

SUPERIOR COURT OF JUSTICE

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B E T W E E N:

ROBERT MCCABE

Plaintiff

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- and -

THE ROMAN CATHOLIC EPISCOPAL CORPORATION  
FOR THE DIOCESE OF TORONTO, IN CANADA

Defendant

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P O R T I O N   O F   P R O C E E D I N G S   A T   T R I A L

BEFORE THE HONOURABLE JUSTICE G. LEMON  
On May 12, 2017  
at GUELPH, Ontario

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APPEARANCES:

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Mr. P. Ledroit  
Mr. O. Sabo  
Ms. S. Metzler  
Mr. C. Blom

For Plaintiff  
  
For Defendant

**SUPERIOR COURT OF JUSTICE**

**T A B L E O F C O N T E N T S**

**W I T N E S S E S**

<u>WITNESSES</u>	<u>Exam in-Ch</u>	<u>Cr- Exam</u>	<u>Re- Exam</u>
Doctor Peter Jaffe .....	1	56	136

**E X H I B I T S**

<u>EXHIBIT NUMBER</u>	<u>ENTERED ON PAGE</u>
10 Copies of pages 271 and 272 from the D.S.M. 5 .....	37
11 Copy of page 494 of the D.S.M. 5 .....	89
12 Copy of magazine article .....	115

Legend

[sic] - Indicates preceding word has been reproduced verbatim and is not a transcription error.

(ph) - Indicates preceding word has been spelled phonetically.

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FRIDAY, MAY 12, 2017

...HOUSEKEEPING DISCUSSIONS

10:04 A.M. JURY ENTERS

...SCHEDULING DISCUSSIONS

PETER JAFFE: PREVIOUSLY SWORN OR AFFIRMED:

EXAMINATION IN-CHIEF BY MR. P. LEDROIT: (Cont'd)

Q. Good morning, Doctor Jaffe.

A. Good morning.

Q. Just to pick up - sorry?

A. Good morning.

Q. Good morning. We were speaking yesterday, before we broke, about your assessment. Can you just pick up and tell us what the procedure is. You were talking about various material that I had sent to you such as the - the medical records and the discovery transcript and information like that. And what do you do after you get that information?

A. The assessment basically involves interviewing Mr. McCabe, your client, and then, uh, completing psychological testing. I mentioned yesterday there is two self-report inventories that he would have completed and then I would - I think I mentioned there was a follow-up phone call with him about his work history. And then I had a subsequent meeting with him in March of this year and then I produced the report, having interviewed him, done - done the testing and reviewed the history.

Q. All right. And we were talking about, when we showed up on the screen yesterday, about the D-S-M-5 and how they - they use the words object - objective tests on the

alcohol use disorder. We went through those 11 tests on....

A. Yes. Again it's - they are more than a test, it's - it's really criteria...

Q. Criteria.

A. ...it is agreed upon diagnoses with criteria that should be foundation for the diagnosis.

Q. So we - we had talked about his father's drinking and I had asked you about that in comparison to the chart and - or what the D-S-M-5 diagnostic criteria would - what - I - what was your answer to that?

A. I didn't assess his father, I did - I, you know, his father is - I did not assess - what I had said yesterday in evidence was that I never met his father, I did not assess his father for an alcohol use disorder, and I didn't assess his brother, Jim, for alcohol use disorder.

Q. And you went on to talk about his mother, and what did you understand about her?

A. I am going to look at my report to refresh my memory. I remember him saying that she was a poor housekeeper and - and the house was a mess and, uh, didn't like to have people over, um, I also remember him saying that she was fairly religious and the church was, uh, very important to her. She died in, um, 1992 and he had, uh, I believe he told her prior to her death about the abuse.

Q. Okay. And did you talk to him about his - or - you once referred to his siblings, his brothers and sisters?

A. Yes, there was a, uh, reviewed his siblings and, uh, their - the connection he had with his siblings and a brief synopsis of their life history. I think that was also reviewed in the, uh, my recollection in the examination for discovery.

Q. Okay. And can you tell us what you learned of the history of his siblings?

5 A. It's summarized in the, uh, in the report. I guess he is the, uh, fifth of six siblings, three older brothers, an older sister, and a younger sister. I think yesterday we have heard, uh, that at times he didn't feel like he fit in, a square peg in a round hole.

Q. Yes.

10 A. And he indicated his older brother died in 1991 of a heart attack, uh, he had worked in sales and because of the age difference he didn't have a lot of memories of the older brother. There was a second brother, Paul, described him as an occasional drinker. He completed high school and worked in sales, now deceased. He had a brother Jim, married with two sons and a daughter, worked mainly in sales with the same - I think with the same company that his father had worked in, Rothman's, in the insurance industry. Seemed to be successful. He indicated, um, that he had a - a drinking problem, um, he was told to quit drinking and didn't and, uh, apparently he drank until his death in August of 2010. Sister  
15 Linda born in 46, completed high school, married, three boys, later divorced. Spent time on her own, eventually remarried, retired and now living in - in Lindsay. He described her as a light social drinker and he talks to her about once a month. And then Tom, born in 1949, completed high school, received  
20 some postsecondary at Sir Sanford Fleming College, wasn't quite sure about his area of study, was employed as a terminal manager in the trucking industry, now retired. Described that he drank heavily for a period of time but stopped because of  
25 diabetes. They see each other about twice a month. And the youngest, Mary, born a year after him, completed high school, no postsecondary education but did a lot of training through  
30

work, a facilities manager that does freelancing, married, no children, lives in Toronto.

Q. And did you review with Mr. McCabe about his - his history, his drinking and his employment and whatnot?

A. Yes.

Q. And can you tell us about what - what you learned from him?

A. I learned from him in terms of his drinking that alcohol was a problem throughout, um, his life until recently, more recently when he joined A-A and now has been sober for a number of years. But what he reported is an extensive history of drinking, irresponsible behaviour in terms of providing support for his family. Drinking also caused difficulty in terms of problems with the law in terms of being impaired while driving. And so the dominant theme, uh, one of the dominant themes of his life was around alcohol abuse and how that impacted him in terms of his family responsibilities and also in work. There was a job I think around 1993 that he lost due to impaired driving.

Q. And did you talk to him about his marriage and children?

A. Yes.

Q. Okay. Can you tell us about that.

A. He had a wife, Nancy, um, he reported having three children with her. He reported there were periods - there were periods where the - the marriage went well. He, uh, periods he had, uh, he described having a secure job and a wonderful family, making good income but he still continued to drink heavily and basically ultimately it ruined the marriage and, uh, ruined him taking ongoing responsibility for her or for the children.

Q. Okay. And after that?

5 A. Um, he was involved in, uh, common law relationship, uh, with a woman named Judy, um, on and off, um, for nine years between 2000, 2009. They had lived together and lived separately. He continued to abuse alcohol and the relationship ended, I think she - she moved to Calgary and he moved to Guelph.

Q. And what about children?

10 A. Three children, um, Nicholas born in 82, 30 - at the time I interviewed him he was 34 years of age, um, not married but has a son from a previous relationship who was 9 years old at the time of the interview. He was - at the time I interviewed him was currently unemployed. Again, I am not sure - I am not sure how much detail you want, Mr. Ledroit because I - I assume that your client already testified and...

15 Q. Yes, he has.

A. ...I don't want to repeat things the jury has already heard directly from your client.

Q. Did you - other children that he had?

20 A. Yes. A son, Thomas, born in 84 and now employed in Dawson City Yukon where he is manager for a casino at the time I interviewed Mr. McCabe. He - and again, one of the things he mentioned is he wanted nothing to do with his dad and they only reconciled or reunited, um, in 2014 when Mr. McCabe's daughter got married. He has a daughter born in -  
25 Avery, born in 86. She attended Fanshawe College for business and human resources. He indicated that she had a period of drug use, quite many years ago when she was about 15. She is employed - was employed with a car rental company, got married in August of 2014. She - he indicated to me that she was  
30 offered a position at Fanshawe College as executive assistant to one of the deans. They are in regular communication.

Q. You - insofar as the separation from his

wife, when did that occur?

A. He indicated he had, his words, "abandoned" his ex-wife from 1993 to - to 2010.

5 Q. Okay. And what was his relationship with his wife at the time that you were seeing him?

A. At the time I saw him they had reconciled, not in terms of getting back together again, but reconciled in terms of him acknowledging what he had done during the course of marriage and his lack of responsibility and the alcohol abuse. So he was, uh, as part - I guess part of his work in 10 A-A he was trying to make amends and acknowledge the harm he had done in his - with his past behaviour and irresponsibility related to his abuse of alcohol.

15 Q. And did you review with Mr. McCabe his education background?

A. Yes.

Q. And what did you understand it to be?

A. I understand that he, uh, graduated from high school, went to - up to grade 13. At some point, um, he, 20 uh, had wanted to go to university and he - I think he visited, my recollection he visited, uh, two different universities for possible admission but didn't follow through on that.

25 Q. Okay. Were you given his school records?

A. Yes.

Q. And you reviewed them?

A. Yes.

30 Q. And did you review with Mr. McCabe his employment background? I think you touched on it...

A. Yes.

Q. ...to some degree already. Okay. And then did you review with Mr. McCabe what happened and why this



lawsuit had been brought and what you were seeing him for?

A. Yes.

Q. And what did you understand?

A. Well, my - my understanding was that he reported, uh, being sexually abused - sexually abused by, uh, by his priest and it happened on a, uh, weekend trip to Montreal where they had stopped at a motel and he described, uh, being sexually abused by the priest during that trip. So he described it in some detail but again I, uh, a lot of it is already documented in terms of his previous reports and examination for discovery.

Q. Now what, if anything, do you have to say about what the reality of the abuse was to Mr. McCabe insofar as understanding that reality and coming to grips with it.

A. I think this relates to a question you asked yesterday, but my - my sense is that - that after Mr. McCabe was abused it wasn't something that, um, he thought about often. It was something that he tried to keep out of his mind.

Q. Can you comment on the commonality of that - how common that might be?

A. Yes, most - most common when - when, uh, somebody is sexually abused, um, in particular men abused as boys by another man, uh, that's not something they want to think about, it's something that's, uh, very aversive, hard to consider about what it means for them as a young man. You know, why they were chosen, why they were abused. What it means about their sexuality. What does it mean, um, for their sexual identity, their sexual orientation, uh, where they - so they think about why they were chosen, um, so it's - it's very common, um, more common - I think I said in evidence yesterday. More common for men than women not to report

abuse, it's, uh, and again, generally the sexual abuse tends to be more men perpetrators than women, um, and often for men being abused by a man is something that usually doesn't get talked about or disclosed often until years later, if at all. And it usually comes out more indirectly as somebody is - is in a crisis related to depression or suicidal ideation or someone is in a crisis related to their marriage or problems with intimacy it tends to come out. So the pattern that - that he reported to me is not uncommon in - in my experience. There is - I - I see a number of men in their 40s, 50s, 60s, who are coming to terms with what happened to them in their childhood and trying to make - make sense of it.

Q. Okay. And - and when you, um, talk about that word "the reality of the abuse", um, did you discuss with Mr. McCabe when he came to, if I can call it, the reality of it?

A. My - my - my assessment of Mr. McCabe was that he - he never forgot what happened but he wasn't really dealing with it. And....

Q. If I could ask you this, can you comment to us how he did deal with it?

A. Well, my - I guess my opinion, um, would be that part of the way he dealt with it was through abusing alcohol, that - which is probably one of the major - one of the major symptoms and impacts of child sexual abuse is trying to cope with it through medicating yourself. So being sexually abused creates a trauma, creates anxiety, just comfort in the way many survivors deal with it is through drinking.

Q. And you - you mentioned yesterday insofar as men and women are concerned there is a - some differences as to the - how they would - well, you mentioned about, um,

discussing it or talking about it. But what about of the use of alcohol?

A. Alcohol is one of the most common symptoms, uh, related to the aftermath of childhood sexual abuse so....

5 Q. Is there any difference between men and women insofar as....

A. Um, both men and women may - may abuse alcohol or drugs as a way of coping with the abuse.

Q. Yes.

10 A. Generally, uh, it tends to be, um, I think a greater problem for men but it affects both men and women. Men and women both, uh, try to cope with the - with the trauma and the abuse through medicating themselves and often alcohol is a common substance of choice to - to abuse.

15 Q. Well, you were mentioning that - that that was how Mr. McCabe dealt with it. Can you talk about the manner in which he dealt with it? The extent to which he dealt with it?

20 A. He had a severe problem with alcohol abuse. I mean, basically he - he flushed his life down the toilet through alcohol abuse. I mean, considering where he - where he would have been as a teenager in terms of any potential he had to succeed in life compared to where he is today, I mean I would - in short, I mean, I would have to say his life, you  
25 know, has been in ruins because of alcohol. Having said that, in fairness to Mr. McCabe, he also is in recovery, he also has joined A-A, he also helps other people who are struggling with alcohol abuse, so he has certainly has turned his life around in terms of being able to help others and come to terms with  
30 the - with the abuse in his life - with the alcohol abuse in his life and the harm that it's done.

Q. Now, um, why - can you explain why it is

that, um, you can talk about it in general terms, why you mention that this common coping strategy....

5 A. Well, if you look at - there is - there is studies - well, let me just give you a foundation, in my view, in terms of the aftermath of sexual abuse. There is, uh, child sexual abuse is strongly linked with a number of psychiatric disorders, anxiety, depression....

Q. And we talked about them, yesterday, yes.

A. Yes.

10 Q. You listed them, yes.

A. And - and alcohol abuse is - is very common. The answer as why there is multiple factors, um, why people may abuse alcohol. Obviously there is - there is what you learn in your family of origin, there are genetic components, there is many components. For someone who has been sexually  
15 abused, the theory is that you have bad memories, you have anxiety, you have - I mean, you try to cope with it by trying to forget what happened to you, a way of forgetting is to drink because when you drink you are in an altered state. You can be drinking - it may help the survivors, uh, forget what  
20 happened, minimize the anxiety, uh, think that they may be able to cope with their life and distress. But unfortunately it generally it's not a good long-term coping strategy 'cause usually what it does is create more problems in your life in terms of relationships, jobs, life outcomes.

25 Q. Are you able to comment on Mr. McCabe's relationships throughout his life.

A. Um, up and down. He clearly - I mean, he had some positive relationships in his - in his life. Clearly  
30 there were points in his marriage to Nancy that - that would - could be described as - as positive so certainly I didn't, um, there are aspects of the - of Mr. McCabe that are different

5 than other abuse survivors I have seen. Often abuse survivors I have seen, um, have had more difficulty developing intimate relationships or - or trust relationships. Clearly there were - he has had periods in his time when there has been good relationships but he has ruined them not due to lack of intimacy he has ruined them due to the alcohol abuse which led to the downfall of those relationships.

Q. You mentioned the relationship with his wife, Nancy...

10 A. Yes.

Q. ...but you mentioned also a common law relationship.

A. Yes.

Q. Did alcohol in any way play a part in that?

15 A. Yes, I - I believe from my recollection in my interview that that was - alcohol was also an issue. That was a relationship that had positive aspects but again he - that relationship was lost through multiple factors including alcohol.

20 Q. Are you able to comment of whether or not alcohol played any part in the relationship with his children.

A. Yes. He....

Q. Can you describe that please.

25 A. What - what he described and, um, with his children was that obviously being, uh, as an individual abusing alcohol you are not going to be a very effect or respected parent. And obviously alcohol destroyed his relationship with his children. And again, historically that's what happened, he is - part of his rehabilitation now through A-A is making amends and trying to acknowledge that 30 with his children and he is - my recollection, he has developed a strong relationship with his daughter and he is

trying to make amends with his - with his sons.

5 Q. Once more, are you able to comment about his prior - dealing with sexual abuse patients over the years, about how common that is or the abuse interfering with the relationship with their children.

10 A. It's a - a common impact. The impact of child sexual abuse is going to affect you in a number of ways in terms of potential psychological and psychiatric disorders, alcohol abuse so it obviously impacts you as a parent. In my  
15 - again, there is not one profile but obviously different victims may cope different ways. Yesterday I made references to a number of cases with women who were sexual abuse survivors, um, some victims, in particular some that I have been involved with who are women, tend to get overprotective of their children. They - I think I gave examples yesterday about they were worried about them going to school, they are very vigilant about them, you know, having a sleepover with a friend. They are worried about everybody, they are  
20 hypervigilant, they see the potential of abuse everywhere because of their history. With Mr. McCabe, um, it was more abusing alcohol and not - not being a responsible parent which is - which would be common for many clients. So there may be different - different patterns.

25 Q. There is, um, were there other impacts of what Mr. McCabe described to you from the sexual abuse for - in his life?

30 A. I think in - in - I think in general I think my opinion was that he was impacted in terms of having a traumatic experience at a critical stage in his development. He was impacted in terms of alcohol abuse, he was impacted in terms of life outcome. I mean generally speaking in a - in a general population, you know, by the time you are Mr. McCabe's

age you have had a track record of employment, you have, you know, a retirement plan or pension, you have things to show that you potentially have accumulated. I mean, depending on - on the nature of your employment. So I would say overall it has impacted his life both in terms of alcohol use disorder but also in terms of life outcomes.

Q. Okay, um, you mentioned things like house and - you mentioned things like a house and a - it - did you review with Mr. McCabe any economic issues?

A. Yes, well, obviously he, uh, my recollection was that he still owed money in terms of family support that he was significantly in arrears for his obligations to his - his children. So that he really has, um, he has debts and really no assets and I think he was making - at the time I saw him, he was making a living helping out as a - in a building with minor repairs.

Q. Now did you - or was there psychological testing done?

A. Yes.

Q. And how was that done? Can you tell us about that?

A. Um, Mr. McCabe completed two, uh, self-report inventories. One is called the "personality assessment inventory" where it's a self-report inventory where he - he completed over 300 questions and there would be a statement about, you know, whether he feels sad and he answers it from mainly false, false, mainly true, true. So he answers on a four-point scale about whether a certain item is descriptive of himself or not. And that test deals with overall a potential psychiatric problems, depression, anxiety, some reference to - to trauma symptoms and overall, uh, personality functioning. That - that test also includes validity scales

5 so obviously anybody completing testing might try to show themselves in a certain light either better than they are or make up problems that they have. So there is also a scale built in to make sure someone is not faking bad or - or faking good. Obviously in - in any civil proceeding you are always - or any court proceeding you are always sceptical, whether you are a psychologist or a lawyer or a judge you - you want to make sure that somebody is really giving you the goods about what they are thinking and feeling. So that's the personality assessment inventory.

10 Q. And you just talked about the validity of - of these tests and how valid are - how much you can rely on them. Specifically, I mean, you know, someone is going through whether a court case or whatever, I mean, I just want to - want you to deal with - to comment on the - I mean, can - can you fake it or beat the test or can you just comment on that?

15 A. Yes. It's always a possibility and there is - there is obviously if you are testing another psychologist you'd would be worried because I might figure out the test. Or a smart lawyer. But for the - but for the most part, um, for the average person, um, it's hard to fake without getting caught. I mean there are, um, there - there - there may be exceptions. With Mr. McCabe's testing, he tended not to overreport or underreport so, I mean, overall he wasn't making himself sound better than he really was and he wasn't, you know, exaggerating problems. And again, just, you know, he was - he was reporting the way he is today. Obviously if I would have - he would have tested 30 years ago it might look different in terms of, you know, the severity of his problems at that point in his life.

20  
25  
30 Q. How - how common is it that you would



administer this personal....

