSE)

DR. JAFFE: Scroll down.

MR. SHERRIFF-SCOTT: Line 24 is where I want you to -- to that point to consider.

DR. JAFFE: Okay.

MR. SHERRIFF-SCOTT: Was that a fair analysis? I mean I don't want to oversimplify, but I don't want it to be simplified either and I think that Dr. Wolfe was fair in his concession that these factors were

significant as well.

DR. JAFFE: Yes.

MR. SHERRIFF-SCOTT: Thank you. You would agree with me by saying "yes"?

DR. JAFFE: Yes.

MR. SHERRIFF-SCOTT: Thank you.

Now, there was a statement that I -- my perception was you recoiled from slightly that institutions didn't care about children. Following on this issue, and I just want to turn you -- this is my last question -- to document number 17 which is, I understand, a joint publication with you and Dr. Wolfe and it's page 188 in the upper left margin.

MR. ENGELMANN: Tab 17.

MR. SHERRIFF-SCOTT: Tab 17. Document 17; I'm sorry, yes. It's a paper written by Doctors Jaffe and Wolfe.

THE COMMISSIONER: So 188.

MR. SHERRIFF-SCOTT: One-eighty-eight (188), yes, and it's the upper left paragraph.

THE COMMISSIONER: Okay.

MR. SHERRIFF-SCOTT: And, Doctor, just take a moment, starting with "caution, however" and then read to the bottom of that paragraph and I'm assuming you'll adopt his proposition since it's your article as well as Dr.

Wolfe's.

DR. JAFFE: Yes.

MR. SHERRIFF-SCOTT: So I don't want to oversimplify but again I don't want it to be simplified to the reductionist point where the complexity of this problem is singled-out as the fault of the institutions. We've all learned from the history and we're still learning. Correct?

DR. JAFFE: Yes. I think, in fairness, my response to Mr. Lee was that in talking about these issues we don't want to paint all institutions with the same brush in the sense of a lot of institutions do excellent work with children and are well-intended and we depend on them as parents, as community members. So I thought that was what I was saying in my evidence.

MR. SHERRIFF-SCOTT: I just wanted to be clear.

Thank you very much. Those are my questions.

THE COMMISSIONER: Thank you.

I may have misplaced my -- no, here we go. All right. So Mr. Manderville for the Cornwall Police.

MR. MANDERVILLE: Yes, thank you, Mr. Commissioner. Mr. Scott I think is going to stay up and assist me.

(LAUGHTER/RIRES)

MR. SHERRIFF-SCOTT: I am gone. Thank you.

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

MR. MANDERVILLE: Good evening, Dr. Jaffe.

DR. JAFFE: Good evening.

THE COMMISSIONER: It is indeed evening.

MR. MANDERVILLE: My name is Peter Manderville and I'm here for the Cornwall Police.

I have a few discreet areas to touch on and I hope to be very brief, particularly if you agree with me.

(LAUGHTER/RIRES)

DR. JAFFE: It's that time of the evening when I'm very agreeable.

THE COMMISSIONER: Is that a threat?

(LAUGHTER/RIRES)

MR. MANDERVILLE: You made reference very early on in your evidence when Mr. Engelmann was asking you to talk about the centre you operate in London, the Centre for Violence Against Women and Children, and you made reference in your discussion about what the centre does to the fact that recently the centre has started to deal with incidents, reported incidents of historical sexual abuse. Is that correct?

DR. JAFFE: Yes.

MR. MANDERVILLE: And I take it from your evidence and in general that it is indeed a more recent phenomena that these reports are occurring more frequently now certainly than, say, 10, 15 years ago.

DR. JAFFE: Yes.

MR. MANDERVILLE: And you also talked about the fact that there was no national public awareness strategy to deal with child sexual abuse?

DR. JAFFE: Yes.

MR. MANDERVILLE: And instead, the responses we get, if I understand you correctly, are primarily piecemeal local responses to local issues?

