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

5 THE COURT: Before we continue with the evidence,  
I have one question for counsel by way of  
clarification about the agreements as to the  
duties. I was looking at this this morning and  
in the agreement respecting duties of care,  
10 Exhibit 3, the second page of the agreement, the  
admission is styled as an admission of GCC. So  
my question was whether as in relation to the  
individual defendants are the existence of the  
duties a matter in dispute, or is that a matter  
of agreement and it just has not been reflected  
15 in the agreement?

MR. ADAIR: I had actually not thought about that  
and it's hard for me to think that the defendants  
who were administrators would have any different  
responsibility. I think we intended it to apply  
20 to them as well.

THE COURT: That's helpful. Thank you. I just  
thought I'd --

MR. ADAIR: Yeah.

THE COURT: -- make sure it was clear. Okay.

25 MR. ADAIR: Yeah.

THE COURT: Yeah.

MR. ADAIR: Thank you, Your Honour.

THE COURT: Thank you. Thank you. Ms. Merritt?

30 MS. MERRITT: Q. Dr. Barnes, you've been  
retained to provide an opinion in this case?

A. Yes.

Q. And would you please summarize that opinion

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for us?

5 A. The -- my overview is that Grenville Christian College was clearly an institutional setting whose primary purpose was to foster child and adolescent development through education and boarding experiences. The school provided instruction for students who were all children or adolescents. The students who were residing at the school had ongoing contact with the staff for long periods of time, for months or years. As a result of this arrangement, the students were reliant on -- completely reliant during the time that they lived at the school on the staff -- the school's staff for care, protection, guidance, instruction and discipline.

15 The -- because of this arrangement, the -- the staff who acted inappropriately with students had an opportunity to do so on a number of occasions. Many -- many of the class members -- many of the students at the school experienced instance of maltreatment or trauma while attending Grenville Christian College, including physical abuse, sexualized abuse, cruel or inappropriate treatment, neglect of physical or mental health needs, and emotional abuse, including such forms of abuse as spurning, terrorizing, isolating or exploiting.

20 The -- to -- to the extent that individual students were -- or former students were subject to such maltreatment or trauma, these individuals are -- were at later risk for an increased likelihood of developing multiple psychological difficulties that might include problems in relational attachment, problems in psychological development, a variety of mental health conditions and negative changes in their life trajectories. The Grenville Christian College also functioned to a large degree as a total institution, where the -- the staff subjected many of the class members to coercive control.

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MR. ADAIR: To what?

A. Coercive control.

MR. ADAIR: Thank you.

MS. MERRITT: Q. Thank you. We're going to  
5 unpack that quite a bit, but I just wanted to give a bit of an  
overview. Dr. Barnes, I understand that in preparing your  
opinion, you reviewed the statement of claim in this action and  
you also reviewed affidavits of the following individuals:  
Andrew Hale-Byrne, Lisa Cavanaugh --

10 A. Yes.

Q. Margaret Granger?

A. Yes.

Q. Richard Van Dusen?

A. Yes.

15 Q. Tim Blacklock and Don Farnsworth?

A. Yes.

Q. You also had an opportunity to review  
transcripts of cross-examinations of a number of individuals,  
and I'll just that list: Andrew Hale-Byrne, Annie Glynn, Byron  
20 Ross Gilmore, David Webb, Don Farnsworth, Elizabeth Graham,  
Katie Lee, Ken McNeil, Lisa Cavanaugh, Margaret Granger, Maureen  
Graham, Richard Van Dusen, Robert Creighton, Rudolph Reindol,  
Simon Best, Tim Blacklock and William Newell?

A. Yes.

25 Q. All right. And you also, I understand,  
relied on professional literature in the -- in areas including  
institutional abuse, child and adolescent development,  
relational attachment, developmental psychopathology,  
maltreatment, trauma and mental health conditions, and those  
30 matters are -- have all been set out in your report, yes?

A. Yes.

Q. All right. What, if anything, did you rely

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on for defining and understanding maltreatment?

5 A. Well, for defining maltreatment I relied on the -- the document that's produced by the Ontario Children's Aid Society, the Ontario child welfare eligibility spectrum, the most recent edition that was available to me at the time, which was the 2016 edition.

10 Q. All right. And I would like to ask you some questions about the eligibility spectrum. Your Honour, I'm not sure if you're following along in the report, but this is addressed at page 17. Dr. Barnes, can you tell us what is the Ontario child welfare eligibility spectrum?

15 A. Yes, this is a document that was developed by the Children's Aid Societies in Ontario for the purpose of providing guidance to front-line workers who have to make decisions about whether children should be taken into care because they -- their -- their caregivers are not providing adequate care.