A. The personality assessment inventory?

Q. Yes, that.

A. It's - it's a common psychological test. I mean, different psychologists may use different tests. It's one that is generally well regarded in terms of being reliable and valid in use and....

Q. And, um, was there another test that you had...

A. Yes.

Q. ...Mr. McCabe do?

A. There is a - a trauma symptom inventory. The trauma symptom inventory deals with different, uh, dimensions of, uh, trauma symptoms, similar to what might be required to make a diagnosis related to post-traumatic stress disorder. So it asks the individual about nightmares, flashbacks, um, feeling suicidal, feeling hopeless about their life. And you answer that on a three-point scale about whether the extent to which your symptom is true of yourself. It's actually a four-point scale, zero, one, two, and three. And a three means that that's something that's, you know, a serious problem for you.

Q. Are you able to comment on the validity of these tests?

A. The - the trauma symptom inventory doesn't really have validity scales built into it so the trauma symptom inventory is more - more straight forward that somebody endorses the item whether they think it's true of them or not. But there is - there is not really a validity measure. Obviously with both those tests you also have to interview an individual. I mean, somebody might answer a question but you really have to talk to them about the nature

of their answer. And, for example, you might have a - I'll give you a hypothetical, it might help the jury. That you might say you have nightmares and flashbacks, well, just because you have nightmares and flashbacks doesn't mean that comes from being abused. You might have also been, you know, uh, you know, in a bad car accident or had some other tragedy. So you might indicate the symptom but you have to talk to the individual to know, you know, the association with a particular traumatic event in their life. You also have to interview somebody because somebody, in either test, somebody might indicate something but you have to interview them to understand the context of their answer. I can give you a common example, you might answer a question, "I think somebody is following me." And you might put, "True." That could mean that your paranoid or a paranoid schizophrenic, you know, you think people are following you. Or you could be an abuse victim who is being stalked by your ex-partner. So when you say somebody is following you it might, in fact, be true. So you not only need the questions on the test but you also have to interview somebody to understand the meaning. Which is a good thing because that means computers can never replace psychologists so you will - you - you not only have to answer the question but you also have to interview somebody to - to follow up.

Q. And did you also review the notes of the therapist, Elizabeth Schramm?

A. Yes.

Q. So having interviewed and put Mr. McCabe through these various tests, and reviewing the notes of Ms. Schramm, what can you tell us what the results of the testing were at first?

A. Well, those are two questions. Did you

start a question and end up in another place?

Q. Somewhat, but...

A. Yes.

Q. ...you - you...

A. I can....

Q. ...conducted your tests and - or you - you had your tests done and you conducted an interview. Tell us about what the results of the tests were.

A. So, again, I indicated I found the - the response to testing overall was, uh, was valid. What I found there was a - a history of antisocial problems related to alcohol abuse.

Q. What do you mean by "antisocial problems"?

A. Drinking and driving, not - being asked to pay child support and not paying child support so part of antisocial, um, is not obeying the rules of society and the things that are expected of you. So he - he indicated a number of - in his lifetime, uh, having a history of being antisocial. Not being, um, not being thoughtful about other people's needs, his responsibility towards other people. So many things I - I already referred to. But in the testing there is questions about that so it indicates that that certainly played a - a major part in his life. The - the trauma symptom inventory indicated that he was suffering from post-traumatic stress disorder. That he had many signs and symptoms related to, uh, flashbacks, nightmares, and anxiety, being agitated, anxious, upset, um, so based on the testing he would have qualified for post-traumatic stress disorder. Again, just to help the jury with this and I am not sure we are going to get into this later on. But obviously Mr. McCabe had a traumatic event in his life related to the sexual abuse, he describes that as a - obviously as a source of trauma for

him which - which I think is significant. And obviously one of the - one of the - as he is completing the test, one of the things that I have to bear in mind is that he is also reliving the past trauma. It's one thing to be traumatized at age 10 and then get counselling and - and you recover. It's another thing when you are now trying to deal with it in your 60s and you are now involved in litigation and you have to, uh, get examined and cross-examined by lawyers in discovery or - or at the trial or talk to psychologists or a defence psychiatrist. So clearly one of the impacts of the trial is now you have to relive it so for any of us, not just Mr. McCabe, but any of us when we confront our past and there is something unpleasant that we have in a - in a closet somewhere, if we have to examine it it's going to make it harder. It gets worse before it gets better because if you have to go back and look at something painful it's going to make it worse. And if - and that's part of the process of - for many survivor's of abuse. What usually happens, just my, you know, Mr. McCabe's experience is similar to most abuse survivors. When you finally come out and say, you know, this is what happened to me the usual response is, "Well, no, it didn't happen." Or, "You didn't remember." When you finally say, "No, in fact, it did happen, I remember the details." Then people tell you, well maybe it did happen but it was a long time ago, it really wasn't that bad. That's what people usually - this is part of the recovery. And eventually people say, okay, it did happen, maybe it was bad but your life wasn't going to be much better anyway because you had bad parents, you were poor, um, so the process of recovery for most abuse survivors goes through different stages. And now Mr. McCabe is in the - that third stage where yes it happened, yes it was bad, and - and my recollection is the church has acknowledged what happened and

apologized for it. But now the issue is, well, it was bad but you were gonna be screwed up anyways. Your life was basically going to be in ruins because your dad drank, your brother drank, um, uh, you really had, you know, you had bad genes, you had problems in - in grade four, you know, not really sure you were ever going to go to university. You're just making up a lot of things to - to, uh, you know, to blame everything on the abuse. So he is now in the third stage which not only his trauma but in fact is re-victimizing somebody from their trauma, basically telling them that they were going be screwed up anyway so none of this really matters.

Q. What do you mean "revictimized"?

A. Well for most - for abuse victims you were abused once by the perpetrator but then you are re-abused when you tell about what happened to you. I used the example yesterday and I will just refer to that, you know, the girl that told her mother she was abused by Father Sylvester, um, her mother didn't believe her and said, "You know, Father Charlie wouldn't do that." And then - and then her mother goes to a going away tea in the church because he is getting moved to another church. So that is being revictimized. Then she goes to church and people in the pews in front of her turn around and look at her because she is responsible because Father Charlie has to move to another church because she disclosed about the abuse. So then you get revictimized because not only were you victimized the first time but now you are not believed - now people blame you rather than blaming Father Charlie for what may or may not have happened. You are being blamed because it - because a priest who is popular is being moved to another - another church. So - and then - and then obviously if you don't get believed, that becomes part of the - part of the problem because then you

don't get the support and then the abuse, uh, the impact of the abuse continues.

Q. And can you describe how that plays a part here, with respect to Mr. McCabe?

5 A. Well, with Mr. McCabe it is, uh, part of the process is - well, obviously litigation is hard and litigation is hard for lawyers, it's hard, you know, for expert witnesses, litigation is hard for anybody to begin with. But when you are an abuse survivor going through litigation you are having to tell your story over and over again, you are reviewing many years of your life. You are expected, you know, to be - obviously there is requirements of the - of the court, you know, to be honest, straight forward, consistent in what you have told people at different points in time. And then you are cross-examined on what happened or didn't happen, how bad it was, how often it happened, other problems in your life. So there is - the court - the court process in itself is - can be re-victimizing. Even with kind and compassionate judges and - and kind and compassionate lawyers it is still a difficult process.

15 20 Q. How - what, if any, impact has this process, this revictimization, whatever he has had - well, can you describe what, if any, impact it's had on Mr. McCabe.

25 A. Well I, um, I would describe Mr. McCabe as fragile, you know, an individual - I mean, he is still anxious, he is distressed, um, I mean he is being held together through A-A. I mean, I think he gets a lot of support through counselling through A-A. He also gets support in helping others. Part of your recovery in A-A is as you, you know, have years of sobriety you take on more responsibility for helping other people who are going through similar problems. So he's - he's certainly a different man

30

5 today than he - than he would have described himself in the past at the low points in his life. But I think all this still takes a - a toll on him and so I - I think he is still a very fragile individual, very anxious, distressed, and these proceedings obviously add to his distress.

Q. Now dealing with this particular case, do you have any opinion on the - the severity of the abuse?

A. Yes.

Q. Can you discuss that with the jury?

10 A. Well, yesterday when you were writing on the flipchart, I talk about the fact that there is many factors that....

Q. Do you want me to put that back?

A. I can go from memory.

Q. Well, your memory might be better than mine.

15 A. I think yesterday, uh....

Q. We had a couple pages.

A. Yesterday when we were talking about the impact of abuse...

Q. Yes.

20 A. ...um, there's two things I want to say that I, uh, one is that you can have two people abused in the same way and have different outcomes. That there is not - it's not always a one to one relationship, not every abuse leads to the same consequence, even the same kind of abuse. And - but, so  
25 if you look at a group of people, if you - the research on the long-term impact of childhood sexual abuse, clearly there is important factors about how severe the abuse was, how frequent it was, so there is multiple factors. How violent it - it  
30 was. In terms of Mr. McCabe, um, the abuse happened on a weekend trip, you know, the overnight, um, I would consider the abuse that he suffered to be on the severe end. And the

reason I - I consider it severe, he wasn't raped at  
knifepoint, uh, but he was sexually assaulted by a priest who  
probably in our society holds probably the most status in  
terms of representing God, the church. He was abused by a -  
an individual he trusted. He also reports that prior to the  
5 abuse there was some, uh, grooming in terms of affection with  
the priest. The priest played an important role, not only in  
his life but in his family's life. The priest was a - his  
mother, uh, was a devout Catholic, the priest was over to  
10 their house. So I would consider the abuse severe and I  
emphasize the nature of the role of a priest in his life.  
Because it's severe in a different way, it's severe because of  
the nature of - of that role rather than severe in terms of it  
happening at knifepoint. Again, with sexual abuse of  
15 children, most sexual abuse of children, and the same as Mr.  
McCabe's case, it doesn't involve violence, um, most abuse is  
really by adults who are in a position of trust and authority.  
Usually there is a - a powerful trust relationship, teacher,  
coach, obviously priest; so that relationship usually involves  
20 compliance. You know, children usually aren't, you know,  
fighting off an adult so there is really not, um, not violence  
per se. But there is still fear and respect for somebody in  
the position of authority, such as a priest.

Q. Insofar as the positions of authority you  
25 mentioned, coach, teacher, priest; where would you place a  
priest insofar as a position of authority? In comparison with  
other authority figures.

A. I - I would say from the different  
institutions it's the highest, you know, it's the - you know,  
30 higher than a priest is the pope and God. I mean, it's your  
faith community. If you are going, um, it's totally imbedded  
if you are - particularly if you are going to, you know, you



are going to a Catholic school, there is a church next door, the priest comes in, you know, to give you religious education. You go, you know, to the church next door, neighbouring church, it's part of your community, it totally envelopes you. It's - it's different, um, than other institutions because for a church it's so much - potentially part of your life depending on - on your family and religiosity. But it's - it's pretty central. For Mr. McCabe it was pretty central.

Q. Okay. Again, on that, if I can ask you to comment on authority figures. Is it possible in this case to rate, say a priest as opposed to a hockey coach or a teacher?

A. Well, I have dealt with hundreds of abuse survivors and some are abused by teachers, principals, coaches, priests, neighbours, somebody they are babysitting for. So I have seen a whole range of adults in - in trust relationships, also of, uh, so there is a - there is a whole range of potential perpetrators. In my experience being abused by a priest is one of the most profound forms of abuse because of their position, uh, often in a - in a - in a child's life and their position in the community. When I talk about community, again, some of the - obviously the - the church is central with the school in the child's upbringing and their beliefs so I - I think it's one of the most profound.

Q. Are you able to comment on where the abuse happened, that is to say on a trip away from home.

A. Not - I mean, I - I think a lot of the - a lot of the cases I am involved with with priests, it - it happens, uh, in the church or in the school or in the, you know, the residence, um, so I am not sure, uh, obviously if you're - as a child you - you are vulnerable with an adult who

5 is an authority, who is in a position of trust and so obviously being away overnight, you know, potentially away from your family may make you more vulnerable but I - I - I don't think - I can't really point to research that says it's worse on a weekend trip than getting abused in the church.

Q. Okay. What about the length of time over which it occurred? I mean, we've heard some comment whether or not it lasted for minutes or hours.

10 A. In - in my - in my view with the description that Mr. McCabe gave and what's in the record, you know, the examination discovery and - and now obviously the jury has heard the evidence so, you know, in my view what I have - what I consider happening is, uh, is very serious.

15 Q. Now we were talking a few minutes ago about post-traumatic stress disorder and you were mentioning that Mr. McCabe suffered from that?

A. Yes.

Q. And does he continue to suffer from that?

A. Yes.

20 Q. Okay. And I want to, in a moment, get the - post-traumatic stress disorder is in the D-S-M-5?

A. Yes.

25 Q. And is - is it - what is it? I mean, I know you described a little bit about it but is it a psychiatric illness or a psychiatric diagnosis? Can you give us some help with that?

A. Yes. Well, again, it's a diagnosis in D-S-M-5 that we talked about yesterday.

Q. Yes.

30 A. And it refers to an individual, um, who has experienced a - a traumatic event and a - a tragic [sic] event can be somebody - a trauma - a traumatic event can be somebody

who has experienced a - a - a near death or death experience or witnessed such an incident, but....

Q. Let me just take you to...

A. Okay.

5 Q. ...sorry, I have got to move the screen, just to the side. Okay, if we just go through this. It's a little bit on an angle but bear with me.

A. Is it possible that your associate could press the - press the plus sign, at the top?

10 Q. I will ask.

THE COURT: It's a common problem.

MR. LEDROIT: Q. All right.

A. Maybe back, a bit of the minus sign. That's good.

15 Q. Okay. I am just trying to put myself somewhere where I am not in the way. Okay. This is from the - let me - okay, the D-S-M-5?

A. Yes.

20 Q. And it says "post-traumatic stress disorder diagnostic criteria". And it - it reads, "The following criteria apply to adults, adolescents, and children over six. Exposure to or to actual or threatened death, serious injury, or sexual violence." Now let me just ask you there, can you comment on whether or not Mr. McCabe was exposed to this?

25 A. Yes. He was victim of sexual violence.

Q. Well you - you mentioned earlier, though, that it wasn't violent.

30 A. It's still violence when you have a child abused by an adult it's still, you know, the term "violence" you know, really is referring to somebody who is - who is abused or traumatized. So whether it actuals involved someone being held at knifepoint or wrestled to the ground, it's still

considered sexual violence.

5 Q. And, "The other exposures, witnessing in person events as it occurred to others, learning that the traumatic events occurred to a close a family member or friend, and experiencing repeated or extreme exposure to the aversive details of a traumatic event." What - can - can you just explain number four for us?

10 A. Um, number - number four, if you are, um, continuously exposed to details, if - if you have suffered a form of trauma and then you constantly have to relive it either directly or indirectly. For example, if you are a - I can take an example from my work. Police officers who were sexually abused in childhood, um, and they have tried to deal with it so they - they suffer from trauma. Then, as part of their job as police officers, they are going to homes where 15 children have been sexually abused so they are having to - they're being exposed to triggering events so they are - they are reliving what happened to them as a function of continually getting exposed to the same kind of material. It could also be, you know, another example would be, uh, if you are - well, that's probably a - a safe example for now. 20

Q. What about as you were describing earlier, this process of victimization or revictimization going through this process.

25 A. Yeah. No, if you - obviously for - I would assume that but - but that's probably a - a simpler example. But if you are abused in childhood and then have to keep talking about it. Obviously you are talking to a therapist that's - you are in a safe environment to recount what 30 happened to you. If you are having to tell the story over and over again and - and be questioned and dissected about, you know, how something happened, when it happened, how long it

was and - but obviously you are also getting exposed to these same details over and over again and you have to relive them. Especially, and this is especially true for older abuse survivors that are - that are having to dig up stuff from their past and - and go back to those details.

5 Q. Okay. And then - and part "B" talks about - well, perhaps you can just comment on this for us, "The presence of one or more of the following intrusive symptoms association with traumatic events." What - what - does this play a - is this relevant here?

10 A. Yes, so part of what you are going through this diagnosis is in order to have a diagnosis of post-traumatic stress disorder there has to be a traumatic event and then you have to have a number - there is a number of criteria of things that you have to have suffered to qualify for the diagnosis. So one of them is having intrusive symptoms, um, and that....

15 Q. What's an intrusive symptom?

A. Nightmares, flashbacks, so you're...

20 Q. Okay.

A. ...you - you think about things even though you don't want, it's - it may be - it's considered involuntary. For example, you - you know, someone has been in a bad car accident and every time they, you know, they - they go by, um, they might have a trigger when - when they go by the scene of the accident. There is no accident anymore but they may get triggered, they may get reminders. It may be a pleasant day and then - and then out of nowhere comes a distressing memory of what happened to them in the past. So you - so in terms of having intrusive symptoms, it's having flashbacks, it's having - it's having nightmares, it's, uh, getting distressed at even thing thinking about something that

happened.

5 Q. Does - and going through the notes and records of Elizabeth Schramm, the therapist, you going through your inventory - or your testing, and in going through your interview, does mister - or can you comment on number one?

A. Yes.

Q. In Mr. McCabe.

A. He would - he would have those symptoms.

10 Q. Okay. And it says - noting children over six years old predator play may occur in which they - that - that - that - does that concern us here?

A. No.

Q. Okay.

15 A. I - I think the D-S-M-4 was trying to - it separates, uh, there was separate categories from - for some childhood disorders, how they may show up in children younger than six.

Q. Okay. Number two is - have we talked about number two?

20 A. Yes. We....

Q. Yes. Number three, dissociative reactions, flashbacks. Is that your big term for a flashback, "dissociative reactions"? Or is that just an example?

25 A. No, I mean it - I mean a flashback can be - can be brief or it can be more - more intense where you actually think everything is happening all over again so they can vary in - in duration and intensity.

Q. Does - does that play - this issue or this symptom, does that play a part for Mr. McCabe?

30 A. He has flashbacks, I wouldn't - I - in terms of my interview with - my memory of my interview with him, about going back to, um, his therapist notes I wouldn't report

dissociative reactions.

Q. Okay. What about number four?

A. Yes. So, number four in terms of prolonged distress and exposure, um, to thinking about what happened, being anxious, distressed, upset.

Q. Just briefly, can you describe what is an internal as opposed to an external cue?

A. All that means - an external cue is a reminder there may be something external to you, a sound, a sight, you know, seeing a priest, that may trigger it. Internal is just something that comes out of your - internally out of your mind. You are just ruminating or worried about something and an image comes to you.

Q. Number five, marked or physiological reactions to internal or external cues. What - can you describe what that is and whether or not there was any, um, play any role in Mr. McCabe's....

A. That's, you know, feeling potentially, uh, like, getting anxious, upset so much that you have physiological reactions, sweaty palms, a racing heart, you know, feeling physically distressed.

Q. Does that - can you comment on that as to whether or not that plays a role in this case?

A. Yes, he reports some of those - some of those symptoms.

Q. So you only have to have one of those symptoms for the diagnosis, according to what I read at the top of "B".

A. Yes.

Q. And how many does Mr. McCabe have?

A. I would say four of them, I am not sure about number three.

Q. Three, perhaps four?

A. I am - no, I am not sure about number three on the list.

Q. Oh, I see.

A. The....

Q. Okay. So four of the five.

A. Yeah.

Q. But you only need one to be...

A. Yes.

Q. ...diagnosed? Okay. And then if we can just move up to "C". Okay, "C" reads "persistent avoidance of stimuli associated with the traumatic events, beginning after the traumatic event." Does this play any part here?