DR. JAFFE: Yes. I think as Mr. Engelmann went through the evidence, there's been attempts through the Badgley Commission Report, through the Rogers document, through the Canadian Panel on Violence Against Women which also dealt in part with residential abuse. There have been attempts, but certainly sustained effort hasn't been there.

MR. MANDERVILLE: And instead we have Project Guardian representing a local response to a local crisis or issue. Project Jericho, dealing with local responses to local issues.

DR. JAFFE: Yes, with the provincial support.

So in both those, Project Guardian and Project Jericho, police departments and the Children's Aid

and our Centre asked for support from the provincial government to expand resources and to properly investigate and research what was happening.

MR. MANDERVILLE: Now, Mr. Engelmann also took you through in the Tab, articles coming with your evidence, some of the protocols that agencies in London have entered into and at Tab 12, we saw the protocol between the London Police and the London Children's Aid Society. Correct?

DR. JAFFE: Yes.

MR. MANDERVILLE: And that was a 2002 protocol, at least at that tab?

DR. JAFFE: Yes.

MR. MANDERVILLE: And, at least I note that that protocol makes no reference to historical sexual abuse. Do you agree with me?

DR. JAFFE: Let me just look.

(SHORT PAUSE/COURTE PAUSE)

DR. JAFFE: I can't find the reference, but I think I've assumed it in a sense, just to be clear, that we're talking often about multi-victim/multi-offender, which often does involve historical abuse. And, in fact, in my understanding -- this is one document. If you look at the protocol for the Ministry of Community and Social Services, in terms of mandates for Children's Aid Society,

it's my understanding that that issue of historical abuse or adults coming forward is also relevant to the Children's Aid to the extent to which an adult is still a person in position of authority or trust with children, either in a family or community context.

MR. MANDERVILLE: So the CAS would understand they have that mandate, but it's not expressly set out in the protocol we are looking at?

DR. JAFFE: Yes.

MR. MANDERVILLE: And would I be correct in presuming that at least one reason why it's not expressly set out is because we would perhaps not be dealing with a child who is reporting the historical abuse?

DR. JAFFE: Yes, we'd be dealing with an adult. And again, it's fair to say, and I think maybe this is what you're after, it would be fair to say that this is an area that there's been ongoing discussion and debate and there may be inconsistency across the province about how this is dealt with.

I would know that in our jurisdiction, if you have an adult survivor who comes forward and talking about abuse, but the person who is the alleged perpetrator, you know, is a grandparent, a volunteer, there would be communication with the Children's Aid. My sense the interpretation, when I've had those cases, there's going to

be at least discussion and consultation.

MR. MANDERVILLE: And I take it that's because when the adult comes forward and says, "This abuse happened to me some years ago" and if the alleged abuser is still within the community, that triggers a concern that there may well be a child in need of protection, not this adult, but a child?

DR. JAFFE: Yes.

MR. MANDERVILLE: While we talk about this protocol, and you made reference to the multi-victim/ multi-offender element in this protocol; was this the first such protocol between the London Police and the CAS to have the multi-victim/multi-offender provisions?

DR. JAFFE: Yes.

MR. MANDERVILLE: And I take it that was in response to the Project Guardian situation?

DR. JAFFE: Yes. I think it would be similar to my earlier evidence, in that it would have been local practice, but this is a document that captures some of the experience from Project Guardian. I mean I would say that the police and the Children's Aid have always worked together, but the Project Guardian really illustrated the exceptional needs during these circumstances.

MR. MANDERVILLE: Okay.

At Tab 11 of your materials, we also looked at the Thames Valley Board of Education and Children's Aid Society protocol, dated June of 2000.

DR. JAFFE: Yes.

MR. MANDERVILLE: And perhaps not surprisingly, there's no reference in that document to historical sexual assaults or sexual abuse either?

DR. JAFFE: Yes. But again in terms of the actual -- even though it's missing, I think it's certainly implied if there's a -- and I've been involved in those cases where there's an historical incident reported but the individual is still an employee. Even though there's an adult reporting it, it would still trigger the same issues.

MR. MANDERVILLE: Okay.