20 Q. All right. And what purpose does the spectrum serve?

A. The spectrum helped -- helps to or defines in very specific terms various forms of maltreatment and lays out guidelines for how to judge the severity and when to make decisions about taking a child into care.

25 Q. And when you say taking a child into care, can you just explain what that -- what you mean by that?

A. I mean that they -- the child would be removed from their -- from their -- their family or other caregivers and taken into the custody of the Children's Aid Society.

30 Q. All right. And how was the spectrum developed?

A. It was developed based on the -- an extensive

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review of the professional literature and also input from a number of front-line workers. It's been revised a number of times over the years.

5 Q. All right. And why is the spectrum an appropriate tool for defining and understanding maltreatment for our purposes?

A. It's helpful in providing definitions of various forms of maltreatment and also in terms of providing some -- some means for evaluating the seriousness of incidents of maltreatment or patterns of maltreatment.

10 Q. Thank you. Do you have a copy of the spectrum with you?

A. I do.

15 MS. MERRITT: Okay. I think David said he has it, but -- Your Honour, I am going to refer to the spectrum and I'm wondering if I can have the spectrum marked as an exhibit.

THE COURT: Fifteen.

CLERK REGISTRAR: Exhibit 15, Your Honour.

20 MS. MERRITT: Thank you.

EXHIBIT NUMBER 15: Spectrum document - produced and marked.

25 MS. MERRITT: Q. Turning for a moment -- I'll come back to the spectrum in a little bit, but turning for a moment, Dr. Barnes, to the idea of institutional abuse, can you -- Your Honour, this is at page 18 and 19 of the report. Dr. Barnes, how, if at all, does institutional abuse differ from other forms of abuse?

30 A. Oh, the -- the term institutional abuse is used to describe abuse that takes place in some kind of a -- an

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5 organized setting and it's used to distinguish this kind of abuse from abuse that takes place in a family setting, for example, or in a more public or informal setting, such as a stranger in a park or an assault in a shopping mall or other -- other kinds of settings where children might be mistreated in some way.

Q. And what are the important features of institutional abuse?

10 A. The important features of institutional abuse are that the -- the children -- and I guess when I say children I'm also meaning to include adolescents as well. I'll just maybe say that for -- for the sake of brevity when I -- I'm talking, that -- that in institutional settings children are usually involved in the institutions because there's -- the  
15 institutions are -- have been developed to promote child development in -- in some way in the domains of -- of intellect, cognitive development, emotional development, social development, physical development, and so on.

20 The -- typically when children are involved in an institutional setting, the involvement is on an ongoing basis and during the time the child is involved with the institutional activities or program the child is typically in the care of adults, not -- not their parents or family members, but other adults within the institution who are responsible for  
25 supervising the child's care. These -- in institutional settings, typically the involvement with other adults is on an ongoing basis over -- as children are often involved in the institutional settings over an extended period of time, for example, with schools or churches or sports organizations. As a  
30 result of the -- of this ongoing involvement with the -- with the adults in the institution, they -- there are many opportunities for adults who behave inappropriately with

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children to behave inappropriately with the children who are engaged in the institutional setting.

Q. Thank you.

5 A. Oh, maybe I can just mention one other thing, that during the time that the children are involved in the institutional setting, they're away from -- typically away from their parents and thus reliant on the supervising adults for care, protection, guidance, instruction and discipline during the time that they're engaged in the activities of the  
10 institutional setting.

Q. All right. And what's the significance, if any, of the ongoing contact between the child and the -- the perpetrator of the maltreatment in the institutional context?

15 A. Well, the -- as I was just mentioning a few minutes ago, because of the -- in many of the institutional settings they -- the child's in the care of the supervising adult at the institution over extended periods of time, so there are a number of opportunities for an adult who's acting inappropriately to -- to do so during the period of the child's  
20 involvement. It's also -- well, and the child -- the child is in that time relying on the adult for, as I said, the care, protection, guidance, and so on, and so the adult is particularly important. It's different from an adult who's a random stranger in that way.

25 Q. Thank you. And do -- do children or adolescents who are abused by an adult in some way typically immediately disclose that fact?

30 A. No, children who have been abused by an adult usually do not immediately disclose the experience and there -- there are a variety of different reasons why they -- why they don't. For one -- one -- so I'll just go through some of the reasons. The -- for one, the -- the young person often blames

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him or herself for the actions of the adult. They feel that they have been involved in some kind of wrongdoing and they are reluctant to disclose that to -- to other adults for fear that they'll be seen as in -- in the wrong and perhaps even punished.  
5 The -- the adult themselves may have instructed the young person -- the adult who's perpetrating the abuse may have instructed the young person not to disclose to other people and even promised rewards or threatened -- threatened something upsetting to the child if they do disclose.