A. Yes, it - well, I think part of my finding with Mr. McCabe was his overwhelming pattern, um, was really drinking, um, in part to - to forget, to deal with his anxiety and - and distress so that's part of his avoidance strategy.

Q. Okay. And what about "D", "Alterations in cognitions," does that mean thinking?

A. Yes.

Q. Okay.

A. Well he did, um, my recollection is....

MR. LEDROIT: Let's just go - you need to scroll down. You need to scroll down. No, I want to be where I was. Okay.

Q. Sorry, we were talking about "D. Negative alterations in cognitions and moods". You were just discussing - discussing....

A. Well - well, there is elements of - of number one, that - that, you know, over time, uh, as he entered therapy he remembered more aspects of, uh, what happened in terms of the sexual abuse.



5 Q. Okay. Persistent, uh, number two, "persistent and exaggerated negative beliefs or expectations about one's self or others". For example, "I am bad, no one can be trusted, the world is completely dangerous. My whole nervous system is primarily ruined." Does that play a part in this case?

A. Yes. I think there is - I mean, an overwhelming symptom would be his - his shame about, uh, what happened and not wanting to really deal with it.

10 Q. Does that come under - under, "I am bad"?

A. Potentially, yes.

15 Q. Okay. "Persistent distorted cognitions about the cause or consequences of the traumatic event which leads the individual to blame himself/herself or others." I believe you were I believe talking about this blame issue before in general about, um, being one of the - or one of the impacts of childhood sexual abuse. Does it play a part here and if so, how?

20 A. That one is more complicated, I - because I believe Mr. McCabe blames himself for the alcohol abuse although I realize we are in the middle of civil proceedings about his matter. Overall he thinks he has made his life a wreck, you know, through his drinking and he blames himself. He beats on himself, uh, psychologically on a regular basis for - for what he has done.

25 Q. Number three, "Persistent distorted cognition about the cause or consequences of the traumatic event or events that lead the individual to blame himself or others." We have talked about that.

30 A. Yes.

Q. Okay. "Persistent negative emotional state. For example, fear or anger, guilt, or shame." Does that play

a role in this case and...

A. Yes.

Q. ...if so, how?

A. More - more shame. Ongoing shame.

Q. And what about fear?

5  
A. Um, when he - when he thinks about what happened, if he puts some - I think one of the, um, without confusing the matters. One of the difficult things is when you are in your 60s remembering something that happened to you when you were 10 or 11. You know, you are an adult thinking  
10 back as a child, so if you put yourself back in the role as a child you are fearful. As an adult, you know, you - you wonder why you didn't manage it or deal with it differently.

Q. Number five, "Markedly diminished interest or participation in significant activities." What, if any,  
15 does that play a part in this case?

A. Um, and again it's not clear in my mind for - I'll - let me just speak in generally and then I - I am not clear about Mr. McCabe in - in this regard. But in generally  
20 people - many people who are abused, uh, um, by a priest, uh, stop attending, um, church and lose their faith in God or, uh, however mister - I'd - I'd say at this point in time, Mr. McCabe, you know, through A-A, um, is in the process of making  
25 amends about - for his behaviour but also looking for - to forgive others. So he has taken steps to try to - to forgive the priest for what the priest did to him. So he is in the - he is dealing with forgiveness and....

Q. What about in the years leading up to five or six years ago when he got into alcoholics anonymous? What  
30 about those years?

A. Well, I think, um, looking back, I don't think the - the church became a source of support for him

which - which might have been, uh, which might have been important based on his - the way he was reared.

Q. "Feelings of detachment or estrangement from others." What, if any, did that play a part in this.

5 A. I - I think we talked a bit about this yesterday. So, um, sometimes he - he feels different, he feels, uh, different than others. I think we - I think this - this actually was a - an issue that happened even before the abuse, where he - we talked yesterday about not really feeling he belonged in the family being a, uh, a, uh, square peg in a  
10 - in a round hole. So there was always a different - a sense of feeling different and not - and not belonging. And so, in my opinion, the - the abuse would have, uh, exacerbated that.

Q. And I think his testimony was he had that feeling before.

15 A. Yes.

Q. Of not...

A. Yes.

Q. ...being a square peg in a round hole.

A. That's what I said just....

20 Q. Yeah. Yeah. And you're saying - what - what would happen to that feeling....

A. It would - it would make him - it would make it worse if you were already feeling that way.

25 Q. Number seven, "Persistent inability to experience positive emotions, inability to experience happiness, satisfaction, and loving feelings." Does that play a part, if any, in this case either now or for the years previous to A-A?

30 A. I think his - his relationships and his positive feelings would be - would be up and down, like, I - I - I think it - number seven wouldn't be a - wouldn't be a

hallmark from the - from this case.

5 Q. Now, if you move on to, "E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following." Does "E" play a part in this case?

10 A. Yes, and I - maybe just to save time. So certainly "reckless or self-destructive behaviour" so it - certainly the - the alcohol use, uh, problems, coping with the trauma through alcohol, um, I - so obviously there was "reckless and self-destructive behaviour". Um, certainly "problems...."

15 Q. You mean the - you mean the - let me just get it on the viewer first and then, uh, the alcohol abuse would - is that what you are referring to?

20 A. It's connected to that but it's also his - his lifestyle, uh, like being irresponsible in terms of, uh, caring for his family, being responsible for his family. Having, you know, obviously care of his children and responsibility for his children.

Q. And what about, um....

A. And then - actually if I can - maybe to save time.

25 Q. Yes.

A. Obviously "problems with concentration", um, uh, again the problems are on and off but, yeah, it would have been there for significant periods of time. "Sleep disturbances" is something that he reported as well.

30 Q. Does that play a role here?

A. Yes.

Q. "Duration of the disturbance." I am not sure whether it refers to criteria B, C, D, E, that's the most

for just a - is more than a month. Has it been more than a month in Mr. McCabe's case?

A. Yes. And - lifetime.

Q. And that....

5 A. So again, just to - for the jury, when, uh, everybody could have a bad day, you can have a bad experience at work or, you know, have a scary experience on the highway, you might be upset and agitated, you know, but if you move on with your life and you're not - you don't have those symptoms that carry on for more than a month, you're not going to  
10 qualify for the diagnosis. Like clearly, all of us have been stressed and all of us may be exposed to something for brief periods of time. To qualify for post-traumatic stress disorder you - you have got to have the symptoms and the  
15 criteria that Mr. Ledroit just reviewed but they also have to continue for an extended period of time.

Q. And how long has the duration been in Mr. McCabe's case?

A. On and off for 50 years.

20 Q. And "G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning." Does "G" play any role in this case, and if so, how?

A. Well part of - part of that criteria is that  
25 not only, uh, have you suffered from trauma and the symptoms but also it has impacted you, uh, in terms of your relationships and occupational, um, occupational, vocational adjustment and success in life.

30 Q. And then, "H. The disturbance is not attributable to the physiological effects of a substance, for example medication, alcohol or another medical condition." Does that play any role in this case?

5 A. Yes and that's - I - I would say "H" is somewhat complicated just, uh, for the jury. It's - sometimes it's hard to sort through, uh, problems when you have multiple problems, um, because obviously one of the outcomes of - of trauma may be alcohol or substance abuse. But that creates other problems and symptoms. So one of the things you want to look at in the diagnosis, whether you are just assessing the trauma or just assessing the alcohol abuse, uh, or alcohol use disorder in terms of the formal term now, um, so in this case you're dealing with both, so it - my opinion would - would be 10 that, uh, Mr. McCabe would be suffering from both. He has an alcohol use disorder but he also has post-traumatic stress disorder but they are - they're connected to each other.

15 Q. Okay. "Specify whether the - with dissociative symptoms." What - what's a dissociative symptom?

20 A. We talked about that, uh, earlier. We talked, you know, if you are having an out-of-body experience that you feel like something's - that you're actually at the scene of the accident or the - the trauma. You're outside your body and you're....

25 Q. Okay, but we're not talking about out-of-body experience, you - I think you talked about nightmares and flashbacks.

A. Yes.

30 Q. Are they dissociative symptoms?

A. Yes.

Q. Yeah. Okay. Now, the individual symptoms meet the criteria for post-traumatic stress disorder and in addition, in response to the stress would the individual experience a persistent or recurrent symptoms provided in the following: depersonalization or - or derealisation. First of all, before we get into what that means, are they relevant in

this case and if so, which ones?

A. No I - so, and again just to clarify, if you are looking at the diagnosis - you have gotten the diagnosis and you've got to "H"...

Q. Yes.

A. ...in what the D-S-M-5 is - is - is saying. If there is other issues you should specify if - if, uh, if you are also dealing with depersonalization or derealisation.

Q. And we're not dealing with that here.

A. Um, it wasn't part of what I wrote in my report.

Q. Does this specificity of other symptoms, does it play a role here or are we done with the - or your....

A. It doesn't - or it didn't play a role in my report or my assessment.

Q. Thank you.

MR. LEDROIT: Your Honour, I have made a copy of those two - well, two pages from the D-S-M-5, pages 271 and 272, which we've had up on the screen.

Q. Are these exact copies of the D-S-M-5?

A. Should I check the book or do I - I assume that you are an officer of the court, whatever you give me is the right thing?

Q. You have got to go through this formal process here.

THE COURT: Exhibit 10.

EXHIBIT NUMBER 10: Copies of pages 271 and 272 from the D.S.M. 5 - produced and marked.

MR. LEDROIT: Thank you. If the jury is interested in a copy of this, I am sure - copies for the jurors. I didn't leave anybody out.

And I had to give one to the other lawyer so I am shy one.

Q. Now, um....

THE COURT: Two things. One, can I get a copy as well? There is one for the exhibit. And secondly it is 11:25, would that be....

MR. LEDROIT: Can I have one more question....

THE COURT: Sure, no, that's fine. Just asking.

MR. LEDROIT: Maybe two questions.

Q. First of all, did you take a history of whether or not there are any psychological disorders, such as post-traumatic - post-traumatic stress disorder in any other member of Mr. McCabe's family?

A. Yes.

Q. And what was that history?

A. Um, none of them reported, other than what we talked about yesterday, about alcohol problems reported, uh, with his father and brother, Jim.

Q. Yes....

A. For....

Q. So I'm just - okay. Yes.

A. Yeah.

Q. Okay. Which - which may be some psychiatric or psychological disorder, could be.

A. Yes.

Q. You didn't make that diagnosis, we had that up on the screen.

A. Yes.

Q. You weren't asked to do that.

A. Right.

Q. Now, do you have an opinion as to what the cause is of Mr. McCabe's post-traumatic stress disorder?



A. Yes.

Q. And can you tell us what that opinion is?

A. It's related to the abuse he suffered at the hands of his priest.

5 Q. What do you mean by "related to"? Are you, uh....

A. Oh, no, in terms of - obviously the trauma symptom and in terms of asking him about different sources of trauma in his life, you know, it's connected to the abuse by the priest.

10 Q. Okay. And - and be as specific as I can, can you tell us what caused Mr. McCabe's post-traumatic stress disorder?

A. In - in...

15 Q. What's the cause of it?

A. ...in - in my opinion it's caused by the - by the abuse that he suffered.

20 Q. Okay. We're going to take a break now, thank you.

THE COURT: Quarter to.

11:26 A.M. JURY RETIRES

...

25 R E C E S S

U P O N R E S U M I N G :

30 11:51 A.M. JURY ENTERS

MR. LEDROIT: Q. Doctor Jaffe, we had up....

5 THE COURT: Actually if I might just - sorry,  
Mr. Ledroit. If I might just interrupt for a  
moment. Members of the jury, it came to my -  
sunk into my head, Mr. Ledroit has been kind  
enough to give you copies of the D-S-M and - and  
10 that, I suspect, will be helpful to you in your  
deliberations. You have been watching us look  
at these reports and I am delighted to see that  
regardless of that, all six of you have been  
listening attentively. If, in the back of your  
mind you are thinking, well, in due course they  
will give us copies of those reports. That is  
15 not the usual practice and so you are going to  
be hearing from a number of experts and it is  
unlikely that you will be getting copies of  
those reports. So, I just thought in case you  
get a little tired and think, well, I don't  
really need to listen to this because I will  
have the report to look at later. That is not  
20 the usual practice in cases of this kind. And  
so you are going to have to continue to be as  
attentive as you have been. I just thought I  
should warn you of that in case that sunk in at  
some point. Sorry to interrupt. Go ahead, Mr.  
25 Ledroit.

MR. LEDROIT: Q. Doctor Jaffe, yesterday we were  
talking about - we had up on the screen "alcohol use  
disorder".

A. Yes.

30 Q. Can you comment on whether or not Mr. McCabe  
may or may not suffer from that?

A. Yes, he would suffer from severe alcohol use

disorder.

5 Q. We - we had up 11 points on the screen yesterday, without going into those points, would Mr. McCabe suffer - I mean, you say it's severe and I think it had to be....

A. Six or more.

Q. Six or more, he would have six or more of those points?

A. Yes.

10 Q. Thank you. Now, do you have an opinion as to what caused Mr. McCabe to suffer from alcohol use disorder?

A. Yes.

Q. And what is the cause?

A. Well, I think I want to preface my...

15 Q. Yeah.

A. ...my - my response it's - it's never a one to one relationship. Life would be simple if we could always say one thing happened or one thing is a consequence. Within the study of psychology and psychiatry it's usually more complicated. Usually there is multiple factors in someone's life, you know, their upbringing, uh, the genetic pool that they may be working with, parents, uh, problems. There is multiple factors that result in - in any outcome. So Mr. Ledroit has asked me a straight forward question that doesn't have a simple answer so I really want to be clear with the jury that there is never any scientific certainty, whether it's me or other experts. You can't say "A" definitely caused "B". The most we can say in my - in my field is whether something is more likely than not, in my view, to be associated with a - with a certain consequence. So there is - there is little certainty in life other than death and taxes, you can predict those for sure. With other things it's - it's

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more multiple factors, uh, and trying to look at possible consequences. So in my assessment of mister - to - to answer your....

Q. Just - just...

A. Sorry.

Q. ...before you - you state that, I - I just want to indicate that all we are interested in in here is not scientific certainty but what is more likely than not.

A. I know, I - I - I understand your question but I feel like I - I am not here as an advocate. Part of my duties to the court is - is really to offer an opinion based on knowledge and I am - I - I want - it's important that in - in informing a jury that I talk about the reality of, uh, of the field. I don't want to overstate something. I feel - I feel a responsibility as an expert to, uh, that's part of my duty.

Q. So in Mr. McCabe's case, on a basis of what is more likely than not, what is the cause of Mr. McCabe's alcohol use disorder?

A. So, and my response would be although there is likely multiple factors, more likely than not the abuse is - resulted in the alcohol use disorder.

Q. Okay. Now, again on the basis of what's more likely than not, if Mr. McCabe had not suffered from the abuse by Alfonse Robert, okay, ruling that out. Would he have suffered from post-traumatic stress disorder?

A. In my opinion, no.

Q. Would he have suffered from alcohol use disorder?

A. I have to be - in responding to that question, I - I want to be cautious. Although I haven't diagnosed Mr. McCabe's father or his brother, there is clearly

5 references to alcohol in Mr. McCabe's history, alcohol - from a lay perspective, alcohol problems reported in the family. So, clearly that would be, um, a - a risk factor in terms of the family background with - with some degree of uncertainty because it hasn't been formally diagnosed. So that would certainly create some risk for him, um, but my opinion would be that more likely than not the alcohol use would be associated with the original abuse he suffered.

10 Q. Okay. Let me just ask you, when I am at - and maybe I should rephrase the question. Alcohol use disorder comes in three different categories: mild, moderate, severe.

A. Yes.

15 Q. Let me just rephrase the question for the purposes of legal positions in this lawsuit. If the abuse had not occurred, what is more likely than not of Mr. McCabe suffering from severe alcohol use disorder, which you have categorized him as having more than six.

20 A. I would think the - the abuse would be a significant factor in him having severe alcohol...

Q. That's....

A. ...alcohol use disorder.

25 Q. ...that - and that's not the question. I - I - let me just repeat the question. What is more likely than not the cause of the severe nature of Mr. McCabe's alcohol use disorder?

A. More likely than not it would be connected to the, uh, uh, to the abuse.

30 Q. I'm going to ask two more questions. Well, okay, I'll leave that. Did you test Mr. McCabe, his intelligence quotient, better known as I-Q?

A. Yes.

Q. And what did you find his I-Q to be?

5 A. It was an average I-Q. So it was - it was at the, uh, an average I-Q is - is a range between 90 and 110. So his - his score was 109. And it was different, uh, usually intelligence test, uh, members of the jury may not have taken one or be familiar with them. They - they test both verbal intelligence and visual motor, uh, um, functioning and he scored much higher in verbal in terms of vocabulary and knowledge compared to, uh, visual motor, which is putting together block designs for example. So it was a higher verbal I-Q at - at about - I think it was 117 but I want to make sure. Yes.

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Q. Now, um, do you have an opinion, again based on the balance of probabilities, what is more likely than not as to whether or not there was an impact on Mr. McCabe's educational pursuits as a result of the sexual abuse.

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A. Again, I - I know you like simple questions and simple answers, um, with all due respect, um, I think it's a - it's a complicated question because, uh, Mr. McCabe, um, although he, my recollection from my notes and assessment that he visited universities, he didn't go. And when I asked him about not going to university, um, uh, his dad was ill, he said he was earning money, uh, helping the family plus he quoted a lack of - of confidence. So, I want to be clear, to go to university - I have four sons of my own, um, uh, three of them went to university, are in university and there is multiple factors about why somebody pursues education. Opportunity, motivation, intelligence, interests, so there is multiple factors so I want to be careful although counsel is asking me a simple question, it's not a simple answer. I don't want to overstate the, uh, an answer. So I - I do think abuse affects individuals in terms of their, um, potentially

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in terms of the level of confidence, willingness to take on the world, deal with, uh, deal with challenges. So I do think in Mr. McCabe's case abuse does affect educational outcomes. Potentially either at the time or subsequent, what....

5 Q. What do you mean by that?

A. What I mean by subsequent, it's - it's certainly more common, uh, even in - even in Mr. McCabe's generation that you get a job and you have opportunities for promotion if you go back to school. So you might start, you know, for example, you might start as a - as a police officer with a university or college degree but then the longer you work you get - you are able to go back to university and get additional degrees, evenings, weekends. So I think Mr. McCabe might have - would have - more likely than not would have been affected both in terms of initial choices together with other factors but....

10 Q. What do you mean by "initial choices"?

A. I meant about actually going to university or not, but also subsequent opportunities in terms of the jobs he had, where there might have been an opportunity for advancement or - or promotion, um, so - so I - I am referring to - to university as his education in two ways. One, the things he might decide to do, you know, when you are 19 or 20 and the - then there are things you might decide to do later on as opportunities arise.

15 Q. You were referring yesterday afternoon to a study that you performed or did on the economic consequences of childhood sexual abuse.

A. Yes.

20 MR. BLOM: Your Honour, I don't know where my friend is going with this because there was nothing in the report.

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MR. LEDROIT: About the affect of - you've got the report here. Can I ask Your Honour to look at the second last paragraph.

THE COURT: Is there still an objection?

MR. BLOM: Yes, that's - I am...

THE COURT: I think we will....

MR. BLOM: ...reading the paragraph that starts, "Given Mr. McCabe's...."

THE COURT: Hang on a second. I think that is one of those ones that I want to talk without the jury. I will ask you to go back to your jury room for a few moments.

12:04 P.M. JURY RETIRES

...MR. BLOM, OBJECTION

...MR. LEDROIT, SUBMISSIONS

THE COURT: So, what is the question?