My point with respect to this particular protocol is, given that it's a protocol involving a board of education where you're concerned with students, you wouldn't necessarily expect a provision to deal with historical sexual assaults, when you're talking about a student body.

DR. JAFFE: No, you would, because you're -- somebody may have a career in education that spans 30 years. So you're looking at the -- you know, if you're abusing somebody in your first year of practice, who's 10 years of age, by the time you're ready to retire they're 40

and you have class after class of potentially future victims.

So I think the historical is -- when people come forward to report historical abuse and someone's still an employee or a volunteer, I think there's still the same - obviously, there's a responsibility of the employer.

MR. MANDERVILLE: So you would say it's implicit to have the protocol?

DR. JAFFE: Yes.

MR. MANDERVILLE: Now, the two protocols we looked at, which you put in your materials as examples, were bilateral protocols.

Did London's frontline professionals, to your knowledge, ever have multi-party protocols?

DR. JAFFE: No, the closest we've come to is -- the short answer is no. The long answer is there's a child abuse counsel that continues to meet together and look at the importance of these partnerships. It involved in a number of projects. For example, something that may not be a formal protocol or policy. The child abuse counsel put together a special section in the public library around abuse and including historical abuse to ensure its ready access to the public, from potential survivors.

So there's ongoing projects and working

relationships even though they're not enshrined in multi-agency protocols.

MR. MANDERVILLE: Okay.

And last I want to talk to you a little bit about Project Guardian. You used the expression that within London, you had a group of -- I'm quoting you hopefully directly -- "exceptional agencies that collaborate well."

DR. JAFFE: Yes.

MR. MANDERVILLE: And I take it you'd agree with me that those exceptional agencies have a number of dedicated hard-working professionals?

DR. JAFFE: Yes.

MR. MANDERVILLE: And despite their skills and their hard work, the Project Guardian situation was a multi-victim/multi-offender situation, went undetected for quite some time. Correct?

DR. JAFFE: Yes.

MR. MANDERVILLE: No one came forward to report. Correct?

DR. JAFFE: Correct.

MR. MANDERVILLE: And it was discovered by pure good fortune?

DR. JAFFE: Yes.

MR. MANDERVILLE: Quite frankly, the

professionals got a break.

DR. JAFFE: Yes.

MR. MANDERVILLE: And it was helped by the fact that you had videos where individuals were quite literally caught in the act?

DR. JAFFE: Yes.

MR. MANDERVILLE: In the absence of such a break, I take it that it can be exceptionally difficult to detect these sorts of multi-victim, multi-offender networks?

DR. JAFFE: Yes.

MR. MANDERVILLE: It's an uphill battle, isn't it?

DR. JAFFE: Yes.

MR. MANDERVILLE: Thank you very much.

THE COMMISSIONER: Mr. Kozloff.

MR. KOZLOFF: Thank you very much, Mr. Commissioner. It's still afternoon.

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

MR. KOZLOFF: Dr. Jaffe, I represent the Ontario Provincial Police. My name is Neil Kozloff and I would like to thank you very much for your evidence. It's been extremely edifying for me.

DR. JAFFE: Thank you.

MR. KOZLOFF: I have one area that I want to touch on and that is the issue of multiple statements. I think you indicated in your evidence that those are deleterious to the wellbeing of the victim.

DR. JAFFE: Yes.

MR. KOZLOFF: And that's true also in the case of historic sexual assault victims?

DR. JAFFE: Yes.

MR. KOZLOFF: I am going to suggest to you, though, that in historic sexual assault cases, it's axiomatic that disclosure is delayed.

DR. JAFFE: Yes.

MR. KOZLOFF: I'm going to suggest to you also that in historic sexual assault cases, disclosure is often incremental.

DR. JAFFE: Yes.

MR. KOZLOFF: And that presents even the most highly-trained, competent police officer with a dilemma, doesn't it?

DR. JAFFE: Yes.

MR. KOZLOFF: Because you have indicated that one of the things that a trained, skilled investigator should do is to avoid leading questions.

DR. JAFFE: Yes.

MR. KOZLOFF: And to respect the manner in

which the victim wishes to disclose.