10 The young person -- another reason is that the young person may fear being shamed, humiliated or not believed if he or she does disclose to other people, so he -- will be reluctant to disclose for that reason. The young person may also fear that if they disclose, they'll lose some care or  
15 relationship that they're relying on or have found valuable to them in some way because the adult supervisors may be providing things that the young person finds helpful or beneficial or necessary at the same time that they are subjecting the young person to maltreatment. The -- and finally, the -- the young  
20 person may feel too confused or emotionally overwhelmed to feel able to disclose. They may feel that they'll break down or be completely overwhelmed and if they -- if they try to bring this up with someone else.

25 Q. And -- and what happens as a consequence of the non-disclosure in some instances?

A. Well, the -- the non-disclosure can -- can mean that they -- that the adult who's involved in the maltreatment has an opportunity to continue with the maltreatment over an extended period of time, may even be  
30 perceived by others as being particularly beneficial to the child or --

Q. What are the increased risks, if any, for a

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child who has been institutionally abused?

5 A. There -- the institutional abuse places the  
an affected child or adolescent at risk for a variety of  
psychological disturbances. There's first the -- the distress  
that may be cause by the abusive incident itself. And there are  
also a number of complicated ways in which the abuse  
detrimentally -- can detrimentally affect the relationships and  
experiences that the child should be having that are critical to  
10 or adolescent is young and still maturing, they're unlikely to  
disclose the abuse experiences and less than likely to receive  
immediate relief or help. Institutional abuse or the impacts of  
institutional abuse can persist for a long time after the time  
of the actual abusive instances -- incidents, and in many cases  
15 they can alter the young person's later life trajectory for the  
worse.

Q. I'd like to ask you some more questions about  
impact in a moment, but for now I'd like to ask you this: would  
Grenville Christian College qualify as an institution in terms  
20 of the use of that phrase in the context of institutional abuse?

A. Yes. It was clearly an organization that was  
devoted to children's development and education. The students  
who were residing at the school had contact with -- were in the  
care of adults other than their parents for extended periods of  
25 time and -- and were reliant on those adults at the -- the  
school staff for care, protection, guidance, instruction and  
discipline for extended periods of time and --

Q. I'd like to ask you now some questions about  
the features of a total institution. Your Honour, this topic is  
30 addressed at the report at page 20 to 22. Firstly, can you tell  
us how a young person -- a child or adolescent's life is  
governed or overseen in a total institution?

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5 A. In a total institution there's a single authority that has control over all aspects of a person's life, so it's something to be distinguished from other institutional settings in the sense that if a child goes to school, for example, they go home and they're -- it's not a boarding school. They go home and they're with their family. If they're involved in a sporting organization, they go home and they go to school. They're with -- they're with their family. In a total institution, every aspect of the child's life, work, play and  
10 sleep, is under the governance of the single institution.

Q. All right. And I understand that in preparing your report you also reviewed and made reference to a document prepared by the Law Commission of Canada called Restoring Dignity. Can you tell us a little bit about what  
15 that's about?

A. Yes. The Restoring Dignity was a Law Commission report that investigated institutional abuse in Canadian government-run total institutions that included schools for the deaf and blind, orphanages, training schools, Indian  
20 residential schools, reformatories and mental institutions.

Q. And what typically would be the living arrangements for a child in a total institution?

A. In a total institution, the children live separated from their parents and families for extended periods  
25 of time and therefore, as I was mentioning before, completely reliant on the institutional staff for their care, guidance, protection, instruction and discipline.

Q. And how are children socialized in a total institution?

30 A. Well, the law commission investigation found that total institutions -- included as part of their definition of total institutions those that were attempting to re socialize

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5 students by instilling new rules, skills or values, using  
practices that included breaking down the barriers that  
ordinarily separate the work, play and sleep. And they -- they  
noted that in total institutions, and I'm quoting now from the  
Law Commission report:

10 Those in charge hold all formal  
power. Rules govern almost all  
aspects of daily life and  
residents have little to say  
about how these rules are  
administered. More dangerously,  
15 life inside institutions may at  
times be governed by more by  
arbitrary and unpredictable  
orders than by established  
rules. In such a situation, the  
possibility of effective  
20 protests or appeals is  
inhibited.

Q. And what are the conditions experienced by  
children in a total institution?

25 A. Well, the Law Commission report noted that in  
-- in the total institutions that they investigated that they  
these institutions all tended to impose conditions of  
disconnection, degradation and powerlessness on the children in  
their care.

30 Q. All right. And I'd like to ask you now some  
questions about how all of this applies to our situation here at  
Grenville. Was Grenville Christian College a single authority?

A. Yes. Now, from the documents that I

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reviewed, the -- Grenville Christian College functioned as -- as a single authority in relation to the students' lives.

Q. All right. And were the students isolated?

5 A. Yes, the students who resided at Grenville Christian College were living separated from their parents and families for extended periods of time.