MR. LEDROIT: Did this have an economic impact on Mr. McCabe's life.

THE COURT: Mr. Blom?

MR. BLOM: No objection to that one.

MR. LEDROIT: Thank you.

THE COURT: Jury please.

MR. LEDROIT: I can ask him the question about the report, just in the....

...MR. LEDROIT, SUBMISSIONS

THE COURT: Yes, but that goes back to the question that Doctor Jaffe has been helpful with the - is it as a cause of the sexual - caused by the sexual abuse. I don't....

MR. LEDROIT: Okay, the....



THE COURT: But - but nobody is arguing about the question or the necessity so go ahead. Jury, please.

12:09 P.M. JURY ENTERS

THE COURT: Thank you. Thank you for your patience, members of the jury. Go ahead.

MR. LEDROIT: Q. Just to go back, you were aware of - I was just asking about this report we talked about yesterday about the economic consequences of sexual abuse and you mentioned society access but you also mentioned the individual.

A. Yes.

Q. As a - a common consequence of sexual abuse, you mentioned that yesterday?

A. Yes. So there is - I mean, there is not only problems related to psychological, psychiatric disorders that we talked about. But there is also consequences for your life trajectory and your ability to pursue education and - and gainful employment.

Q. I know you have already touched upon it but I have to ask you the question in a formal way. As a consequence of the sexual abuse that was perpetrated upon Mr. McCabe, on a basis of what is more likely than not, did he suffer any economic consequence throughout his life? Either by way of education or the jobs that he pursued.

A. The short answer is yes and the longer answer is - I - I just want to remind the jury that I - I really - I am cautious about not overstating something and there is so many factors involved in a life outcome. But I certainly think that would be a significant factor and more

likely than not the abuse had an impact on his economic outcome.

5 Q. Now, and the defence retained an expert by the name of Doctor Jeff McMaster and he provided a report dated September 8, 2016. And that was after the delivery of your report?

A. Yes.

Q. Now, you - you reviewed that report?

A. Yes.

10 Q. And you then prepared a report in response to that review?

A. Yes.

Q. And if I could just talk about that. You indicate that there were certain points of agreement and certain points of disagreement.

15 A. In my view, yes.

Q. Yes. And can you tell us what you are in agreement on?

20 A. Well, two things I took from Doctor McMaster's report, um, one is that Mr. McCabe is a credible individual and a credible complainant in these proceedings. That Doctor McMaster makes the point that one has to be skeptical about anybody involved in a civil lawsuit that potentially they are malingering or making up things and he indicated that in his assessment of Mr. McCabe, that there was  
25 no willful intention to distort or make up problems or - or suggest problems. He did - he did say, in fairness to Doctor McMaster, he did say that perhaps Mr. McCabe is blaming his problems too much on the abuse and not looking at other  
30 factors. But overall he reported him as, uh, credible and consistent.

Q. Okay. And was there any other point of

agreement?

5 A. Yes. We - both Doctor McMaster and I agreed that - that it's difficult to associate one event, uh, with a - a life outcome. He, in his report and in my report, acknowledged that it's, uh, that it's scientifically impossible to say "A" caused "B" when you are looking at multiple factors, genetic factors, the childhood factors, um, so there is many factors that lead to somebody, uh, having a certain life outcome. So we both agreed that it's - it's a very complex endeavour.

10 Q. Yes, and - and my questions to you were that this court process cannot be concerned with certain - can only be concerned with what is more likely than not. You have answered those questions?

15 A. Yes.

Q. Okay. Now there are points of disagreement?

A. Yes.

20 Q. And can you just - I am going to put a little bit of emphasis on brief, but can you just briefly tell us what those are?

25 A. Yes. Briefly, uh, Doctor McMaster talked about the potential genetic impact of, uh, being a family where alcohol was reported as a problem, um, and indicates, which I don't disagree with, that there is a lot of overlap between, um, alcohol abuse in a family and someone becoming - having an alcohol use disorder. There is a - the research talks about a 40 to 60 percent overlap. What - where I disagree is that there is, beyond genetics, there is also environmental factors so just because a parent is an alcoholic doesn't doom you to be an alcoholic. You may - you have to be conscious that you might have a genetic predisposition and may be vulnerable. But there is also environmental factors,

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stresses, including the potential of abuse that might, uh, lead to a different outcome. So my point of disagreement, although genetics plays a role, uh, there is also stresses and environmental factors.

5 Q. Right. Now just insofar as genetics, nature versus nurture if we can put them in those terms. Is there a relationship, and if so can you describe what it is, between a parent or an aunt - an aunt, uncle, whatever, someone in your family having suffered from substance use disorder. Okay. Alcoholic, whatever you want to call it, I mean, you - in your  
10 scientific terms as the D-S-M-5 they try to put as much objectivity on it as possible, is there a link between someone in your family having an alcohol use disorder and a person then, either a sibling or a child, having an alcohol use disorder?

15 A. Yeah, it creates a - it creates a risk. It's certainly a risk factor.

Q. Now, can you describe how significant the risk is and what causes the differences in significance.

20 A. Well, it's....

Q. Like, for example, does it matter if - if - it - it's a parent or a grandparent or an aunt. How closely the relationship is?

25 A. Well, the - in - in terms of genetic influences, the - the closer that the relative, the, you know, the - the stronger the links, um....

Q. All right. Can I ask you, uh, will....

30 A. Like, if you're talking about - in talking about a - if you're talking about parents and siblings that's....

Q. Okay. What about the - the age at which someone acquires the alcohol use disorder. Say at the age of

60 when they have a heart attack and can't work any longer as opposed to it happening earlier in life?

5 A. I can't really answer that question. That would be, um, I - I can't, uh, give you a - a good answer in terms of the literature breaking down, um, the age of onset. In - in fairness, a lot of the studies are national. There's national studies where they interview thousands of people and often they haven't broken down the exact age of onset. They even - even haven't broken down the specific diagnosis, whether some of the research is more dated and doesn't have the, um, alcohol use disorder, you know, categorized. You know, some of them are broader surveys so I can't - I can't give you an answer to that question.

10 Q. Okay. In Doctor McMaster's report, he mentions that there is somewhere between a 40 and 60 percent relationship of genetics. Do I state that correctly?

15 A. Yes, if you were - if you were looking at - if you were in an alcoholic treatment centre and you found, you know, a hundred people in - in treatment at a found clinical population, you would - you would probably find 40 to 20 60 percent of them have some history in their family of origin.

25 Q. So if someone is suffering from alcohol use disorder or described as an alcoholic, there is a 40 to 60 percent - let's take the midpoint, 50 percent chance that they had someone in their family with a related illness.

A. Yes. There is - there is a likelihood of having that in the family.

30 Q. All right. I just want to look at it from a different perspective. If you, say, are a parent and you suffer from A-U-D, alcohol use disorder, or alcoholism, whatever, do you have a 40 to 60 percent chance of your

sibling having that problem? Or not sibling, I'm sorry, your - your child. In other words....

5 A. No, if you - actually, some of the research is retrospective and it's based on - and often the research is based on a found population of people, uh, people with disorders, um, going forward if you - if you - if you are - if you suffered from alcohol use disorder and you had, you know, ten children, you are - they are at risk but you can't say for - for sure that half of them are going to end up as having alcohol use disorder. You might be - the outcome might be dependent on environmental factors, stress, and - and just - just to be very specific on childhood sexual abuse. Even in Doctor McMaster's report, um, on this issue of genetics and even - even in studies looking at twins where one was abused and one wasn't, so you have the same genetics, uh, there still is an impact of child sexual abuse above and beyond the family history. So....

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Q. I'm not sure I follow that study. Where...

A. Okay.

Q. ...where do you - can you be more...

A. Well, if you had...

Q. ...give me a bit more....

A. ...if you - in - in brief, um, if you had twins, uh, in a family where there is alcohol use disorder, one was abused and one wasn't, there is still an impact from the child sexual abuse above and beyond the genetics of that - of that family. So child sexual abuse has - it still has an impact, um, above and beyond the genetics.

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Q. All right. I - it - do we have enough information? Do you know whether or not there was a genetic factor in Mr. McCabe's family?

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A. No, it's - it's clearly - without repeating

myself, uh, it's clearly referred to that there are alcohol problems but to the extent which either Doctor McMaster or I were able to do a formal diagnosis on Mr. McCabe's father or the - or his brothers, um, we weren't so.

5 Q. Okay. Let me just go back. You are in an alcohol treatment centre and you are looking at 100 people that are there and you are saying some - let's say 50 percent are going to come from some type of alcoholic environment.

A. Yes.

10 Q. Are some of them going to come from the sexually abused environment?

A. Yes.

Q. Okay. What's the relationship, percentagewise, if you are able to say?

A. I can't.

15 Q. Okay.

A. But I - I mean - I mean - I mean the - in the - in the simplest of terms, you know, alcohol use disorder in your family or origin, you know, puts you at risk. Child sexual abuse, you know, in your - in your - it also puts - puts you at risk for - for having a - addiction problems. So I am saying both - both your family, um, your, um, having alcohol use disorder in your family puts you at risk for having alcohol use disorder, um, and having child sexual abuse in your family also puts you at risk. And sometimes those - without confusing, sometimes those two things are - are interrelated because you are - let's say you - your - your mother is an alcohol therefore she is not able to protect you or look after you from the neighbour who is sexually abusing you. So sometimes these factors are also interconnected, but....

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30 Q. Let me put it slightly a different way then.

5 If someone is - suffers from a severe, you described him, childhood sexual abuse incident, like you have described it here. From all the people that you have dealt with over your years, what are the chances of them developing the symptoms of childhood sexual abuse as we have described it. And in particular P-T-S-D.

A. Very - very high, very common. So it's a - a very large - large percentage of....

10 Q. Is it higher or lower than 50 percent? In your experience.

A. I - I - I haven't put my mind to a specific number, um, again, I am - I - I am dealing with a found population. So in terms of my experience, you are dealing with people who already identified themselves as...

15 Q. Yes.

A. ...as suffering.

Q. In your...

A. They're - they're...

Q. ...in your experience.

20 A. ...they're often seeking clinical services, they're involved in litigation so it's very high, at least 75 to 80 percent.

25 Q. Thank you. Now Doctor McMaster, in his report, refers to the incident, the abuse that happened to Mr. McCabe, and I will be specific.

MR. LEDROIT: I am quoting from page 65, Your Honour, of Doctor McMaster's report.

30 Q. It reads, in the middle paragraph, the third line down, "While this experience was extremely unpleasant." I'll just stop there. Doctor - Doctor Jaffe, would you first of all describe a severe sexual abuse like Mr. McCabe encountered as being "unpleasant"?



A. I wouldn't use that adjective. I think it would - that would understate the nature of the abuse. In my opinion.

5 Q. What - what - what affect, if any, would that have using "unpleasant" have on a person such as Mr. McCabe? In general terms.

10 A. You are talking Mr. McCabe reading that - this report and seeing the word "unpleasant"? It would be part of my description of - of feeling revictimized, feeling that something, um, that had a profound impact on your life is being minimized.

Q. And what would be the effects of that revictimization?

15 A. The stress, anxiety, depression, I am - I am - I - I think Mr. McCabe has remained sober, um, for some time now and he, I think, deserves credit for that but I - I think it'd be very difficult to maintain sobriety.

20 Q. Okay. In another area of his report, Doctor McMaster opines that this sexual abuse, that you described as "severe", had a minor impact on Mr. McCabe's life.

A. And again my - I think my only comments, I think that - that minimizes the - the nature of what transpired.

25 Q. What affect would it have on a person such as Mr. McCabe?

A. I think it would be distressing if - again, I - I made reference earlier to being revictimized. Part of the....

30 Q. You mean it might cause him to go back out and drink? Is that what you're saying?

A. I - well, I worry - I worry about, uh, I worry about the process. I mean, I don't recommend court for

5 anyone, like, when people ask me about civil litigation I - I often, uh, warn them about the difficulty of this ordeal and if you already vulnerable to begin with and you are going through this process it adds additional distress and you - and many victims of sexual abuse, particularly, feel revictimized by the process so I certainly worry about the consequences.

10 MR. LEDROIT: And it's nagging me, Your Honour, there was one more question I wanted to ask the witness and I can't remember now what it was and I am going to have to sit down. Thank you, Doctor Jaffe.

THE COURT: Are you ready to go?

MR. BLOM: I am ready to go, Your Honour.

15 CROSS-EXAMINATION BY MR. C. BLOM:

Q. And, Doctor Jaffe, I am wondering if we might start with those last two points. You have Doctor McMaster's report in front of you.

A. Yes.

20 Q. Thank you. Can you go to page 65. Mr. Ledroit read the phrase, "While this experience was extremely unpleasant." He stopped there, didn't he?

A. He did.

Q. Can you read on?

25 A. "While this experience was extremely unpleasant, fear inducing, and disgusting to him given his naivety; it appears unlikely that it was overwhelmingly terrifying, E-G that he could be physically harmed. The next day his fear went away and he was able to take a position of  
30 defiance."

Q. What's "defiance"?

A. Um, standing up for yourself.

Q. An example of that would be if Father Robert said on the - on the evening of the incident, after it occurred, "Come back to bed." And he said, "No."

A. Yes.

5 Q. Okay. Another example of that would be if on the next day or the same day when they drove home, Father Robert said, "Let's make some stops." And Mr. McCabe said, "No."

A. Yes. That would be an example of defiance.

10 Q. Okay. And the other point that Mr. Ledroit made was that Doctor McMaster concluded that the abuse had a minor impact on Mr. McCabe's life. Do you...

A. Yes.

Q. ...recall going through that?

A. Yes.

15 Q. Okay. That's really the issue here, isn't it? In this case. Whether it had a minor impact or a greater impact. Is that fair?

A. Yes.

20 Q. Okay. And you will agree with me that there is room for disagreement on that basis - on the basis of the evidence we have.

A. Yes. I agree that there can be different opinions about this matter and that's why we're here.

25 Q. And when we talk about the impact on Mr. McCabe's life, we're talking about work as one thing, right?

A. Yes.

Q. Education?

A. Yes.

30 Q. Now, the purpose of your assessment, as I understand it, was to assess the extent of harm arising from the abuse.

A. Yes.

Q. And I think you have touched on this already, but it's impossible to know with certainty the extent to which the abuse or other factors led to Mr. McCabe's overall level of function.

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A. I agree.

Q. And that's function in terms of academics, correct?

A. Yes.

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Q. Vocation or work?

A. Yes.

Q. And socially.

A. Yes.

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Q. One therefore has to consider all possible causes in the person's psychological adjustment or level of function.

A. I agree.

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Q. Okay. Now I am going to ask you some general questions about abuse and I think you have touched on this again. Abuse does not affect each child in the same way.

A. That's correct.

Q. Some have little or no adverse reaction.

A. Yes.

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Q. Some have no long-term effects.

A. Yes.

Q. On the other hand, a person who may - who is abused may develop certain psychopathology or mental health problems.

A. Yes.

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Q. Okay. And an example of that could be difficulty with interpersonal relationships.

A. Yes.

Q. But is it fair to say that we have to be cautious, if someone has difficulties with interpersonal relationships it doesn't mean they were abused.

A. That's correct.

5 Q. Okay. I think I read somewhere, in your report or Doctor McMaster's report, that many of the things that we are about to talk about are non-specific. So for instance, if someone has a difficulty in a personal relationship, it's non-specific in the sense that it doesn't tell us the cause.

10 A. That's true.

Q. Okay. If someone has nightmares and they are not able to recount the subject matter of the nightmares, the fact of nightmares doesn't tell us the cause.

15 A. That's true.

Q. Okay. Now, a person who is abused may not exhibit symptoms at or about the time of the abuse.

A. That's correct.

20 Q. They may not exhibit symptoms until sometime later in life.

A. That's correct.

Q. And an example of that includes P-T-S-D.

A. That's correct.

25 Q. So they may not show the signs of P-T-S-D that you and Mr. Ledroit talked about, on the - on the screen, until later in life.

A. That's correct.

30 Q. And one of the reasons might be because later in life they have a better understanding of what happened.

A. Yes.

Q. Now you have touched on this, but there are

certain factors that influence the response to abuse.

A. That's correct.

Q. Get right to it, as it were. One is the duration and the frequency?

A. Yes.

Q. Okay. In general terms, in a shorter period of abuse - I'm sorry. I'll try again. In general terms a shorter period of exposure to abuse leads to a less severe outcome.

A. Yes.

Q. In general terms less frequent exposure to abuse leads to a less severe outcome.

A. Yes.

Q. The use of force or the threat of the use of force is also a factor to consider. You touched on that.

A. Yes.

Q. If - if that is part of the incident, it may lead to a more severe outcome.

A. Yes.

Q. If it is not, it may lead to a less severe outcome.

A. Yes.

Q. Now, the nature of the abuse is also something to consider.

A. That's correct.

Q. And this is a little bit unpleasant but we have to sort of talk about it. When we are talking about abuse between two men, sodomy, um, if we are doing a scale, would be - would be at the top. Is that fair?

A. Yes.

Q. Okay. It's abuse of a greater magnitude than what we have heard about in this case.

A. That's correct.

Q. And is therefore likely to have - sorry, that would create a greater likelihood of an adverse outcome.

A. In general, yes.

5 Q. Okay. Without suggesting for a moment that this had no impact on Mr. McCabe. I want to be fair.

A. Thank you.

10 Q. Okay. You talked about the role of the person involved in the abuse. So in this case it was the priest. And so I gather what we are talking about is the - the - the abuse by someone in a relationship of trust.

A. Yes.

15 Q. That could increase the risk of a poor outcome.

A. Yes.

Q. Another example of that is a parent.

A. Yes.

20 Q. The abuse by a person such as a parent - as a parent or priest represents a breach of that trust.

A. Yes.

Q. Now, in certain circumstances a child who is abused may not be able to get away from the abuser.

A. Yes.

25 Q. A classic example of that is the household where they live if they are being abused by a parent.

A. Yes.

Q. The - they have nowhere else to go, especially when they are young.

A. Yes.

30 Q. Okay. On the other hand if the abuser is not living in the - in the household, it's a different dynamic, the person can get away from the - the abuser by

going home.

5 A. Depends, I guess only - my only, uh, I - I agree with you, uh, in general. I think my own - the only distinction I would make is there is - there is some environments where, um, like school, um, where it may be - the bell rings, you go home at the end of the day but you are back the next day. So there you are still a - a - somewhat trapped in that relationship. Or being a junior hockey player a thousand miles away from home and billeting with a family, you know, and you're practicing six times a week. So I - I just want to be clear, your family, obviously, uh, is - it certainly could be, uh, a big part of the day and the night. But there is other environments that could trap somebody.

10 Q. Well, let's talk a little bit more about that. So, you might be with your teacher, let's say in elementary school, in a school where you are not necessarily going from class to class to see different teachers, you may be with the same teacher all day.

15 A. Actually you might spend more of your waking hours with a teacher than you do with a parent.

20 Q. Right. And the other factor in - with a teacher is, the teacher holds a measure of power in giving grades.

A. Yes.

25 Q. Okay. The hockey coach, let's talk a bit about that. Depending on the level of hockey you are playing at, and this certainly wasn't my life experience, but if you are really good you could be on the ice five, six, seven times a week.

30 A. Yes.

Q. So you could be with that coach five, six, seven times a week.



A. Yes.

Q. That coach makes decisions about what line you play on.

A. Yes.

Q. Whether you play at all.

A. Whether you get on the powerplay or not.

Q. Right. Let's talk a little bit more about the relationship of trust between a priest and, um, a child such as Mr. McCabe. You reviewed cases of abuse involving priests, I gather, in situations where there is a very close relationship between the priest and the victim.