DR. JAFFE: Yes.

MR. KOZLOFF: And that it would be counterproductive in many cases to push the victim to come up with more than the victim chooses to come up with at the initial interview; fair?

DR. JAFFE: It depends on what you mean by push but I agree with you in general but there are skilled officers -- you may be one of them -- who have a way of creating a climate where you're going to be more forthcoming and open about what you experienced. I've seen the same witness with different police officers, different Crown attorneys give totally different responses according to openness, the rapport that's been established. It's a complicated issue.

MR. KOZLOFF: There are cases though, you'll agree and I'm sure you've seen them yourself, where the victim will begin by telling a story that involves touching, fondling, perhaps mutual masturbation, and by the time they're testifying in court, it's full anal intercourse.

DR. JAFFE: Yes, things -- I think you're right about incremental disclosure.

MR. KOZLOFF: Right. And even though a Crown attorney and a highly skilled police officer would

prefer to get the story the first time for a number of reasons, not only having to do with the well-being of the victim but with the integrity of the case -- right?

DR. JAFFE: Yes.

MR. KOZLOFF: It still happens and it can't be avoided in some circumstances that victims will disclose at their own chosen pace. For whatever reason, whether it's shame or guilt or reluctance to admit to themselves that they've been so traumatized, they will disclose at their own pace.

DR. JAFFE: I agree with you in part. I agree that there is -- that in some situations, the most highly skilled police officer or the most highly skilled Children's Aid worker, most highly skilled Crown attorney will still end up with new disclosures and conflicting information and a problem when you're involved in proceedings. Having said that, I also think there are some cases where if an officer had -- and I don't mean to be critical or second-guess ---

MR. KOZLOFF: No, I understand.

DR. JAFFE: But there are some cases where if somebody had more time, more patience, more skill, potentially, you know, were able to consult with an abuse expert, a colleague to really understand, you know, that if (a) happens, then (b) and (c) are likely and without

leading them, you know, create an environment where you say, "Was there anything else" or you know, you can still get the information without tainting or harming the evidence.

So again, I agree with you that some situations are impossible but some with enhanced skill and patience and collaboration, we could -- some of it is pilot error.

MR. KOZLOFF: The only other thing I wanted to touch on is my concern with your evidence that nobody will talk to you at cocktail parties.

DR. JAFFE: Yes.

MR. KOZLOFF: I want to give you my solemn undertaking that if I run into you at a cocktail party, I will stand and talk with you and drink with you and tell you all my golf stories until you walk away from me.

DR. JAFFE: My worry if we're together, then no one else will be talking to us either.

(LAUGHTER/RIRES)

MR. KOZLOFF: Thank you.

THE COMMISSIONER: That undertaking is noted.

Mr. Carroll.

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

MR. CARROLL: Thank you.

THE COMMISSIONER: And I can tell you that he is the last.

DR. JAFFE: He stands between me and the airplane?

THE COMMISSIONER: Exactly.

MR. CARROLL: I won't be more than two hours, sir, and 12 minutes with your cooperation.

Three discreet areas that I wish to speak to you about. You spoke at some length about the importance of the public getting accurate and timely and early disclosure and information, correct?

DR. JAFFE: Yes.

MR. CARROLL: Representing the frontline police officers of the OPP as I do, you can understand the concern that the police may have with respect to putting out too much information and being criticized for compromising the fair trial rights of an accused.

DR. JAFFE: Yes.

MR. CARROLL: And there is a danger that if too much information is put out, that may feed into a change of venue for the trial and thereby deprive the community of the trial and where it should take place.

DR. JAFFE: Yes.

MR. CARROLL: Would you agree, sir, and

endorse the recommendation that the police in all circumstances should be consulted, if not the lead, in determining what information gets out and when?

DR. JAFFE: I have no difficulty with that. I think there is a delicate balance and I don't mean in my shorter answers to oversimplify the problem but clearly there's got to be a balancing of interests. Actually, I had a recent situation -- I know the hour is late but actually I've had situations where I've asked -- I've told people not to speak publicly because they're going to damage potential investigations and, in fact, impede the work of the court. So I respect that.