Q. And were the students re-socialized?

10 A. Yes, the -- all of the students were expected to conform to the Grenville Christian College rules and staff direction. They -- the -- the documents that I reviewed indicated that the students described the staff as very closely involved with every aspect of their day and night time routines. Several of the former staff described -- also described the staff as closely involved with students and the students and staff together as forming a close-knit community. Both the  
15 former students and staff describe the staff as having high expectations for good behaviour and employing strict discipline for the purpose of socializing the children to adhere to the Grenville Christian College staff views concerning values and  
20 behaviour. And several of the -- several of the individuals mentioned the -- that the school staff encouraged the students to submit to God's will as interpreted to them through the -- by the staff.

25 Q. Thank you. And can you tell us, what is the significance, if any, of the physical location of the school?

A. The school was in a rural location which made it very difficult for students to leave the school or have contact with other adult authorities outside of -- their families or adult authorities outside of the school without the  
30 assistance of school staff.

Q. And to what extent, if any, did Grenville Christian College impose conditions of either disconnection,

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degradation or powerlessness on the students?

5 A. The -- the reports that I read indicated that many former students described living in a state of constant fear while they lived at Grenville Christian College. They experienced the staff as administering punishment that was arbitrary, unpredictable, unjustified or excessively harsh. And as a result of these experiences, many of the students felt very -- extremely disconnected, degraded and powerless.

10 Q. And what, if any, psychological barriers were there to the students either leaving or communicating with parents or other adult authorities when they were either at or away from Grenville?

15 A. The -- well, many -- many of the former students reported very significant barriers the -- to communicating with their parents either while they were at the school or while they were even -- when they were visiting with their parents during summer breaks. The -- many former students reported that staff had told them that they were sinful and they deserved the punishment that they had received at the school, 20 that they were not to tell their parents about the school punishments, and the school -- school staff -- some former students reported that school staff had threatened them with severe consequences, for example, an inability to attend university, occupational failure, homelessness, or burning in 25 hell if they returned -- if they failed to return to the school or to comply with staff directions.

30 The plaintiffs -- the former students were also aware that Grenville Christian College was visited by the Anglican bishop and other respected authorities and they may have likely perceived these visits as a public endorsement for the Grenville Christian College staff practices. Another reason was that several of the former students report being quite aware

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5 that their parents had paid substantial sums of money for their private school education and they felt guilty about failing to meet their parents' expectation and perhaps their own expectations of success in the school environment. Some -- some individuals did -- some students did try to talk to their parents about their dislike of Grenville Christian College or the disturbing staff practices, but they found that their parents were unresponsive to their concerns, that they didn't believe that their concerns were that serious or they encouraged  
10 the -- the child to stay at the school despite the -- the child's unhappiness or distress.

The -- several -- several of the students mentioned that the staff monitored -- while they were at the school that the staff monitored their communications with their  
15 parents, both their phone calls and their letters, and required them to give only positive descriptions of their experiences at the school. So all these -- all these were barriers to being able to communicate with parents about their experiences.

20 Q. And is the re-socialization related to the Grenville Christian College staff commitment to the Community of Jesus, and if so, how?

A. Yes, the -- from the documents that I read, it sounded like the -- the -- description was that the staff were very involved -- required to be very involved with the  
25 Community of Jesus in terms of their own personal lives, that they had dedicated themselves to the Community of Jesus teachings and practices and that they expected the -- the students to -- to adopt the values and outlook of the Community of Jesus.

30 MR. ADAIR: Sorry, expected the students to --

A. Adopt the --

MS. MERRITT: Adopt the values.

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A. Adopt the -- the values and outlook of the Community of Jesus.

5 Q. What is the concern, if any, about the staff being closely involved with all aspects of the students' lives and focusing on ensuring the -- the students' good behaviour?

10 A. Well, the -- that kind of close staff involvement, it could be -- could be a positive thing to have have adults who are really taking an interest in how the students are doing and being very involved in their lives. And it's possible that that could have been a positive and maybe at times was a positive influence at Grenville Christian College. But what was problematic was that the students -- the former students require -- described many instances where the staff provided care, instruction and discipline that was -- in a way  
15 that was inappropriate rather than in a way that was appropriate. The former students reported indications that the staff subjected them and other students to repeated, varied and severe forms of maltreatment and trauma.

20 Q. And what, if any, commonality was there in the total institutions investigated by the Law Commission in terms of emotional harm?

25 A. Well, as I was mentioning earlier, the -- the conditions that the Law Commission identified as being present in the total institutions that they investigated, that is, the conditions of disconnection, degradation and powerlessness, these conditions are all aspects of emotional harm and it's a form of maltreatment that's been widely researched and is clearly defined in the child protection laws and policies.