A. Yes.

Q. Where the victim absolutely trusts the priest and there is no doubts about that.

A. Yes.

Q. Where the victim didn't have any concerns or qualms about being with the priest.

A. Yes, that - I have had those cases where actually the priest, uh, performed their wedding. They were lifelong involvements.

Q. And - and that was a little bit different from the situation where the person might have some qualms or feel uneasy about being with the priest before the abuse happens.

A. Yes.

Q. A person like that might have not quite the same level of trust in the relationship with the priest.

A. Yes. There might be some uneasiness with the priest.

Q. Okay. Let's talk a bit about memory.

A. Yes.

Q. One of the sources of information in the

course of an assessment is the patient you see.

A. Yes.

Q. Not the patient so much but...

A. The client.

Q. ...the victim.

A. The litigant.

Q. One of the challenges is the need to rely on the patient's memory.

A. Yes. I agree.

Q. And we are dealing with memory - well, a number of things. But in particular, the memory of the incident.

A. Yes.

Q. And life before and after the incident.

A. Yes.

Q. Now, the events in this case took place in the early 1960s?

A. That's my understanding.

Q. Okay. You agree with me that memories fade.

A. Yes.

Q. Memories can also be shaped over time.

A. Possibly, yes.

Q. Okay. You agree with me that memories are a reconstruction rather than an accurate recording of events.

A. Yes.

Q. Part of what you do is to conduct something in the nature of a forensic evaluation.

A. Yes.

Q. Okay. Can - can you talk a bit about that for the jury. What does it mean to be "forensic"?

A. Forensic assessments are done, uh, for the court so, as I referred to yesterday, you - I can do an

assessment in a civil proceeding or in a family law proceeding or a criminal proceeding. So there is questions before the court and the psychologist, psychiatrist involved as they will be answering questions that the court may have, rather than being a therapist for the individual.

Q. Okay. So let's take it up from there.

A. Okay.

Q. The two roles are very different.

A. Yes.

Q. Okay. When you do a forensic analysis you are looking at various documents as we have heard, it could be employment records, medical records, education records, and so on.

A. I agree.

Q. Okay. And as part of a forensic analysis, you are skeptical at times.

A. Yes, I think I used the word "skeptical".

Q. Yes. You don't necessarily accept everything the client tells you.

A. True.

Q. You look for confirmation records or other sources and so on.

A. Yes.

Q. And, so let's talk about the - the treatment role as a therapy role in contrast to that, there - Ms. Schramm is the therapist in this case.

A. That's my understanding.

Q. Okay. And her role is not to do a forensic examination of things.

A. That's correct. She's...

Q. Okay.

A. ...a therapist.

Q. Right. She - part of the - and I suppose everything can differ depending on how the therapist approaches things. But one of the ways to approach it is to accept everything the patient says.

5 A. I agree, the - as a - in general, therapists are there to support...

Q. Okay.

10 A. ...and counsel, they are not there to - to question or confront unless somebody is losing contact with reality, there may be - it depends on the circumstance but overall I agree with you.

Q. Yes. And whether it's accurate or not.

A. Yes.

15 Q. Okay. And - and that could be part of the therapeutic role because if you start doing a forensic assessment, if you start questioning what the patient says, you can't build a therapeutic relationship.

A. That's correct.

20 Q. Okay. And - now a therapist such as Ms. Schramm has to understand the diagnosis in order to treat.

A. More or less.

Q. So it would be no surprise to hear her come to court next week and say, "I think he has P-T-S-D."

A. That - that wouldn't surprise me.

25 Q. Okay. But the - the danger, if she is - if she is accepting what she is told and isn't doing the forensic analysis, it would be dangerous for someone such as her to offer a comment on the causal connection, about the cause of the P-T-S-D. Is that fair?

30 A. It's fair. Her - I mean, her job as his therapist would be to support Mr. McCabe, to try to understand him, to provide counselling. But it would be different than a

forensic role.

5 Q. Okay. So just going back to memory for a moment, one of the things you have to consider when you receive information is whether or not the - the client's memory is accurate.

A. Yes.

Q. And - and I am not just talking about the incident of abuse. I am talking about, you know, life before and life after.

10 A. Yes.

Q. Okay. And is it fair to say that the information you receive may not be accurate even without an intention to mislead.

A. I agree with that.

15 Q. Let's talk about litigation. That's another factor I suggest you need to consider in the assessment process.

A. I agree.

20 Q. Mr. McCabe, and I think you touched on this already, has been involved in this lawsuit for several years.

A. Yes.

Q. And this places the abuse at the forefront of his mind. Is that fair?

A. Yes.

25 Q. Reasons for that are meetings with lawyers?

A. Yes.

Q. And it's to recount the past.

A. Yes.

Q. Yes. Leading to the issuing of a claim?

30 A. Yes.

Q. Other things that bring it to the forefront are the psychological and psychiatric assessments?

A. Yes.

Q. And the process called the examination for discovery you talked about?

A. Yes.

5 Q. And most recently with the preparation for the trial.

A. Yes.

Q. As a result he would tend to think about it more in this period of time than in the past.

10 A. The abuse? Yes.

Q. Yes. Now we received some information from Doctor McMaster's report, that I reviewed with Mr. McCabe, and he agreed with this. He agreed with the - the observation that the manner in which the abuse affected him never came to his conscious mind until Christmas in 2013. Do you accept that?

15 A. I accept it.

Q. Okay. Did - did you - did he tell you that?

20 A. My impression from my assessment, without going back to my notes, is that the abuse was - it was always there in the background but he tried - he didn't think about it, he - I recall him - I don't want to misstate any facts before the jury, but I recall him talking about mentioning it to his mother before she died, um, and I recall him mentioning it in passing to Nancy, um....

25 Q. No but that - that's different, sir...

A. So....

Q. ...than what we have just read. So let me, um...

30 A. The....

Q. ...re-read it again, doctor. "How the abuse affected him never came to his conscious mind until the

Christmas day 2013." That doesn't mean he never thought about it.

A. Right.

Q. It was a higher level than thinking about it.

A. Well, actually I agree with - actually you make an important point. I agree with you in terms of it having a distinct focus on that issue.

Q. Right.

A. I - I agree with you.

Q. Now, I read your report more...

A. Uh-huh.

Q. ...than once. This - this sort of passage is not in your report. Do you agree with that?

A. Um, I will take - you are an officer of the court, I will take your word for it. You wouldn't mislead me.

Q. He also told Doctor McMaster and agreed with the following, "He had no recollection of thinking about the abuse on a regular basis." You will agree with me that that follows upon that first comment about Christmas day 2013. It fits, that is to say.

A. I don't disagree in general, but, um, I am with you.

Q. Okay. And again you would agree with me that this - this type of information, "having no recollection of thinking about the abuse on a regular basis", is not something in your report.

A. I think in - in my report I - I talk about earlier disclosures. I do....

Q. No - no, but knowing you were abused and disclosing the abuse is different from "thinking about the abuse on a regular basis". So my point is, doctor, this is

not in your report. You agree with me?

5 A. No. I - I think I make reference in my report to talking to his mother, to talk - I believe I made reference to talking to his wife, Nancy, in, uh, in passing but there was different - I - what I would agree with, the way I would characterize in the report, that is something that he - he tried to keep out of his mind and his focus. He did - he did raise it. But I agree with you, I think I agree with your point that it certainly came in sharper - in sharper focus, um, in therapy and in litigation.

10 Q. To be blunt, doctor, what we are getting to is a bit of the thoroughness of your interview.

A. Oh, I didn't...

Q. And the information...

15 A. ...know that.

Q. ...you had. So what I am suggesting is, and it doesn't have to be the same language. But the following phrase, "He had no recollection of thinking about the abuse on a regular basis." That information is not in the history you took from Mr. McCabe.

20 A. I think I responded to that. I am not - not sure what you want me to say at this point.

Q. Well, what I want you to do is agree.

A. Well....

25 Q. Do we agree?

A. Well, let me return to my report for a moment to make sure that we are on the same page. My report does say he told his mother about a year before her - her death. He told his brother and younger sister when he was in recovery.

30 Q. Uh-huh.

A. His older siblings knew through his mother,



um....

Q. Let me try it this way, doctor, if I may. I am sorry for interrupting. But the - if you said he has P-T-S-D.

A. Yes.

Q. If a person - and - and the trauma which led to the P-T-S-D is the abuse. Right?

A. Yes.

Q. If - if a person in Mr. McCabe's situation is thinking about the trauma of the abuse day in, day out for the last decades of his life, um, that's something that would heighten the symptoms of P-T-S-D.

A. I agree.

Q. Okay. If a person - now let's go to the other end of the spectrum. If - if he is one of these children that has a good outcome, in the sense that is not affected by the abuse and therefore doesn't think about it at all, then you can have little or no symptoms associated with P-T-S-D.

A. That's true, you wouldn't be - if you are not reliving it and talking about it, certainly it - you might not have the same symptoms.

Q. Okay. And so it's useful to know the frequency with which he was thinking about it over the last few decades.

A. Yes and no. I guess by - I - I think, um, I want to be helpful to you and the questions you are asking. And so I - I agree in general that thinking about it and reliving it and having to talk about it, therapy and litigation, um, can make the trauma symptoms more pronounced. But I also believe that you can be suffering from trauma without - without necessarily talking about it. So you - you

have had experiences and you have put them aside, you try not to think about it but it's still affecting your - your life. A lot of people who are traumatized don't go around telling people they were traumatized or go to doctors or lawyers talking about it but they are still affected. You can bury things and repress them. You might be - I work, for example - I work with a lot of lawyers for - for example, and judges, I do a lot of work on vicarious trauma so I see a lot of judges and lawyers who are bad-tempered, agitated, upset, because they have been abused in childhood. They - they have been abused in - in childhood, they've never talked about it, uh, but they are doing the work on the regular basis so they - they are very difficult to work with. I work with very difficult judges, very difficult lawyers. And - and some of it is because - and - and some of it is because they burnt out and some of it because when they are constantly exposed to this, uh, it upsets them, um, and in fact they have traumas - they have vicarious trauma. They - they meet many of the criteria that Mr. Ledroit talked - as a matter of the fact we have members of juries who get traumatized, uh, and need counselling after being part of a criminal trial or a civil trial. So - so I want to be very clear, you don't have to be walking - you don't have to walk around telling everybody in the world you are traumatized and - in order to - or for you to be qualified for trauma. So I just - I - I agree with most of your questions and where you are going but I think you - I - I don't agree with the fact that - that you are not traumatized if you are not always remembering and talking about it.

Q. No, but it can - the level at which - of frequency it would - at which you are thinking about it can have an impact on the symptoms you experience.

5  
A. I - I - I agree with you and I - and I - I -  
I - you and I agree on one point that therapy and civil  
litigation can make it worse and make you relive more things  
and become more traumatized. I agree.

Q. The flip side of that is...

A. Uh-huh.

Q. ...if you are not regularly thinking about  
it, your symptoms are at a lower level.

10  
A. Not necessarily because you might be  
drinking too much. You might be - you might be coping with  
your trauma in other ways. You might - you try to bury  
something and you're - and you're coping in other ways, uh,  
but you still are having the impact.

15  
Q. Is it your impression from meeting with Mr.  
McCabe that he blamed many of the, what he perceives as, poor  
outcome in his life on the abuse?

20  
A. He fluctuates. He blames himself. He  
thinks - he thinks he's a lousy person who did a lousy job as  
a - as a father and a husband and didn't amount to anything  
and his life is a mess so he blames himself, uh, a great deal.  
And but he also thinks about the - the abuse and the church  
and how that impacted him. So I - I - I think in fairness he  
doesn't - my sense in meeting him is there is a lot of self  
blame, he beats up on himself as much as the church.

25  
Q. No, but that's - at a certain level, was it  
your impression - is it your impression that he attributes his  
life difficulties to the abuse? At least in part.

A. Yes.

Q. Okay.

30  
A. I mean, but it - I - I don't - I - in part  
for sure but he also blames himself. He's not...

Q. Uh-huh.

5 A. ...um, I - I'll try to make a distinction. Maybe - may not be helpful, I mean, Mr. Ledroit is a lawyer and the one who has carriage of the case, um, but in - my - my view is that Mr. McCabe is - is not like a lawyer in the sense, he doesn't wander around looking at causation, you know. His life is a wreck, you know, he blames himself, he also, you know, looks at the abuse but he is - he is quite - he is different from the litigation. That - if that's - if that's clear.

10 Q. Okay. So let's - let's just - let's just clarify here and...

A. Yeah.

Q. ...bring some focus to it.

A. Yes.

15 Q. If at some level he - he does blame...

A. Uh-huh.

Q. ...his life difficulties on the abuse, then if he says the following, "He never attributed his life difficulties due to the abuse." That would be inconsistent. Is...

20 A. No. He....

Q. ...that fair?

25 A. No. I - no, I - again, it's not, um, my experience with abuse survivors, they don't come in to see me with a lot of insight. It's - it's not like, you know, "A" and "B" happened to me and I am suffering from "C" and "D". It's more their life is a wreck and they're trying to make sense of things and with - and, I am not saying this about Mr. McCabe, but in general, a lot of abuse survivors really don't  
30 make sense of things until they are in therapy or until they had a chance to tell their story and connect the dots. It often takes a long time, they go back and talk to their

parents or their siblings and say, "Remember the time I couldn't do this or I wouldn't do that? Well, it was because of this." So they - they're always making sense, uh, so it's - it's insight in - in progress so I...

5 Q. Okay.

A. ...so I - I disagree with you about consistent or inconsistent.

10 Q. Fair enough. Let me move to another comment. We have learned from Doctor McMaster's report that Mr. McCabe said words as follows, "After filing his lawsuit he came to see that the index abuse has impacted every aspect of his life that he can think of." That sort of language, I suggest, is an example of how the litigation can affect his perception of his life. Is that fair?

15 A. It's fair only to the extent that I am - I am sure he would say different things on different days and different points of time. Obviously, you know, involved in litigation, talking to Doctor McMaster, he - he may - that may be something he would say. My - my - my sense of him was that he spent as much time beating up on himself as he did on the priest or the church. In fact, he was trying to forgive the priest.

20 Q. Okay. We have seen in Ms. Schramm's notes and I put it to Mr. McCabe, on October 16, 2014, the fall and I quote, "We reflected on the gap between waking up," sorry, "Walking up the driveway." So, when he went home after the trip to Montreal. "After the abuse to the present time, to the time in the past four or so years when Bob woke up to the reality of what has happened." You will agree with me that this sort of information is - is consistent with what we talked about earlier. That is to say Christmas day 2013, things are now coming to his conscious mind.

5 A. It's not - not unusual for an abuse survivor to recall more over time as they think about it or have flashbacks or have memories of what may or may not have transpired. And I agree with your earlier point that memory is not perfect.

Q. And not unusual in the context of the litigation and the treatment.

A. Yes. He might be thinking about things more and more things may - may come back to you.

10 MR. BLOM: Your Honour, I am wondering if that is a good point for the lunch break.

15 THE COURT: Thank you. One, in case you were worried about comments about judges, I am told I have become a nicer person which is quite shocking to a number of people. And secondly, a little more serious note. I noticed going past - in referencing Doctor Jaffe's résumé, he has done some work with somebody by the name of  
20 "Lemon" and you may not have run into the name Lemon before. It has no, we confirmed this earlier, it is no relation to me. So just in case you were curious about that or think you want to - as we have been hearing "connect the dots", it has got nothing to do with me. See  
25 you at 2:15. Thank you very much.

1:00 P.M. JURY RETIRES

...

30 L U N C H R E C E S S

U P O N R E S U M I N G :

5 ...MR. BLOM, REQUESTS QUIET FROM BODY OF COURT  
THE COURT: Well two things. One, I think Mr.  
Blom is saying it in the right tone of voice.  
Nobody is faulting you, we can certainly - if it  
was you and you are nodding like it was. We can  
sort of understand that and I can see already  
from here that you have changed an entirely  
different colour so you can - you are blushing  
10 about it so I can see that you know that it was  
wrong. And it is terribly important that it  
never happen again and there is a variety of  
reasons. But the biggest reason is if you said  
the wrong thing at the wrong time and the jury  
heard it, we start all over which would be  
15 sometime next year. And I am not threatening  
that, that is simply the realities and so I do  
not need to go on at length. It is clear from  
your body language that it is not going to  
happen again. Thank you for bringing that to my  
20 attention because I did not hear it and that is  
something that should not happen. Anything  
else?

MR. BLOM: No, thank you, Your Honour.

25 2:18 P.M. JURY ENTERS

MR. BLOM: Thank you, Your Honour.

30 Q. Doctor Jaffe, you were talking earlier a  
little bit about the therapy being undertaken by Ms. Schramm  
from March of 2014. Is it fair to say that at times the  
therapy of the nature she is doing can take on suggestive

elements?

A. Always a danger.

5 Q. Okay. Let me read a passage to you that I put to Mr. McCabe, from her notes. September 5, 2014, "Bob is able to acknowledge the link between past abuse, the impact with self-concept and difficulty with committed intimate relationships in adulthood." That could well be an example of the suggestive element that there is a link between abuse and difficulties in relationships.

10 A. It's possible. I - I could also see a therapist doing it in the normal course of therapy just to share a potential insight if a - if a client is trying to connect the dots, they are connecting - helping to connect - connect the dots for them. I - I take your point you have to be cautious in doing it, you don't want to...

15 Q. Right.

A. ...as a therapist you don't want to force your insight onto the client...

Q. Uh-huh.

20 A. ...or patient.

Q. And - and if we have a little more information from Mr. McCabe about this, that is to say that he believes there was a bit of shaping that might help us clarify.

25 A. If that's what he said in evidence.

Q. Yes? Okay. And the difficulty is that might shape his view...

THE COURT: Well...

MR. BLOM: Q. ...of the cause or....

30 THE COURT: ...well, well, he might have. That might be a matter for interpretation and for the jury to decide so I just don't want. I



understand what you are - going and I am not faulting you but for the witness who didn't hear those comments, you might want to be careful with your foundation.

MR. BLOM: Understood. Thank you.

5 Q. If I am correct in that, that's what the jury takes from it, that may reshape his view of the cause of the difficulties in his life?

10 A. To go back to your original question, I mean, I - it would be normal for - to discuss in therapy how things may be connected. So I - I take that, it's not really shaping memory, it's not just trying to make sense of things. The only thing - I will say one thing about Mr. McCabe, he is generally more unassertive and so if a therapist is saying, you know, "Here's some dots to connect or to think about." 15 You know, I think he would be respectful in - in - in considering that or - or taking it on and I think ultimately he would come to his own conclusion.

20 Q. Now, this treatment had been going on for about two years before he met you?

A. Yes, it's a - I think started in 2014, yes.

25 Q. Okay. And - and if what I am suggesting is indeed correct then one of the dangers is that Mr. McCabe may over-attribute his symptoms to the abuse.

A. I think the jury has to be alert to that and - and so did I.

30 Q. Okay. When in fact there may be other causes.

A. I think one has to be alert to that, yes.

Q. You told us that there were two interviews and one telephone call. So March 12, 2016 there was an interview where Ms. Straatman of your office met with Mr.

McCabe?

A. Yes.

Q. Are there notes arising from that meeting?

A. Yes.

Q. Can you show me the notes?

A. Yes.

MR. BLOM: May I approach, Your Honour?

THE COURT: Please.

MR. BLOM: Thank you.