MR. CARROLL: And would that potential damage, the chances of that be minimized by having the police have significant input as to what is put out in the public domain and when?

DR. JAFFE: Yes. I think, again, the police have to work in partnership but I have a lot of confidence in general with the police. The short answer is yes.

MR. CARROLL: Thank you. There is a benefit to going last I suppose.

(LAUGHTER/RIRES)

MR. CARROLL: The second area that I wish to speak to you about, sir, is one that we've -- the recurrent theme of the need for education and training of frontline

officers. And you just actually addressed that with the previous question where you talked about enhanced skill and training of a questioner may be able to elicit the information necessary to get a full and comprehensive statement; right? You spoke with Mr. ---

DR. JAFFE: Yes. Are you asking me a question or just ---

MR. CARROLL: No. Training and skill -- the skill can only come, I suppose, from adequate training and inherent abilities I suppose. It's crucial to a proper investigation of these cases, right?

DR. JAFFE: Yes. Training is but there's also an attitude I think. If I could just quickly ---

MR. CARROLL: Sure.

DR. JAFFE: There's an attitude that some police officers tend to think that they have to do it all, that their department has to do it all and there is not enough collaboration. So without overstating this or intending to quantify it, I think, in my view, modern police officers, more so perhaps than previous generations, are more open to collaboration. They don't feel threatened by different people's areas of expertise. I think in the old days, you know, you had to do it -- sometimes people did it a certain way and they weren't open to sharing information or seeking consultation.

MR. CARROLL: And one of the ways I would guess that that collaboration, if you will, was encouraged, fostered and taught was through that course at the Ontario Police College during its currency.

DR. JAFFE: That was very helpful, yes.

MR. CARROLL: Right. Sir, I'm going to -- and you agreed I think earlier at an earlier question that standardized -- or it came from you -- standardized educational programs or training are very important; correct?

DR. JAFFE: Yes.

MR. CARROLL: All right. And given that all police officers, including the OPP, must attend the Ontario Police College, would you agree that it's an appropriate place to at least have an introductory course involving co-training police and CAS?

DR. JAFFE: Yes.

MR. CARROLL: Would you endorse a recommendation if it came from this inquiry to reinstate that program so that frontline officers can be properly educated to work with CAS workers? Would you endorse such a recommendation?

DR. JAFFE: With respect to -- Your Honour, is it premature to talk about recommendations?

THE COMMISSIONER: No, you can.

DR. JAFFE: Okay. I think it's a great idea.

MR. CARROLL: It's a great idea?

DR. JAFFE: Yes.

MR. CARROLL: All right.

In addition to the counselling that we have spoken of, there has been some talk about vicarious trauma experienced by frontline workers, police and CAS.

DR. JAFFE: Yes.

MR. CARROLL: Right. Would you endorse, sir, an aspect of the educational program for police to alert police officers to the possibility that this could exist, that they could go out there and actually experience this?

DR. JAFFE: Yes. It should be mandatory. It should be built in. It should be part of the screening preparation. Before someone becomes a police officer, they should know what they're actually getting into. When they're doing it, there should be vigilance by senior officers and there should be encouragement for disclosure about what officers are suffering rather than feel it's a lack of strength to disclose it.

MR. CARROLL: In addition to having that at the front end as part of the educational program, in the first instance, would you also agree that counselling

services should be made available for frontline officers in the form of debriefing and professional services for officers once they have completed such an investigation?

DR. JAFFE: Yes, I think it should be built in. It shouldn't be something where you have to go to the chief and ask for extra help. It should be expected and we should understand that this work is difficult and it has an impact.

MR. CARROLL: In part, that overcomes perhaps resistance within the police community to seek that kind of help.

DR. JAFFE: Yes. Actually, I have a brother-in-law who -- I'm close to all these institutions we're talking about -- I have a brother-in-law who is a police officer and he often talks about the stress of the work and all the demands in terms of the standards, all the expectations. So I know firsthand how difficult the work is.