30 Q. And what is the significance, if any, of disconnection, degradation and powerlessness?

A. Well, the -- the Law Commission points out that -- that even when these -- these conditions, disconnection,

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5 degradation and powerlessness, are not experienced by every  
child, that these kinds of conditions facilitate and perpetuate  
the infliction of abuse, including physical and sexualized abuse  
and they are -- what the Law Commission says in their report,  
and I quote, is that:

10 Once the sense of unchecked  
power of those in authority is  
firmly established, an  
atmosphere of insecurity and  
fear pervades the institution.  
Children do not have to  
15 experience arbitrary or  
excessive punishment to want to  
avoid it. They just have to  
witness enough of it to  
understand that they could be  
next.

20 Q. And does this apply to Grenville Christian  
College, and if so, how?

25 A. Yes, the -- many of the students who were  
living at Grenville Christian College experienced the staff as  
administering punishment in ways that were arbitrary,  
unpredictable, unjustified and excessively harsh, and that led  
them to experience severe disconnection, degradation and  
powerlessness.

30 Q. And I'd like to ask you some questions about  
conditions of captivity and coercive control. Your Honour, this  
is discussed at -- at pages 23 and 24 of Dr. Barnes' report.  
Let's start, Dr. Barnes, if you would, by explaining to us what  
are conditions of captivity and coercive control?

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A. Okay. Well, the -- whether either by design or by happenstance, institution can -- institutions can operate in ways that subject the children in their care to what are, in effect, conditions of captivity and coercive control.

5 Correctional facilities are clearly designed to -- to hold the residents within the correctional facility and designed and operated to confine and control the residents.

10 However, children or adolescents who are residing in other types of institutions are often unable to leave or communicate concerns due to their immaturity and dependence, and sometimes due to the physical location of the facility. And in this kind of total institutional setting, the children and adolescents who reside in the setting are, in this sense, captive and thus easily subject to coercive control for the  
15 period of their stay.

Q. Has coercive control been studied?

A. Yes, the -- coercive control has been studied in a variety of situations of captivity, including prisons, concentration camps, families where a spouse or parent is highly  
20 controlling and abusive, and religious cults.

Q. And what are the -- the psychological implications of coercive control?

A. Well, the -- the psychological interactions between the perpetrator and the victim are broadly similar  
25 across these various kinds of situations of captivity and coercive control. The -- for the individual who's in captivity, the perpetrator becomes the most powerful person in the victim's life and heavily influences the victim's psychological functioning. The perpetrators typically establish coercive  
30 control over the victims by -- by means of repeated infliction of psychological maltreatment or trauma for the purpose of instilling terror and helplessness and destroying the victim's

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sense of self in relation to others.

Q. And how, if at all, does this apply to Grenville Christian College?

5 A. Well, the -- the Grenville, as I -- the Grenville Christian College staff practices subjected many of their students at the school to this form of coercive control by subjecting them to maltreatment or trauma, including physical abuse, cruel or inappropriate treatment, neglect of physical or mental health needs, sexualized abuse, and multiple forms of  
10 emotional harm.

Q. Are rewards ever part of coercive control?

15 A. Yes, in -- that's another feature of these situations of captivity and coercive control. The perpetrator may use intermittent, unpredictable rewards to persuade the victim to maintain a connection to the perpetrator in spite of the maltreatment and trauma -- trauma and degradation inflicted by the perpetrator. And specifically at Grenville Christian College, the -- the staff -- several of the former students mentioned that the staff occasionally showered students with an  
20 outpouring of gifts and affection that one -- one person described as a love bomb. And this -- at Grenville Christian College this practice may have helped the staff to maintain the appearance of providing affectionate care and also encouraged the staff members to -- sorry, the students to -- to view the  
25 staff as sources of both affection and care as well as fear and punishment.

Q. You understand, Doctor, that there were no fences or they weren't actually held captive there?

30 A. No, I'm using captivity in the sense that I understand that there were no fences, that it was not a prison situation, there were no guards. But I'm -- I'm saying that the students were in effect captive because of the geographical

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location of the institution and their own immaturity and dependence on staff care.

5 Q. Okay. Thank you. We've heard evidence that students were required to disclose the misbehaviour or misdeeds of their peers or that students joined with staff in disparaging other students. What would be the effect of these sorts of practices?

10 A. Well, these sorts of practices are typical of another third aspect of conditions of captivity and coercive control. The -- in these kinds of situations, the perpetrator might heighten his or her domination and control by forcing the victim to behave in ways that violate the victim's moral values or significant human attachments. So when -- when exposed to coercive control for extended periods, the victim often submits  
15 to such violations of their values and relational attachments and often experiences a high degree of shame and self-loathing for doing so, and these kinds of circumstances can leave the victim feeling completely broken by the perpetrator.