Q. I'm sorry, are these all of the notes of the three, the two meetings and the one...

A. Yes.

Q. ...phone call? Okay. So the first set we're looking at March 12, 2016. This is Ms. Straatman's notes?

A. Yes.

Q. And they go on for five pages.

A. Yes.

Q. And it looks like, when I look at headings and so on, sorry, double-sided, ten. Nine...

A. Right.

Q. ...or ten.

A. Right.

Q. And when I look at the headings it looks like it's sort of the beginning of the development of your report you prepared?

A. It's some - yes, some highlights.

Q. Okay. And then there is a set of handwritten notes, are these - what are these from?

A. Um, a follow-up phone call with Mr. McCabe in, um, July 4th. And they - they relate to - to the employment timeline.

Q. Okay. Are these your notes?

A. Yes, they are.

Q. And so it's just one page...

A. Yes.

5

Q. ...correct? And then when was the employment timeline developed?

A. Um, I forget the exact date but it was part of my - and that was subject to my follow-up to clarify the work history. It wasn't clear from the notes.

10

Q. Okay. So just so that I - just so I understand it.

A. Yes.

Q. Ms. Straatman has the meeting March 12.

A. Right.

15

Q. You then receive these notes...

A. Yes.

Q. ...and you have other things like the discovery transcript, medical records, and so on.

A. Yes.

20

Q. You review those and then I take it your phone call was to clarify whatever you needed to clarify.

A. Yes.

Q. And that was, as we can see, one handwritten...

25

A. Yes.

Q. ...page. Okay. Now did I miss something? Was there something in between there? In between March and July? May 7th.

A. Yes.

30

Q. Yeah, where is...

A. I think....

Q. ...where is May 7th?

5 A. I think May - I don't see a heading here but I think, um, I think May 7th is in regards to - sorry, I don't have a heading.

Q. Okay. Would May 7 be you meeting with him or Ms. Straatman again...

A. Both of us...

Q. ...meeting with...

A. ...together.

Q. ...him? Okay.

10 A. And she would - and she would be taking - I would be focused on the interview and she would be taking notes.

Q. Got it.

A. Yes.

15 Q. So May 7 I take it is incorporated...

A. Yes.

Q. ...into these nine or ten typewritten pages.

A. Yes.

20 Q. Okay. Can I take you to page 4 of your report.

A. I am there.

Q. Okay. At the bottom, do you see the heading "examination for discovery"?

A. Yes.

25 Q. And then if we go over the page, there is about a little bit more than a half a page under that heading. Is that fair?

A. Yes.

30 Q. And then after that there are other headings about family relationships, personal family background, and so on. I just want to understand the - the source of the information. Does that include the information of the

discovery, is it - where does it arise from?

5 A. It arises from the major points that Mr. McCabe was - was sharing. It didn't go - I didn't go back through - through the discovery and write down everything that was said.

Q. Okay. So - so it's - it's from the interview, maybe supplemented with the discovery?

A. Yes.

Q. Okay.

10 A. But I don't want to - and just for the, um, I don't - I tend not to rewrite everything that's known to both counsel already that's been subject to, uh, the pleadings and the - and the discovery so I don't - I don't - I try not to write just to fill the pages, so to speak.

Q. Fair enough.

15 A. If - that if you....

Q. Now in terms of the discovery transcript, who reviewed it? Ms. Straatman or yourself?

A. Uh, both of us would have reviewed it.

20 Q. Now, I understand that one of the objectives in reviewing the information, doing the interviews and so on, is to get a sense of the life history of Mr. McCabe.

A. Yes.

25 Q. In order to better understand the extent of the impact of the abuse.

A. Yes.

Q. And whether other factors explain his life achievements.

A. Yes.

30 Q. Now, let's talk a bit about biogenetic vulnerability.

A. Yes.

Q. In simple terms, he may be who he is because of genetics.

A. Yes.

Q. And - and this would apply to - in part to his personality?

A. Yes.

Q. Part of his personality make up comes from his parents?

A. Yes.

Q. And that also applies to factors such as alcohol abuse.

A. Yes.

Q. Now you said in your report that, "It is fair to raise the possibility of a strong genetic component in alcoholism."

A. Yes.

Q. You didn't say in your report, "I didn't diagnose - assess and diagnose Mr. McCabe's father and his brother, Jim, and therefore there is not a genetic component."

A. Yes.

Q. Okay. So you were satisfied - you were satisfied that you had a sufficient family information to say, "It's fair to raise the possibility of a strong genetic component of alcoholism." Correct?

A. Yes.

Q. Okay. Now, Mr. Ledroit took us to the D-S-M-5, so the - the "bible" as it were?

A. Yes.

Q. I think you have yours there?

A. Yes.

Q. Okay. Can I take you to page 494.

MR. BLOM: And I foolishly only made three

copies. I wonder if we can do it this way, Your Honour. Could I pass one to the court, two for the jurors and then - to share, and then we can make a copy later?

THE COURT: Sounds sensible.

MR. BLOM: Could I pass these to the jurors, then? Thank you.

Q. And so what I'd like to do, sir, if we could is go under "risk and prognostic factors". Do you see that?

A. Yes.

Q. And the heading "genetic and physiological"?

A. Yes.

Q. Okay. So let's read along. "Alcohol use disorder runs in families with 40 percent to 60 percent of the variance of risk explained by genetic influences." I will stop there for a moment. I think the example you used was, if there are 100 people, where? I just....

A. In a treatment facility...

Q. Yes.

A. ...for alcoholics, uh...

Q. Got it.

A. ...people with....

Q. Then the likelihood is that 40 to 60 percent of them come from a family where there is an alcohol use disorder?

A. Yes.

Q. Okay. Well, let me - let me ask you this. If - if the only person in a family with alcohol use disorder, say is the father, and the son is in the treatment facility; are we closer to the 40 percent?

A. The 40 versus the 60 in terms of the range?

Q. Right.

A. I would - it's - it's high, it's probably, uh, it's probably in the high end for father, sons. Because...

Q. Okay.

5 A. ...it's also in a higher incidence of alcohol misuse in men compared to women.

10 Q. I am shocked. Sorry. And if - if there are more immediate family members. So let's think about Mr. McCabe's father, siblings, son, if there are more than do we get - does that push it closer to the 60 percent?

A. Yeah, it certainly, I think - I think what the words in my report is - is certainly, uh, you have to be aware that there is - that it is - that there is a genetic link.

15 Q. No, but I am trying to understand 40 to 60 and how we move within that range, you...

A. I....

20 Q. ...said father - father to son gets it closer to 60. Does it get a little higher, closer to 60, if there are brothers as well?

A. I can't answer that but 40 to 60 is a summary of - of what you find in - in the research.

25 Q. Okay. Fair enough. Let's read on. "The rate of this condition is three to four times higher in close relatives of individuals with alcohol use disorder." Do you see that?

A. Yes.

30 Q. Okay. I'm going to stop there for a moment. So - sorry, "close relatives" would include, in the case - in the case of - let's think about Mr. McCabe in the centre, father?

A. Yes.



Q. Siblings?

A. Yes.

Q. Uncles?

A. Yes.

Q. Son?

A. Yes.

5  
10  
Q. Okay. I'm going to read on, "With values highest for individuals with a greater number of affected relatives." And so if we simply have - if his father is the only person with an alcohol use disorder, then the value is lower but if there are more surrounding him then the value is higher?

15  
A. Um, that's what it says. I - I - just to be clear, I take that's written but it's not like doing a D-N-A test, it's not, you know, you get one, two, and three, you get "X" percentage.

Q. Uh-huh.

A. You get one, two, three, and four you get "Y" percentage. So....

20  
Q. Yes, we are doing more likely than not.

A. Yes.

25  
Q. Okay. Let me just read on, "Closer genetic relationships to the affected person and higher severity," um, I'm sorry. I - I - I need to go back. "With values highest for individuals with a greater number of affected relatives, closer genetic relationships to the affected person, and higher severity of the alcohol-related problems in those relatives." Do you see that?

A. Yes I do.

30  
Q. Okay. So in other words, the more we hear the phrase, "I think my husband is drinking too much or far more than - than I would want him to." That's the kind of

information that raises - raises - are clues in this area.

A. Yes, it certainly raises a flag, yes.

Q. Okay. Let me go two sentences down. You see "a three to four fold increase"?

A. Yes.

Q. "A three to four fold increase in risk has been observed in children of individuals with alcohol use disorder. Even when these children were given up for adoption at birth and raised by adoptive parents who did not have this disorder." Do you see that?

A. Yes.

Q. Okay. So let's say Mr. McCabe had a - had a twin given up at a young age. There is still a high incidence of risk that that twin would have an alcohol use disorder even if not raised in the household.

A. Well, there'd be another factor of - another environmental factor of whether they were sexually abused. If they were - if he had a twin that was raised in the same household but he was sexually abused and the twin wasn't, it's....

Q. That wasn't my question.

A. Okay.

Q. So I am just following up on - on what we have just read.

A. Okay.

Q. So "Even when the children were given up for adoption at birth and raised by adoptive parents."

A. Right.

Q. So the - the twins, uh, so Mr. McCabe, and let's say he has a twin brother and they're given up for adoption, they go to two different homes. Would that....

A. The twin would also be at risk, yes.

Q. Right. And that has nothing - this book  
isn't...

A. Yes.

Q. ...talking about abuse at this point,  
they...

A. Not at...

Q. ...still have...

A. ...this point.

Q. ...that risk even though they are in a  
different household.

A. I agree.

Q. Okay.

MR. BLOM: Your Honour, I wonder if we could  
mark that page as the next exhibit and I will  
make you more copies.

THE COURT: Is that 11?

EXHIBIT NUMBER 11: Copy of page 494 of the D-S-  
M-5 - produced and marked.

MR. BLOM: Perhaps I could take copies back from  
the jurors and then we will - we will use one of  
those as the exhibit.

Q. Okay, you obtained some information from Mr.  
McCabe about his father's alcohol use.

A. Yes.

Q. You were told that Mr. McCabe recalled  
caddying for his father on the golf course?

A. Yes.

Q. His father drank a lot when he - when he  
golfed?

A. Yes.

Q. When he was at the - at the - at the course,  
so to speak.

A. Ninth hole and the eighteenth, I think.

Q. He was afraid to drive home with his father so he quit caddying.

A. Yes.

Q. You were told that his father's drinking caused some arguments at home.

A. Yes.

Q. You have read Doctor McMaster's report?

A. Yes.

Q. And you learned from that report that his father drank heavily from the early 1960s to about 1967?

A. I believe that is correct.

Q. Okay. You learned that his father drove while impaired quite frequently?

A. Yes.

Q. And that it made Mr. McCabe nervous to be in the car with his father?

A. Yes.

Q. And you learned that his father's physician told him, in the vernacular, to "pick a casket" or stop drinking?

A. Yes.

Q. And then he did, he stopped drinking.

A. Yes.

Q. Now this is the sort of evidence that suggests that his father had an alcohol use disorder. Is that fair?

A. It raises those flags, I can't - it's hard to make the formal finding but...

Q. Right.

A. ...I am with you.

Q. You wouldn't make a formal diagnosis without

meeting him and getting more information.

A. Yes.

Q. Okay.

5 A. There's lots of - again, I - I am not - obviously there is a red flag in terms of problems. I am just making - distinguishing between the red flag and being able to say there is a formal alcohol use disorder.

10 Q. Right. And let's tackle this right now. The D-S-M, the book we are talking about, doesn't say this. It doesn't say you have to be able to diagnose alcohol use disorder in father and brother and so on in order to consider that with respect to Mr. McCabe.

15 A. Um, no, but - but the research they are citing would - would be research where there has been a - a finding. If you are doing research on alcohol problems in the family...

Q. Uh-huh.

20 A. ...the research is going to be more reliable and valid if somebody has done a study on the father and the brother and the uncles. If you just do a survey and said, you know, "Did your father drink too much at times?" You might have different points of view, but it may not qualify for alcohol use disorder. So I - I do think there is a  
25 distinction. There is lots of people who might have - and I am not minimizing Mr. McCabe's report about his father, which are certainly concerning. But lots of people have - they have parents that go golfing and may drink too much, but they may not qualify for the disorder.

30 Q. Now there is no evidence that Mr. McCabe's father was abused. You are aware of that?

A. Was abused?

Q. Sexually abused.

A. Yes.

Q. Okay. So the - to the extent he drank, one would not say he was drinking to block out memories of abuse.

5 A. Again, I - I don't know. I never met him, I haven't assessed his history so I - I - there is no record of him being abused.

Q. Yes. So if we accept that, one would not say he was drinking alcohol to block out memories of abuse.

10 A. No. I don't - I don't want - I don't mean to quibble with you, but I - but, uh, when - when there is no evidence, when - there is nothing on the record of abuse with somebody Mr. McCabe's father's age, it doesn't mean he was never abused. It just - it's not on the record. Not on the record means he was never abused, that's the only distinction I am trying to make.

15 Q. Understood.

A. Okay.

Q. Fair enough. Let's...

A. I....

20 Q. ...move on. Now his brother Jim, you learned from Mr. McCabe that Jim - I think what he told you was, he was probably an alcoholic?

A. That's what he said.

25 Q. Okay. He too was told to quit drinking but drank until he passed away.

A. Yes.

Q. Okay. And - and again, there's no evidence that he was abused.

30 A. Again, I - I - I'd make - I'd just make the same point.

Q. All right. So now we - we've got the information about alcohol use by his father. We've got the

information of alcohol use by his brother, Jim. Would you - would you say that this, the evidence of the father and the evidence of the brother, starts to reinforce the argument that Mr. McCabe drank because of a genetic predisposition?

5 A. I like the way I stated it in my report, that there is - that there is a strong, you know, we know about alcohol abuse has a strong genetic component.

Q. Let me try it this way.

A. Okay.

10 Q. If the only evidence was that his father drank, as we have learned, and the evidence was that none of his siblings drank alcohol, um, to any level of concern. Then that would be evidence not quite as strong as what we have here adding Jim to the picture.

15 A. I - I think you and I would probably agree that there is multiple flags.

Q. Okay.

A. So certainly his father and his....

20 Q. So let's talk about his brother, Tom. You learned that Tom drank heavily for a period of time but had to quit because of diabetes.

A. Yes.

Q. Again, no evidence that he was abused, you'll agree?

25 A. No evidence without repeating myself, no evidence on the record that he was abused.

Q. Right.

A. Like I....

30 Q. And - and so, you know, going back to, you know, the - the - sort of the - the strength of the evidence. Let's think of it as building blocks, dad is the first building block, Jim is the next building block, Tom was

another building block. In terms of the question of whether there is a genetic predisposition, is that...

A. Yes, I'm...

Q. ...fair?

A. ...with you. Yes.

Q. Okay. Now you learned that Mr. McCabe's son, Nick, unfortunately was displaying some behaviours including possible alcoholism. Correct?

A. I'll take that as - as given. I'd have to....

Q. Page 7 of your report if you need to look at your....

A. Okay. Yes.

Q. Did you ask for any detail from Mr. McCabe about this?

A. Not beyond what he reported.

Q. Okay. So did you ask, for example, about the extent of use of alcohol by Nick?

A. Not beyond what he reported.

Q. And did you ask for the reasons why Nick consumed alcohol to the extent Mr. McCabe was aware?

A. No, I didn't.

Q. Okay. Could we say that Nick's use of alcohol, so now we have father, son, siblings - brothers, and - and - and the grandson or son of Mr. McCabe; assists us in understanding that this is a bit generational in the family?

A. You can certainly raise that as a hypothesis. It's coming up in different generations.

Q. Okay. And again you have no information that Nick was abused in any way.

A. Again, I didn't - I didn't ask the question. I mean, he was, uh, he obviously lived in an unhappy family



with an alcoholic father so obviously that would be distressing.

5 Q. Okay. So I talked about building blocks before. We started with the father, Jim, Tom, Nick would be another building block in understanding the influence of genetics?

A. Yes.

10 Q. We heard some evidence from Mr. McCabe about other family members. Now in your - in your meeting with him, in your follow-up phone call, did you get any more information about other members of the family who - who were reported to consume alcohol more than, say, one would - one would like?

15 A. Not beyond what is in my report. Is there a - do you want me to review everything or do you want - or do you have a specific - you want to point...

Q. Oh....

A. ...me in a direction?

20 Q. Well, for example, I saw nothing about any concerns of aunts, any of his aunts having difficulties with alcohol and so I assume that's not what you asked him about.

A. That's fair.

25 Q. Okay. I saw nothing in your report about uncles having any concerns with alcohol use so I assume you didn't ask him about them.

A. That's fair.

30 Q. And more to the point, nothing about paternal uncles. In other words, the brothers of his father having issues with alcohol consumption, because you didn't ask.

A. That's fair to say.

Q. Okay. Now we have learned that he had two uncles, paternal uncles. One was named Nick and the other

whose - whose name he could not recall. That they - I think the phrase was "drank a lot". That's something you were not aware of. Is that fair?

A. That's fair.

5 Q. Okay. One of them, the one whose name he could not recall, worked at a liquor store. In his case there might be a bit of an environmental influence as a result adding to a potential genetic influence. Is that fair?

10 A. Are you talking about - I just want to make sure I follow your train of thought. So there is - you are talking about another uncle who had alcohol problems who worked in the liquor store. And you are saying that - with genetic and environmental influences?

15 Q. Yeah, I am being a bit obtuse. We have talked so far about a genetic influence and you will agree with me that if two paternal uncles "drank a lot" that that might be because of the genetic influence.

A. Possibly, yes.

20 Q. Okay. Because they are the brothers of Mr. McCabe's father.

A. Yes.

25 Q. Okay. Now if one of them worked at a liquor store one of the questions then is, with respect to the availability of alcohol, in other words, if someone has a genetic predisposition but there is no alcohol around, they are not going to drink. It seems obvious, yes?

A. Yes.

30 Q. And if there is more alcohol around and available and so on, whether in a social environment or otherwise, that might increase the predisposition toward drinking.

A. Might - might increase the likelihood they

act on their predisposition.

Q. Now we learned that Mr. McCabe's mother was a smoker. Were you aware of that?

A. Yes.

Q. And I think - I think the evidence was, at least Doctor McMaster has this, that she smoked as long as Mr. McCabe could remember.

A. Yes.

Q. Okay. Smoking can be another form of addiction?

A. Yes.

Q. And I understand that that too can play a genetic role in the addictive behaviour of a child.

A. That's fair to say.

Q. Now one thing I wanted to do in order to better understand where we are at at this stage is the following. So to illustrate this on the - on the easel. So if I could put an "M" in the middle, that's Mr. McCabe. Okay. Above that I will put an "F", that's his father. Are you with me?

A. Yes. I'm following you.

Q. Okay. On the side I will put - I will put a "U" for - for uncle and on the other side I will put a "U" for the other uncle. We have Tom and we have Jim and we have Nick, his son. So what I have done is essentially I have put the family members, I have described, surrounding Mr. McCabe who is in the centre. Is that sort of an illustrative way to understand the alcohol use going on in the immediate and extended family?

A. I think it's fair for you to have that as a diagram.

Q. Okay. And that might be a better or an

easier way to - for us to understand the influence or the potential genetic influence here that caused Mr. McCabe to drink?

A. I - I think it's a fair hypothesis to raise.

5 Q. Thank you. Now at some point in time, a person who is genetically predisposed to alcohol abuse will take their first drink.

A. Yes.

10 Q. Okay. And clearly it will happen when alcohol is available to them, and that might start through, say, peer pressure.