MR. CARROLL: Finally, sir, there's some propositions that were provided to us by Doctor Wolfe. I just want to see if you would agree. He told us that no one could be blamed for not being as aware decades ago as we are now of the problem with child abuse.

Is that a fair proposition?

Institutions, police, CAS are much more

aware of the problem now than 10, 15, 20 or 30 years ago?

DR. JAFFE: I agree with part of it. I agree that -- I think it's fair to say that we know a lot more in 2006 than we did 20 years ago or 30 years ago. In terms of blaming institutions, again, it's not the inquiry's job to cast blame. So clearly, it's not my job either.

But as a witness, I will say there are institutions -- that new things were happening that covered up -- where bystanders didn't give things the time and attention they deserved and I think ultimately it's a collective responsibility.

I mean, I understand that an individual perpetrator, you know, from the passage that we reviewed earlier, an individual perpetrator holds the ultimate responsibility, but the extent to which an institution was aware, didn't respond, there's both direct liability and vicarious liability.

MR. CARROLL: He advised that in his view, at least, child abuse is an epidemic; it's a public health issue. Do you agree?

DR. JAFFE: That was my starting point today.

MR. CARROLL: And that it is his view, Wolfe's view, that I assume you share, that everybody

within the community must be educated to this problem?

DR. JAFFE: Yes, I agree with that.

MR. CARROLL: Finally, as was pointed out by Mr. Manderville, despite the great apparent working relationship that the London Police Service had with the CAS and all of the forward thinking that went on in the '70s there, your community, the London community, still experienced the tragedy of what became to be known as Project Guardian.

DR. JAFFE: Yes, and that's not the only -- I mean, every community suffers from the aftermath of child sexual abuse.

MR. CARROLL: And every community can experience that type of problem. As you said, it can happen anywhere.

DR. JAFFE: The challenge is what the response is. At the end of the day, child abuse happens anywhere. I think the ultimate question that's, I imagine, the major one for the inquiry is how do communities respond? How do they work together? When a tragedy happens, you can bury it or you can put a spotlight on it.

MR. CARROLL: It would be, sir, I suggest to you, wrong and disingenuous on anybody's part to blame the community of Cornwall any more than it would be to blame the citizens of London or Prescott or Sault Ste. Marie.

Is that correct?

DR. JAFFE: I'm not here to cast aspersions or blame on the citizens.

MR. CARROLL: I know you're not.

Would you agree with that statement that this community should not be stigmatized by what happened, but it should be credited for participating in this inquiry to get to the bottom of what happened?

DR. JAFFE: I don't think it's my role to answer that question. I think at the end of the day, I think it's both an individual and collective response. Whether it's Cornwall, whether it's Sudbury, whether it's London or Brockville, every citizen has to look in a mirror and say "Am I doing the best I can to protect my children and to protect the other children in the community, depending on role and responsibility? Am I being a good friend, uncle, police officer, grandfather?" I mean, this is a question everybody has to ask themselves individually and collectively.

MR. CARROLL: In any town, in any city?

DR. JAFFE: Yes.

MR. CARROLL: Thank you.

Thank you, sir.

THE COMMISSIONER: Thank you.

Mr. Engelmann, did you have any further

comments?

MR. ENGELMANN: No. I just want to thank the witness, Dr. Jaffe, for his long day here and his patience.

THE COMMISSIONER: Yes. I think we all join in in thanking you, sir, for your testimony, your patience and your collaboration.

DR. JAFFE: Thank you, Your Honour, for staying late and all the counsel and staff who stayed late. I really appreciate that and my wife and children appreciate it.

THE COMMISSIONER: Thank you.

DR. JAFFE: Not coming back.

THE COMMISSIONER: Thank you. So we'll get you on your way and we'll resume tomorrow morning at 10:00 to deal with whatever we will deal with.

Thank you.

THE REGISTRAR: Order; all rise.

The hearing is now adjourned.

--- Upon adjourning at 6:05 p.m./

L'audience est ajournée à 18h05

C E R T I F I C A T I O N

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