20 So the practices that you were mentioning at Grenville Christian College where the staff required students, and especially the student prefects, to participate in practices that at least some of the students found to be a violation of their own values or relationships that were important to them, these kinds of staff expectations of the students were  
25 distressing to the students and -- and was -- is an example of this -- this kind of forcing the student -- or forcing the victim to violate their own moral codes or relational -- behave poorly in relation to significant people in their lives.

30 Q. I'd like to now ask you some questions about childhood abuse and neglect and its consequences and -- and we'll start maybe with some definitions first. Your Honour, I'm now, for your reference, at page 24 to 25 of the report. Dr.

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Barnes, what is child maltreatment?

A. Child maltreatment is generally identified as sort of broadly the four different categories of -- of abuse. Physical -- physical abuse, sexualized abuse, neglect and psychological maltreatment or emotional maltreatment.

Q. Does the Ontario Children's Aid Society definitions contain anything other than those four?

A. They also mention -- the Ontario Children's Aid Society definitions also list cruel or inappropriate treatment as a form of maltreatment and they use some -- they use the term emotional harm rather than psychological maltreatment.

Q. All right. And what is the recognized difference, if any, in the impact of physical abuse, sexualized abuse, neglect or psychological maltreatment?

A. Well, the -- the current research indicates that really all of these forms of maltreatment are generally equivalent in terms of their impact so there's not any one form of maltreatment in -- in a general sense that's more likely to be harmful than any other. They're all equally harmful.

Q. And --

A. Or equally likely to be harmful.

Q. Thank you. And what, if anything, makes emotional harm unique?

A. Well, emotional harm is sometimes overlooked or minimized as a distinct and serious form of maltreatment. It's -- unlike physical abuse or neglect, it doesn't cause physical injury, and unlike sexualized abuse, it doesn't break a social taboo. It can be covert and difficult to detect. However, despite all of -- despite these differences, the research currently available indicates that emotional harm is likely equivalent to physical abuse, sexualized abuse or neglect

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in the extent to which it increases risk for later psychological difficulties.

5 Q. I notice, Doctor, that you corrected yourself or -- or clarified something you said about increasing the risk of difficulties, as opposed to causing difficulties. Can you just take us through that distinction?

10 A. Yes. I'm talking about increasing the risk because the -- for any one individual there are many different factors that will influence the -- the presence or absence and the severity of psychological difficulties that they experience as a result of being subject to maltreatment or trauma.

Q. Thank you. And so then what is the impact of more frequent, more severe, more prolonged maltreatment, as opposed to lesser forms of those things?

15 A. Well, the -- among individuals who have been exposed to maltreatment, the more -- the more frequent their exposures have been, the more severe the incidents or the more prolonged -- the longer the period of time over which the individual was exposed to maltreatment, the greater the risk that the individual will experience later psychological difficulties.

Q. Thank you. And what, if any, is the impact of a child experiencing different forms of maltreatment, as opposed to just one?

25 A. The -- the studies of adults who report having experienced maltreatment in childhood indicate that the more different forms of maltreatment that an individual has experienced, the more likely they are to develop psychological difficulties and the more severe those psychological difficulties are likely to be. And it's a broad range of possible -- when I talk about psychological difficulties, 30 there's a very broad range of difficulties that can develop.

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There can be what are called internalizing problems with withdrawal, physical symptoms, anxiety and depression, or externalizing problems with -- so, for example, problems with breaking rules, behaving aggressively or antagonistically, being disruptive with peers, and so on.

5 Q. All right. And I'd now like to ask you about trauma. And, Your Honour, this is addressed in Dr. Barnes' report at page 25 and 26. Let's start, Dr. Barnes, what is trauma?

10 A. Oh, the -- I'm -- when I talk about trauma I'm speaking about kinds of experiences that are described as traumatic in the DSM 5, which is the -- the mental health diagnostic manual that's widely used. The DSM 5 definition of trauma is exposure to threatened or actual serious injury, 15 witnessing serious injury or violence, or developmentally inappropriate sexualized experiences, even if there has not been any threatened or actual injury or violence.

20 Q. So the DSM 5, I just want to clarify that. You said it's a mental health diagnostic manual. Who publishes that?

A. The American Psychiatric Association.

Q. All right. And is that sort of similar to the DSM 4, only the DSM 4 is for --

25 A. It's the most recent edition. It's the -- it's the -- the latest version of the DSM. The DSM 4 was the earlier version, yeah.

Q. Okay. Thank you. Just some of us may be more familiar with the earlier one. What risks, if any, are increased by exposure to trauma?

30 A. Well, exposure to trauma, especially at a young age, increases the risk for disrupted psychological development, a poorer developmental trajectory and multiple

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later psychological difficulties, post-traumatic stress disorder, but also a variety of other kind of psychological difficulties.