A. Yes.

15 Q. So it wouldn't be surprising to hear, for example, that in grade 11 he and some friends took some beer and went off and drank it.

A. Not a surprise.

20 Q. Okay. Typically in - in people predisposed to an alcohol use disorder we might hear that it made them feel good. The alcohol.

A. Yes.

25 Q. Okay. It can be self-reinforcing in that way?

A. Yes.

Q. They then want more.

30 A. Yes.

Q. Now....

MR. BLOM: If I can just have a moment, Your Honour.

35 Q. A child being raised in a household where a parent has an alcohol use disorder or consumes, let's say, an excessive amount may develop certain negative feelings. Is that fair?

5

A. Yes.

Q. That can include a sense of guilt?

A. Yes.

Q. It can include anxiety?

A. Yes.

Q. It - it can - can include embarrassment.

A. Yes.

Q. To the point where they may not want to bring friends home.

10

A. Yes.

Q. And they might make up an excuse for that, that is to say, "My mom's not keeping up the home."

A. Possible.

Q. It can also lead to an inability to have close relationships.

15

A. Yes.

Q. Although one can get over that in time.

A. Hopefully.

Q. Okay. It can lead to anger.

20

A. Yes.

Q. It can lead to depression.

A. Yes.

Q. Now, another dimension of this is that a child in such a household can - it can lead to failure in school.

25

A. Yes.

Q. It can lead to delinquent behaviour?

A. Yes.

Q. Examples of that being stealing.

30

A. Yes.

Q. Would you agree that a review of the background of parents and siblings can provide information

about the potential of Mr. McCabe in terms of education, work, and social achievements?

A. Yes.

Q. Part of that is the genetic influence?

A. Yes.

Q. And part is the environmental influence.

A. Yes.

Q. By way of example, the first role models for a child are their parents.

A. Yes.

Q. Many children follow a similar path in terms of education and employment.

A. Well, generally there is generations - our generation, if I - we are similar in age, I think, um....

Q. Nice try. No, I think we agree on that, I think....

A. Our - our - our - I think our generation tried to exceed our parents so it certainly my parents never went to university, they were immigrants coming into the country so going to university was something they fostered in their children. It was something that didn't achieve, so....

Q. So - so some in each generation may go beyond the achievements of their parents, some may not.

A. Yes.

Q. Okay. In part it depends on whether they are encouraged to pursue education?

A. Yes.

Q. It also depends on whether they have the opportunity.

A. Yes.

Q. One of the issues surrounding the opportunity is the question of whether the money is available

for an expensive education.

A. That's fair, there is - but there is money and - and certainly over the years there is more government grants and loans to make education possible.

5 Q. All right. Now we do not know the level of education of Mr. McCabe's parents. Let's assume for the moment that they did not have high school. If their children, so Paul and Jim and so on, achieved high school then that would be a step up from the parent's generation to the generation of the children.

10 A. I take that as - as given.

Q. We learned that John completed high school, you...

A. Yes.

15 Q. ...you were aware of that. You were aware that James completed high school.

A. Yes. I...

Q. You....

20 A. ...take it you - you are giving me facts about...

Q. Yes.

A. ...each. I am not...

Q. And - and mister...

A. I trust you, I don't want to check...

25 Q. ...Mr. Ledroit's...

A. ...I just...

30 Q. ...associate will nudge him if I get it wrong. Linda achieved high school as well. You can accept that. Thomas did high school and went to - to college in forestry, uh, Mary went to high school. So, um, one of five, then, had some college.

A. Yes.

Q. Went to college. Okay. None of those children failed a grade, we have learned. I assume you are aware of that.

A. Yes.

Q. Now, Mr. McCabe failed grade four.

A. That's correct.

Q. Okay. Son on this analysis, looking at the other children, one of them - one of five went to college, the rest high school, Mr. McCabe failed grade four. Could we say the following. His academic performance was at least comparable to that of his siblings? In terms of the grades he achieved.

A. Yes.

Q. Okay. And equally the - the likelihood of him attending college or university was low on the basis of this family history.

A. The - the only point, uh, I agree with you and I agree with the point you are heading towards or making. I think my only disagreement is that being the younger sibling is usually more opportunities for younger siblings in a - in a family but - but I - I take your general point.

Q. Okay. Let's talk about employment. His father was in sales. And could we describe that as an occupation that requires a bit more sort of hands-on type work, dealing directly with people, rather than intellectual work, say at a desk.

A. I have met some pretty smart salespeople. I mean, I think - I think sales you have to understand what you're selling so there is - I think there is a lot of social skills, people skills, uh, more than - I....

Q. All right. Maybe - maybe the better...

A. Hands - when I think about...



Q. ...comparison....

A. ...hands-on, I think more about - I think more about plumbers, mechanics...

Q. Yeah.

A. ...than - rather than salespeople.

Q. Okay. Let's try it a different way. Let's use your phrase, it's an occupation that requires more, say, social skills than intellectual work, say in the professions of teaching and law and so on.

A. You know, I - you'll - I just don't want to - I - I never want to quibble with you but I - I do think there is - there is salespeople who are very intelligent and understand what they are selling...

Q. Yes, well...

A. ...and I think....

Q. ...I'm just talking about the nature of the occupation. I am...

A. Yes.

Q. ...not talking about the particular characteristics of each person.

THE COURT: I think the - the word "intellectual" is pretty loaded.

A. Yes.

MR. BLOM: Yes, yes.

THE COURT: You might want to find a different one for that.

A. I've met some salespeople...

MR. BLOM: Q. How about....

A. ...smarter than lawyers I have met.

Q. How about this way. It's an occupation that requires more social skills than bookwork.

A. Than bookwork?

Q. Can we agree on that?

A. It depends what you're selling.

Q. I....

A. I - I - I - I - I get the...

Q. Okay.

A. ...general point.

Q. Yes, let's move ahead.

A. Yeah. Please.

Q. You know that his - his brother, John, Mr. McCabe - Mr. McCabe's brother John was in sales and James was in sales.

A. Yes.

Q. Thomas was also in sales although he's the one that went to college. Were you aware of that?

A. Yes.

Q. And we learned that he did not enter an occupation in the area of forestry and therefore didn't use his degree, so to speak.

A. Yes.

Q. Now Mr. McCabe, he had a variety of jobs, um, in the early stages in sort of a support and counselling role, later in management and sales until he settled into the operations side of the business at a company called M-P-W, if I have it right. So coming to the point, in terms of the jobs he had, could we say that they were comparable or close to comparable to those of his brothers?

A. I wouldn't quibble with you on that. I - I thought he had a - I thought he had a job that was closer to, uh, to counselling.

Q. Yes, in the early stages, yes.

A. Yes.

Q. Yes. In the support....

5 A. So I - so I - so I - I saw him in my view obviously in the report I saw him more in the people, human resources, social work area in terms of his skills and interests and disposition.

Q. Okay. Now let's talk about relationship history. We can also look at the history of relationships among the siblings and compare them to Mr. McCabe. Is that fair?

A. Yes.

10 Q. So, those who were divorced, um, whether remarried or not, are John, Linda, and Thomas. And those who are currently still married or married until - until he passed away, Jim and Mary. So three out of five married and divorced at some point in their lives. You're - you're with me?

A. That's my understanding.

15 Q. Okay. And Mr. McCabe divorced and, um, if we just look at this approach to the relationship history it's - it was comparable to his siblings.

A. The only - and again, the - the only difference I - I would have is that there seemed to be an impact of alcohol abuse in terms of the separation and providing support. In - so in fairness, if the, uh, the - not the divorce *per se* but the nature of the divorce and the - and the, uh, the relationship to the alcohol abuse...

25 Q. Yes, and - and...

A. ...is more...

Q. ...we are going to....

A. ...profound.

30 Q. We'll get to that. Yes. Now temperament and personality, is this one area to consider in assessing the impact of abuse?

A. Yes.

Q. So, for example, if - if a child - if a person has a child who is shy, self-conscious, stays in the shadows, they may be the same as that as an adult.

A. Possibly, yes.

5 Q. That may affect their accomplishments in life.

A. It's possible, yes.

Q. Okay. Although at times they may overcome it, at other times they may not?

10 A. Yes.

Q. Now, you learned in the course of your assessment, and this is at page 6 if you think you need to look at it but my friend touched on it. He - he remembered feeling different in his childhood.

15 A. Yes.

Q. Perhaps that he was living with the wrong family?

A. Yes.

Q. He felt inferior to his older siblings.

20 A. Yes.

Q. That he could not compete.

A. Yes.

Q. He lacked self-confidence.

A. Yes.

25 Q. And felt ashamed of his family.

A. Yes.

Q. Now these were feelings that mark his entire childhood.

A. Yes.

30 Q. If such a child lived in a home with an authoritarian father, one who, you know, raised his voice from time to time, that could enhance these feelings. Is that

fair?

A. Fair to say.

Q. Uh-huh. And a child with these sorts of feelings may lack the confidence to pursue further education after high school.

A. Fair to say.

Q. A child with these feelings may struggle with employment from time to time in their adult life.

A. A reasonable hypothesis.

Q. They may move from job to job until they find the right fit, so to speak.

A. It's fair to raise that, yes.

Q. Okay. A child with these feelings may have trouble with approaching women, he may feel shy.

A. Possibly, yes.

Q. I am going to move to another area. Adverse childhood experiences can increase the likelihood of a poor outcome in terms of education and employment. Is that fair?

A. That's very fair.

Q. Okay. An example of that can include an authoritarian father who raises his voice.

A. Not by - not by itself, but it - it may not be a good thing.

Q. Okay.

A. Authoritarian father that motivates you might get you through law school.

Q. Yeah. Another adverse child experience may be - may be a situation where a child is growing up but his father is not there for much of the time. For example, he is on the road. Do you...

A. Yes.

Q. ...agree with that? The feeling of being

overshadowed by his siblings.

A. Yes.

Q. Okay. His father having a heart attack when he's about eight or nine years of age, that is an adverse childhood experience.

A. Yes.

Q. Okay. And if that is coupled with him losing what appears to have been a prestigious job as a vice-president of sales at Rothman's and in the years thereafter taking less, as it appears, prestigious jobs.

A. Yes.

Q. The failure of grade four is an adverse childhood experience.

A. I agree.

Q. There are consequences associated with failing a grade. You would agree with that?

A. Yes.

Q. There can be loss of self-esteem.

A. Yes.

Q. Poor social adjustment.

A. Yes.

Q. Now, these adverse childhood experiences that we have just gone through, that can increase the risk of alcohol abuse. Is that fair?

A. I think it's fair to say that.

Q. Now let's talk a bit about the - the abuse. You talked, I think, about some of the factors surrounding the abuse. And I think you will agree with me that there are factors that moderate or reduce the impact of the abuse and other factors that can increase the impact of abuse.

A. I agree overall, yes.

Q. Okay. And this comes from the D-S-M, sound

familiar?

A. Is there a particular section about factors of abuse that you want to point me to?

Q. Yes, page 277. So socioeconomic status can play a role. Do you agree with that?

A. Yes.

Q. Okay. Someone with a lower socioeconomic status when abused can potentially have a worse outcome as a result of the abuse.

A. Yes.

Q. With a higher socioeconomic status at the time of the abuse, they can have a better outcome.

A. Yes. Based on being able to access resources.

Q. Okay. And - and as best we know, from the information, could we say that Mr. McCabe appears to have come from a middleclass home at the time of the abuse?

A. Yes.

Q. Didn't come from, but lived in. Fair enough?

A. Yes.

Q. Okay. If the person is exposed to prior trauma, that can increase the risk of an adverse response to the abuse.

A. Yes.

Q. There was none in the case of Mr. McCabe.

A. Um, not that I am aware of other than, um, I guess some of the factors you related to earlier in terms of vulnerability, in terms of his father having a heart attack.

Q. Fair enough.

A. So....

Q. Childhood adversity can play a role, and I

am not talking about father's yelling, but something more severe. Deprivation, for example.

A. Yes.

Q. Or parental separation.

A. Yes.

Q. Or the death of a parent.

A. Yes.

Q. And he did not experience any of those before the abuse.

A. Yes.

Q. Correct? A family history - a family psychiatric history. I think we have already heard that, um, as best we know, neither his parents nor his siblings had any psychiatric disorders?

A. Yes, that's my understanding.

Q. And that sort of moderates the impact?

A. Yes.

Q. Okay. Another point you - could we say that women are more prone to experiencing symptoms of P-T-S-D after abuse than men?

A. Um, in general. I think there are - there are some exceptions.

Q. The level of intelligence can also play a role in terms of the outcome?

A. Yes.

Q. The higher the level of intelligence, the lower the risk of an adverse outcome?

A. Yes.

Q. And you said that Mr. McCabe had a, um, an average level of intelligence based on the I-Q test?

A. Yes.

Q. And so that's more positive.



A. Yes.

Q. Coping mechanisms can also play a role I assume?

A. Yes.

5 Q. If, for example, he had a measure of emotional resilience that would reduce the risk of an adverse outcome?

A. Yes.

Q. In other words, emotional strength.

10 A. Yes.

Q. And another aspect to consider is whether he understood the abuse to right or wrong. Is that fair?

15 A. That one is more complicated because it might look different to you as a child than as an adult. You know it's - you maybe know it's wrong until you came - may come to understand it differently as you get older.

20 Q. Okay. Or another way of putting it, you may understand that this is - this is not something that's usual or normal but I am - I am not entirely sure it's right or wrong.

A. Right. Or it makes more sense as you get older.

Q. Got it.

A. Uh-huh.

25 Q. And another way of putting this is to say, he may not have understood the implications of the abuse at the time?

A. Yes.

30 Q. Okay. And that, in part, might explain why he saw it differently later in his life, after 2013, as we discussed.

A. Yes.

Q. Now, let's talk a bit about the impact of the abuse. I suppose the best evidence of the impact of the abuse would be for him to have periodic psychological assessments starting shortly after the abuse.

A. Not necessarily.

Q. In the absence of that, we are left with looking at the evidence we have available.

A. Yes.

Q. Okay. Now, I understand that children can relieve the trauma through playing.

A. Yes.

Q. Their behaviour could become disorganized or agitated?

A. Yes.

Q. They may have distressing dreams?

A. Yes.

Q. Parents may hear that down the hall at night.

A. Yes.

Q. They can exhibit physical symptoms such as stomach-aches or headaches?

A. Yes.

Q. Other behaviours can include things like changes in sleep pattern?

A. Yes.

Q. Hypervigilance to noise?

A. Yes.

Q. Now sometimes when you deal with clients such as Mr. McCabe you hear from them that they were told by their parents that there was something that changed in their life at a certain point in time. It could be some of these things we have just talked about.

A. Yes.  
Q. Okay. You heard none of that from Mr. McCabe.

5 A. That's fair to say.  
Q. Another source of this sort of information can be siblings.

A. Yes.  
Q. A sibling might say to Mr. McCabe, you know, "We remember observing this behaviour in you."

10 A. Yes.  
Q. And you did not hear anything like that from Mr. McCabe did....

A. That's fair to say.  
Q. Now let's talk about elementary school. And what we looked at earlier, sir, was a summary of grades. I wonder if we could do that again.

15 MR. BLOM: Your Honour, I wonder if Madam Registrar could pass the exhibits to....  
THE COURT: Exhibit 2, 3, and 4 I think.  
MR. BLOM: Could I provide copies to the jurors, Your Honour?

THE COURT: Yes, just make sure what we have got. I think Doctor Jaffe has been handed Exhibit 1. What else have you got there?

25 MR. BLOM: I think it's three, "Summary of grades and report cards."

A. I have got elementary school records, highschool records.

30 THE COURT: Two, three, and four I think. You don't mean the public school, high school, and then the in between is the summary. There should be a typed summary which is really an

easy way to read the handwritten notes. There should be one other. There you have got it.

Yes.

MR. BLOM: Can I provide copies to the jurors?

5 Q. Now the other thing I wanted to do at the same time, if we may, sir, is to - is to look at another document. And I am showing you an article called "Child Abuse and Neglect". Sorry, it's in a - a...

A. Right.

10 Q. ...a digest I understand called "Child Abuse and Neglect" And the article is called "Assessing the Historical Abuse Allegations and Damages".

A. Yes.

Q. You're familiar with this?

A. Yes.

15 Q. You are one of the authors?

A. Yes.

Q. Together with David Wolfe, what is his profession?

A. He's a psychologist and professor.

20 Q. Okay. Together with Alan Leschied, what is his profession?

A. Psychologist and professor.

25 Q. And together with Barb Legate, what is her profession?

A. She is a civil - she is a lawyer, civil litigator.

30 Q. Okay. And I understand that the purpose of putting together this article was to lay out how one should do an assessment such as the one that you did for Mr. McCabe.

A. Yes.

Q. Okay.

MR. BLOM: Your Honour, I wonder if we could mark this the next exhibit.

THE COURT: Exhibit 12, I think?

MADAM REGISTRAR: Yes, Exhibit 12.

EXHIBIT NUMBER 12: Copy of magazine article - produced and marked.

MR. BLOM: Could I provide copies to the jurors, Your Honour?

THE COURT: Please.

MR. BLOM: Q. Now what I'd like to do is start with the article if we may. And go to page 138.

A. Yes.

Q. And so we see the heading "areas of assessment" and then we see some subheadings below that, "summary of records" and so on. So this sets out the areas where a person doing an assessment such as this should be obtaining information. Is that fair?

A. Yes.

Q. Okay. So at the bottom, it says "educational performance and academic qualifications". Do you see that?

A. Yes.

Q. So clients are asked to describe their performance at school, their grades in major subjects, and any difficulties they may have had at school with teachers, peers, and so on. Do you see that?

A. Yes.

Q. Okay. So that leads us to the - the summary of the grades. Now you didn't have the summary of the grades, but you had the, um, the elementary and high school records with the grades on them?

A. Yes.

Q. Okay. And can you show us, just before we go any further, can you show us the - the section of your report where you did the review of the - the school - or the education performance and academic qualifications.

5 A. There is only a brief summary of it on, um, there is only a brief summary on page 9.

Q. Okay. So I'm just holding it up here.

A. Yes.

10 Q. And the heading is "educational performance and academic qualifications", and what it says is that Mr. McCabe went to St. Lawrence Elementary School grade two to eight, and later he went to high school at the Christian Brothers School in New York, graduated in 1972 with his degree. Correct?

15 A. That's correct.

Q. No review of grades, correct?

A. Yes. Fair.

20 Q. No comment on the fact that he failed grade four, correct?

A. That's right.

25 Q. No discussion of the grades he received. Correct?

A. That's fair.

30 Q. Okay. So let's look at that in the summary of grades. Now we looked at this earlier in the trial and we learned that it was between the second grade four year and grade five, if you look at the column. So the 62 to 63 to the 63, 64 year, that's when the abuse took place? The summer of 63?

A. That's my understanding.

Q. Okay. Before that we can see a number of failing grades in the summer. Do you see that?

A. Yes.

Q. Okay. In grade three there were two, a 33 and a 32. Correct?

A. Yes.

5 Q. In grade four there were quite a few, 34, 29, 32, 26, and 37. Do you see that?

A. Yes.

10 Q. And then in grade - in the second attempt at grade four he passed but he still failed two courses. Do you see that?

A. Yes.

Q. A lot of these weak grades were in the areas of reading, writing, and spelling.

A. Yes.

15 Q. Okay. Now, did you - did you make any inquiries in your interview with Mr. McCabe to better understand what was going on here?