5 Q. What, if any, other factors increase the risk for post-traumatic stress disorder or other psychological difficulties?

10 A. Well, the -- the risk for psychological difficulties is higher when the person has experienced more severe trauma or a larger number of traumatic events. The risk for later difficulties is higher when the trauma has been inflicted by another person, as opposed to trauma that's experienced as a result of a natural disaster, for example, a hurricane or an earthquake.

15 The risk for later psychological difficulties is higher if the trauma is inflicted not only by a person but by a trusted person, as opposed to trauma that is inflicted by a strange person or an unknown person. The risk for later psychological difficulties is higher if there are multiple perpetrators have initiated traumatic trauma against the victim.  
20 The risk for later psychological difficulties is higher if the traumatic -- if the trauma is associated with violence, injury or physical intrusion.

25 The risk of psychological difficulties is higher if the traumatic events extend over a longer period of time, as opposed to being relatively short in duration. The risk for later psychological difficulties is higher if the individual associates a negative or disturbing meaning with the traumatic experience.

30 Q. Can you give us an example of that?

A. The -- an example would be that an individual who is sexually assaulted believed -- if a young woman who is sexually assaulted believed that she was -- had -- was immoral

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and not a virgin and that her life was therefore ruined and would be completely different as a result of this experience. That would be an example of the meaning that would be highly disturbing and would increase the risk of later psychological difficulties.

5

Q. And --

A. And then finally, the last thing that I wanted to mention is if there's --

Q. Sorry.

10

A. -- a lack of support from others in relation to the trauma, that lack of support is associated with a greater risk for later psychological difficulties.

15

Q. All right. Thank you. I'd like to now turn to some of the abuses that the former students at Grenville Christian College say that they have endured, and this, Your Honour, is at page 26 of Dr. Barnes' report. Let's start first, Dr. Barnes, if we can, with physical abuse. What is physical abuse?

20

A. Physical abuse involves -- well, and I'm going closely with the -- the definitions that have been given by the -- the Ontario Children's Aid Societies. It involves the use of either generally acceptable -- a generally acceptable mode of physical punishment, but in a way that's overdone, prolonged unduly or involves excessive force. Or it can be --

25 involve -- physical abuse can involve the use of generally unacceptable or inappropriate modes of physical punishment, such as a continual or lengthy beating, shaking, slapping, flipping or hitting with a fist.

25

30

Q. We've heard evidence that some students were hit with a paddle, a wooden instrument. Would that constitute physical abuse of a child?

A. Yes, that -- a paddle that was hard enough to

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-- yes, that would constitute physical abuse.

Q. All right. And I'd like to ask you then about cruel or inappropriate treatment. And I guess my first question is what is cruel or inappropriate treatment?

5 A. Well, the -- the -- the Children's Aid Society document gives a number of examples of cruel or inappropriate treatment. The ones that I focused on in particular because they seemed most relevant to the information that I had to review was -- involved the child labour and also  
10 students being required to -- to exercise to the point of being physically exhausted, ill or in physical pain.

Q. We've heard some evidence about being required to pull rocks from the ground with bare hands or scrubbing a dumpster with a toothbrush or cutting grass with  
15 scissors or picking up leaves one by one. Would you consider that cruel or inappropriate treatment?

A. Yes.

Q. All right. And you've said a -- a few times now the term sexualized abuse. Can you tell us why you use the  
20 term sexualized abuse?

A. Well, I've used the term sexualized because I -- I realized when I was doing this work that -- that people -- and also from reading in the -- in the literature that -- that often people described what had taken place in the context of  
25 this sexualized assault using the language that is used in consensual adult sexual relations, so they would talk about hugging or kissing or that sort of thing. And what I -- from what I read and was thinking about I realized that such language creates the impression that what -- what's happening is  
30 consensual and mutually gratifying in -- in the way that sexual relations between consenting -- willing and consenting adults is mutually gratifying. So what I've -- I've tried to change my

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own language to reflect the fact that a child's experience is often -- is -- when an adult initiates sexual behaviour with them is quite a bit different from the experiences of an adult entering into a consenting sexual involvement. And I've -- so  
5 -- and one way of trying to change the language that I've used, I've decided to use the term sexualized assault to emphasize the fact that this is not a sexual interaction in the way that sexual interactions occur between willing and consenting adults and are mutually satisfying and gratifying.

10 Q. Thank you. I understand the distinction now. We either have heard or may hear -- and when I say may hear, I'm putting this now to you as a hypothetical subject to be proven by facts not yet proven, evidence to be called in the -- by future witnesses. But I'd like to give you a list and then ask  
15 you if, in your opinion, this would constitute sexualized abuse. Requiring children to make confessions about sexual -- children or adolescents, of course -- confessions about sexual thoughts or activities, comments to the effect that women or girls are sexual temptresses and responsible if they are assaulted,  
20 punishing appropriate interest in the opposite sex in the age of adolescence, for example, or -- or questioning children or adolescents in detail about their sexual activity?