A. I did not.

20 Q. Okay. You will agree with me that this isn't - this shows some weakness in terms of academic performance.

A. I agree.

Q. And there can be different reasons for that. You'll agree with...

25 A. I agree.

Q. ...that? One could be a learning disorder.

A. I agree.

Q. There could be environmental factors.

A. Yes.

30 Q. There could be other things at play, such as personality or temperament.

A. Yes.

Q. There could be things going on at home.

A. Yes.

Q. Okay. There is no discussion at all of any of that in your report.

A. That's...

Q. Agree?

A. ...fair to say.

Q. Oh, yes, the other thing. A child who is abused - abused can immediately perceive the abuse as traumatic.

A. Yes.

Q. And they can have an immediate - that can have an immediate impact on their grades.

A. Yes.

Q. You have had cases where you have analyzed the grades and you have seen a decline immediately after the abuse.

A. Yes.

Q. Or within, say, one, two, three, four years.

A. Yes.

Q. Okay. Now, if we look at the pattern of grades here, there is some fluctuation up and down and so on, but would you agree with me that the pattern of grades does not suggest a significant decline in the elementary school years after the abuse.

A. I agree.

Q. Okay. Now just to sort of finish up here. If you turn the page over and we have the high school grades. And can you look at the column for grade 12, 1970, 1971.

A. Yes.

Q. And it says first, third, fourth. So I think we only have grades for three of four semesters or



terms. What we can see, you know, starting with English literature in the 60s and - and looking all the way down. History 37, 51, 50. Do you see that?

A. Yes.

Q. Math 50, 41, 51. Do you see that?

A. Yes.

Q. Chemistry 24, 50, 52. Do you see that?

A. Yes.

Q. French 33, do you see that?

A. Yes.

Q. Okay. You will agree with me that he's not demonstrating academic strength here. At some level he is demonstrating academic weakness.

A. I agree, there is problems, yes.

Q. Okay. And you - you have had cases where people have been abused and you have looked at these records, um, and they've had grades that are much higher and didn't get into college or university.

A. I - I have certainly had clients who - with higher grades and not all go onto college and university. Yes.

Q. Okay. Now some students have a preference for physical work over academics.

A. Yes.

Q. Okay. We learned from Mr. McCabe that in elementary school he enjoyed getting out of class to do work around the school. Are you aware of that?

A. It sounds familiar.

Q. Okay. A person like that might receive positive feedback and enjoyment from doing those sorts of things.

A. Yes.

Q. Now, if abuse takes place, one of the things that can happen is the child may lose interest in activities.

A. Yes.

5 Q. The only activity we have heard about is hockey. I am not entirely sure that he was playing when the abuse took place, but that might be an example.

A. Yes.

10 Q. Whether it was hockey or anything else, there is no indication in the history that Mr. McCabe gave up any of his favourite sports or hobbies, that sort of thing.

A. I don't recall any good examples.

Q. Okay. Now can we agree with the following. There was no doubt that the abuse had some immediate impact on him.

15 A. Yes.

Q. We can agree with that. That is - that's reasonable.

A. Yes.

Q. Okay.

20 A. It's reasonable.

Q. The big issue here is - is in understanding the extent to which he was able to cope with it, at this point in the elementary school years. Is that fair?

A. Yes.

25 Q. Okay. And so what we have discussed thus far suggests to me, and I will ask you if you will endorse this, that he had a measure of a resilience or coping skills in order to deal with it. Is that fair?

A. It's fair.

30 Q. A person - so let's move on to high school years. A person who has been abused and reacts adversely to it may develop a lack of trust?

A. Yes.

Q. A lack of trust in people like teachers, peers, coaches, supervisors at work?

A. Yes.

Q. And they may develop a sense of low self-esteem.

A. Yes.

Q. And that can hold them back in - in high school.

A. Yes.

Q. It can hold them back on a social level.

A. Yes.

Q. It can hold them back in sports.

A. Yes.

Q. So you - what we need to do is look at what Mr. McCabe was doing in those two spheres in high school.

A. Yes.

Q. And so if he was, for example, on the executive of the student council and on the student council for several years, that would argue against having an adverse impact on him socially.

A. It's definitely a positive thing.

Q. Okay. And if he was able to work for several years, including a grocery store for four to five years, that would argue against a negative impact.

A. Yes.

Q. One of the things he has to do in a job is get along with management, fellow employees, and customers. That's the job at the grocery store.

A. Yes.

Q. Now, he went to Senator O'Connor High School. Were you aware of that?

A. Yes.

Q. Why did he go there?

A. He wanted to be in a different school than his brother.

5 Q. Okay. He wanted to get out from under the shadow of his brother?

A. Yes.

Q. Okay. And - and in a sense, did he put himself in an environment where he could succeed?

A. He hoped he would, yes.

10 Q. I'm sorry, I missed that.

A. I - he hoped he would.

Q. Okay. Yes.

A. That's what....

15 Q. He played competitive hockey for several years, that would involve teamwork?

A. Yes.

Q. Working with coaches?

A. Yes.

20 Q. Now we - we - we heard that he got some detentions for being disrespectful and - and other things including not completing assignments on time. One might take from that that academics wasn't a priority for him.

A. Possibly, yes.

25 Q. One might also take that from the weakness in the grades we looked at.

A. Possibly, yes.

Q. Okay. Do you know about his dating relationships in the high school years?

30 A. As it was reported to me.

Q. What was reported?

A. I have to check my notes.

THE COURT: Should he check his notes over the afternoon break?

MR. BLOM: Yes, Your Honour.

THE COURT: Twenty to - twenty to, then.

5

3:24 P.M. JURY RETIRES

R E C E S S

10

U P O N R E S U M I N G :

3:41 P.M. JURY ENTERS

THE COURT: Go ahead.

15

MR. BLOM: Thank you, Your Honour.

Q. Doctor Jaffe, we have learned from Mr. McCabe that he was able to have several dating relationships, I'll just help you with this...

A. Okay.

20

Q. ...in the course of his high school years. So would you agree with me that this suggests he was able to get over his shyness?

A. Yes.

25

Q. And that might be a - an example of the resilience he had?

A. Yes.

Q. Okay. Let's talk a bit about religion. In the high school years we learned that he ultimately stopped going to church.

30

A. Yes.

Q. His father had established that precedent, so to speak, his mother went, his father didn't.

A. Yes.

Q. So is it fair to say that the influence of religion was not an absolute in the family.

5 A. Before the abuse, it certainly diminished in high school years, I mean, as many adolescents they start to decide, even normally without abuse, they may not want to go to church so it's a problem. It may be a problem for a family.

10 Q. Now let's go to the end of high school for Mr. McCabe. He is dealing with the question of whether or not to apply to university. He came from a family where the norm was to go to work after high school, with one exception.

A. Yes.

15 Q. Okay. And we have learned - we are not sure but we - he may have learned, at the point it came to submit applications that his brother Tom completed college but did not use his degree.

A. Yes.

20 Q. Okay. At this point in time his father fell ill again which means he was unable to work.

A. Yes.

Q. Right? He was doing the bus run and Mr. McCabe had to take that over.

A. That's my understanding.

25 Q. Driving a taxi - I'm sorry, driving a station wagon.

A. Yes.

Q. There was reduced income in the household. You were aware of that?

30 A. Yes.

Q. In short, there was not enough money for college or university. Were you aware...

A. That's my....

Q. ...of that?

A. My understanding there was financial concerns, yes.

5 Q. Okay. This could be an entirely reasonable explanation for why he did not apply. Is that fair?

A. It's fair to raise that, yes.

Q. Okay. A person who has been sexually abused can have difficulties with intimacy and sexual relations.

10 A. Yes.

Q. And that's because it brings back the memories of the abuse?

A. Yes.

15 Q. Now do you know of any major dating relationships that Mr. McCabe had before he met his wife Nancy?

A. I don't have a record, I have more about how he was socializing in high school, but I don't have the record of dating relationships.

20 Q. Okay. That's something that's important from the article that you wrote to get details about that.

A. Yes. I agree.

25 Q. Okay. So let me help you. He met a lady named Elaine after high school and said they had a lot of fun together. Just accept...

A. Yes.

Q. ...that if you would.

A. Yes.

30 Q. Eventually they became engaged. So would you agree with me that he was able to develop an emotional attachment?

A. Yes, generally, yes.

Q. Okay. He had no sexual problems, so - so that would reduce the suggestion that sexual abuse had an impact on him in terms of - of fulfilling a sexual goal. Is that fair?

A. I agree.

Q. He discovered that she was dating another man and the relationship ended. He agree that that was somewhat traumatic for him. Will you agree with me that that was a source of stress unrelated to the abuse?

A. Yes.

Q. And as a result he may have approached later relationships with a lack of trust.

A. It's possible, yes.

Q. This sort of traumatic event can lead to things like depression?

A. I'm not sure I'd call it a traumatic event but we'll, for the sake of argument, we'll call it a stressful event of...

Q. Okay.

A. ...of a relationship that failed and you might have difficulty in subsequent relationships, yes.

Q. But it can also lead to depression.

A. Yes.

Q. It can lead to reduced self-esteem?

A. Yes. Possible.

Q. It can lead to increased alcohol use.

A. Possible.

Q. Now in marrying Nancy, you will agree with me that he was able to develop an emotional attachment once again.

A. I agree.

Q. The marriage was good initially, we



understand...

A. I agree.

Q. ...and I'd like you to - take you - I - I would like to take you, that's a tongue twister, to page 7 of your report. The first full paragraph. Do you see that?

A. Yes, I do.

Q. And about the third line down on the right, do you see "for a period of time"?

A. Yes.

Q. "For a period of time he felt like he had it all. A secure job, wonderful family, good money, great benefits, pension." Do you see that?

A. Yes.

Q. Can we agree that he lost that in part as a result of alcohol?

A. Yes.

Q. Again, there were no sexual problems. You're aware of that?

A. Yes.

Q. Okay. Now another thing that might happen with someone who is sexually abused, in this case by a priest, they may tend to avoid things that bring back memories of the abuse in that context.

A. Yes.

Q. Things like religious practices or places.

A. Yes.

Q. And I think you talked about avoidance as one of the criteria of P-T-S-D. Do you remember that?

A. Yes.

Q. Now - so people - people with - who are experiencing symptoms of P-T-S-D as they go through say high school - or no, sorry, sorry, elementary school and it comes

time to choose a high school may not choose a Catholic high school.

A. Yes.

Q. Okay. Particularly one where the teachers are wearing religious type clothing.

A. Yes.

Q. Okay. You're aware that he chose the Christian - to be taught by the Christian brothers at the O'Connor school?

A. Yes.

Q. Another example might be, if it comes time for him and Nancy to discuss marriage, uh, if he is experiencing the symptom of avoidance relative to Catholicism, he might convert to her religion.

A. Possibly, yes.

Q. Let's talk a bit about antisocial behaviour. I think you spoke about this with Mr. Ledroit and essentially it's - it's behavioural problems involving violation of major rules and societal norms and laws?

A. Yes.

Q. In other words, they don't apply to me.

A. Yes.

Q. Okay. This can in turn lead to something called a "conduct disorder"?

A. It's - conduct disorder in childhood and - and adolescence and it becomes antisocial in adult years.

Q. Uh-huh. Now a person can exhibit this behaviour whether they have been abused or not.

A. Yes.

Q. And early behaviour of this sort can signal problems in the future.

A. Yes.

Q. One example is theft or stealing.

A. Yes.

Q. Now this can be influenced biogenetically and environmentally?

A. Yes.

Q. Would you say it's more common in larger families that - because there can be diluting of parental supervision?

A. It's possible.

Q. Okay. And it can be more common, let's say there are six children like in this family, it can be more common for the - the younger children, because the supervision may be more diluted at that end.

A. It's possible, yes.

Q. Now these examples of this type of behaviour can include, for example, you know, stealing the - the milk bottles from the home of a neighbour to cash them in for money.

A. That's a possible example, yes.

Q. Yeah, you can carry on as an adult to stealing small items to pawn them for money.

A. It's possible, yes.

Q. It can continue in the course of employment where one is responsible for payroll and one cuts an employee's hours to pay them less to make you look better.

A. It wouldn't be a good thing, yes.

Q. That's one of the examples.

A. Okay.

Q. Okay. This sort of behaviour can have adverse consequences.

A. Yes.

Q. It can lead to things like divorce.

A. Yes.

Q. Divorce for Mr. McCabe was a major stressor in his life. Would you...

A. Yes.

Q. ...agree with that?

A. I do.

Q. Oh, and before I move on. When you did the personality assessment inventory, that revealed significant elevations on characteristics associated with antisocial character features.

A. Yes.

Q. Now, divorce as a major stressor in his life. We looked at a summary of Mr. McCabe's income from employment and - and just take it from me, what we saw was pretty good history of earnings until - I think it was 1986 when he divorced and a significant drop. That's - that's no surprise if this was a major stressor in his life. Is that fair?

A. That's fair.

Q. Thereafter other stressors emerged in his life so the obligation to pay support and the ability to meet - inability to meet that obligation?

A. Agreed.

Q. The arrears through the Family Responsibility Office?

A. I agree. A...

Q. The loss...

A. ...stressor.

Q. ...of his licence?

A. Yes.

Q. All of these stressors can cause someone like Mr. McCabe to drink more alcohol.

A. That's true.

Q. Okay. Now just because Mr. McCabe had an alcohol use disorder doesn't mean that he was incapable of earning a decent income. Is that fair?

5 A. It would be more difficult with an alcohol use disorder that severe, but yes.

Q. One can be a functional alcoholic.

A. I'll agree that you can have alcohol problems but still manage a job.

10 Q. Okay. And so evidence of that would be, for example, if we look at his employment history from the 70s up until he divorced and saw a steady increase in earnings, that would suggest he was - he was doing reasonably well.

A. My understanding of the record, my, um, is that he lost some jobs because of alcohol abuse.

15 Q. Not in that period of time.

A. The....

20 Q. Well, no. Let me try it differently. I am sorry. Whether he lost jobs or not because of alcohol abuse, what we saw from his earnings history is that there was a steady increase from the 1970s until 1986. Just accept that.

A. I'll accept that.

Q. Okay. And if that's the case, then that evidence suggests that he was coping quite well.

25 A. There were periods that - I don't mean to disagree with you, and you are being very reasonable about - but - but there are - there are periods where he, uh, in my understanding he lost employment due to - due to the drinking. So - so, uh, having a steady increase but - but losing jobs, uh, because of drinking has an impact on your overall trajectory.

30 Q. Okay. Whether he lost jobs because of

drinking or whether he moved on to other jobs because he simply applied for them...

A. Right.

5 Q. ...we could still be satisfied that the steady increase in his earnings is a positive feature in his life.

A. Yes.

10 Q. He then had the - the drop - a significant drop, to be fair, at the time of separation.

A. Yes.

15 Q. And then he had a number of jobs where there was some up and down, until he came to the company called M-P-W if I have it right.

A. Right.

20 Q. And again, for 16 years we see a steady growth in his earnings until the summer of 2010 when he was terminated. So again, a positive period of time in his life in terms of income. Is that...

A. Yes.

25 Q. ...fair?

A. That's fair.

30 Q. Okay. And so we can agree, in those - in those periods of time that I have highlighted, that the positive income trajectory that alcohol wasn't - did not prevent him from earning an income.

A. Yes.

35 Q. Okay. Now M-P-W we learned was, um, a very stressful environment. An environment such as that can increase symptoms of P-T-S-D?

A. Yes.

40 Q. Now if he is able to function despite any symptoms of P-T-S-D, does that tell us something about his

resilience?

A. Yes.

Q. Okay. And if he also had to work for a very demanding boss as a part of that and was able to do so for 16 years, again evidence of resilience?

A. Yes, I mean I just - in - in fairness and I guess my summary would be that - that obviously he shows - he shows elements of being - of coping skills. So somebody who is suffering from trauma will cope and there is periods where they're getting by and then there's periods where they, uh, where they fall apart. So there is, you know, there is an up and down. You know, there - there is progress but there is also falling off a cliff from time to time.

Q. Right. And one of those examples to - is to look at the income history. One of the facets of life to look at.

A. It's a factor, yes.

Q. Okay. The T-S-I, the trauma symptom inventory.

A. Yes.

Q. I understand that that is a test to detect symptoms of trauma in the six months before you do the test?

A. Yes.

Q. Not ten years ago.

A. Right.

Q. Okay. And so the result is that your findings can be influenced with what's going on in the six months before the test.

A. Definitely.

Q. And some major things are going on, the - that is the litigation.

A. Yes.

Q. And that would be reflected in the test results.

A. Yes.

Q. You have been retained by Mr. Ledroit and the former law firm that he worked at in cases such as this on previous occasions.

A. Yes.

Q. Can you give me an estimate of the number?

A. The number of cases?

Q. Yes.

A. Twenty. I am - I - I am just going from memory. I don't know.

Q. Okay, and....

A. It seems like a - it seems like a lot.

Q. And let me cover this at this point. I assume your services are available to counsel for plaintiffs and counsel for defendants to do...

A. Yes.

Q. ...assessments. But you...

A. That's true.

Q. ...do the bulk of your assessments for counsel for plaintiffs. Is that fair?

A. Probably 80, 20.

Q. Okay.

A. Twenty percent for defence. Including the church on occasion.

Q. I just wanted to briefly compare your background, professional background, with that of Doctor McMaster. You're a psychologist, he is a psychiatrist.

A. Yes.

Q. He has a medical degree, you do not.

A. Yes.



Q. As a result he can prescribe medication, you cannot.

A. Yes.

Q. He is certified in forensic psychiatry by the Royal College of Physicians and Surgeons, you are not?

A. I am certified as a registered psychologist, the forensic psychology is part of my registration. I don't have his specialist in psychiatry.

Q. You don't have a certificate in - in forensic psychiatry.

A. It's my area of speciality, I don't have the certificate.

Q. Or in forensic psychology.

A. I am...

Q. You practice it...

A. ...no....

Q. ...but you don't have the certificate.

A. There is no - we - the way registration works for a psychologist, you register to practice and you indicate your area of specialization.

Q. Last area, sir. Sexual abuse of a boy by a man can cause a boy to question their sexuality later in life.

A. Yes.

Q. In other words, it might cause Mr. McCabe to consider whether he is homosexual.

A. Yes.

Q. There had never been any doubt, based on what you have learned, that he has considered himself heterosexual.

A. That's true.

Q. Those are my questions. Thank you.

RE-EXAMINATION BY MR. P. LEDROIT:

Q. You have mentioned you have been retained,  
in sexual abuse cases, by the Roman Catholic Church?

A. Yes.

Q. Thank you. Those are all my questions.

THE COURT: Thank you. Thank you.

A. Thank you.

...WITNESS SCHEDULING DISCUSSION

4:00 P.M. JURY RETIRES

...TRIAL SCHEDULING DISCUSSIONS

M A T T E R   A D J O U R N E D

FORM 2

CERTIFICATE OF TRANSCRIPT (SUBSECTION 5 (2))

*Evidence Act*

I, **Dolores Daly**,  
*(Name of Authorized Person)*

certify that this document is a true and accurate transcript of the recording of

**Robert McCabe v. Roman Catholic Episcopal Corp for Diocese of Toronto, in Canada**  
*(Name of Case)*

in the **Superior Court of Justice, Civil Trial**  
*(Name of Court)*

held at **74 Woolwich Street, Guelph, Ontario N1H 3T9**  
*(Court Address)*

taken from Recording **4611\_crtrm#2\_20170512\_090917\_\_10\_LEMONG.dcr**

which has been certified in Form 1 by Reporter James Donnelly .

**May 18, 2017**  
*(Date)*

**Uncertified ecopy**  
*(Signature of Authorized Person)*

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