A. Yes, those would be instances of sexual abuse.

25 Q. Thank you.

A. Sexualized abuse, yes.

Q. Now, I'd like to turn, if I may -- or unless Your Honour intends an afternoon break, this is a slightly new topic. Or I could --

30 THE COURT: Perhaps we'll take a -- a five-minute health break just to give everyone a chance to stretch.

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R E C E S S

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

5 MS. MERRITT: Q. Thank you, Your Honour. Dr. Barnes, I'd like to now ask you some questions about neglect of physical or mental health needs. What -- what is -- oh, Your Honour, that's at page 29 and 31 of Dr. Barnes' report. Dr. Barnes, what is neglect of physical and mental health needs?

10 A. Neglect of physical and mental health needs involves harming a child physically or emotionally or placing a child at risk for physical -- or emotional harm, either by failure to inadequately -- failure to adequately care for, provide for, supervise or protect the child, or due to a pattern  
15 of neglect in caring for or providing for or supervising or protecting the child.

Q. And where does that definition come from?

A. That comes from the Ontario Children's Aid Society eligibility child welfare -- eligibility spectrum.

20 Q. Thank you. And we've heard some evidence that there were some teachings to the effect that health problems are caused by sin or performance of an -- an exorcism for a learning disability and we -- we may, in fact, hear some evidence about working in unsafe conditions. In your opinion,  
25 would each or any of those constitute neglect of physical or health needs?

A. Yes, any of those would constitute neglect of physical or health needs.

30 Q. All right. And now I'd like to ask you about emotional harm. Your Honour, this is at page 31 to 36 of the report. Dr. Barnes, what is emotional harm?

A. Emotional harm involves a repeated pattern of

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5 caregiver behaviour or extreme incidents that encourage the individual to believe that he or she is worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another's needs. The caregiver behaviours that constitute emotional harm include spurning, terrorizing, isolating, exploiting, denying -- or denying emotional responsiveness.

10 Q. I actually want to stop you there for a second and take you to Exhibit number 11 -- no, sorry, 16. Fifteen. That's the eligibility spectrum, Dr. Barnes. And specifically I'd like to have you turn to page 58 of the eligibility spectrum so we can go through some of these things. If we could start -- this is the large pink box on page 58. Have you got that in front of you, Dr. Barnes?

15 Okay. Thank you. Can you start by reading for us the first three paragraphs -- sorry, if you just turn back to page 57, this is caregiver causes and/or caregiver responses to child's emotional harm or risk of emotional harm, so we're talking here about emotional harm. Can you read the first three paragraphs in the pink box at the top of page 57?

20 A. Okay.

25 Although some degree of emotional harm underlies all types of maltreatment, emotional maltreatment is not an isolated incident. Rather, emotional or psychological maltreatment is a pattern of negative behaviours or repeated destructive  
30 interpersonal interactions by the caregiver to the child. Emotional harm can be the most

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5                   difficult type of harm to define  
                  and clinical concern may precede  
                  legal intervention. A repeated  
                  pattern or extreme incidents of  
                  the conditions described below  
                  constitute psychological  
                  maltreatment.

10                   Q. All right. Can we then go through each of  
                  those headings, the first one being spurning (hostile  
                  rejecting/degrading). Can you tell us what that is?

15                   A. Spurning includes -- well, I'm just  
                  continuing to -- to read here [indiscernible]. In the -- in the  
                  CAS documents, spurning includes verbal and non-verbal caregiver  
                  acts that reject and degrade a child. I've -- in my report have  
                  gone a little bit further. I describe this a bit further,  
                  including -- spurning includes the caregivers belittling,  
                  degrading or other forms of overtly hostile or rejecting  
20                   treatment; caregivers shaming or ridiculing the child for  
                  showing normal emotions, such as affection, grief or sorrow; the  
                  caregiver consistently singling out one child to criticize and  
                  punish, to perform most of the household chores or to receive  
                  fewer rewards; or the caregiver exposing the child to public  
                  humiliation.

25                   Q. And we've heard evidence in this case so far  
                  that there were public light sessions or assemblies where a  
                  child would be stood up and made an example of for breaking  
                  rules or having a bad attitude or, in one case, for wetting the  
                  bed. Would that be an example of spurning?

30                   A. Yes.

                  Q. All right. And we've heard also that  
                  students were typically disciplined by being denied the

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5 privilege of wearing the school uniform, being not allowed to attend classes, having to sleep in separate quarters, not being allowed to communicate openly, talk to their -- their peers and such, and would those practices of being placed on discipline in that matter be an example of spurning?

A. Yes.

10 Q. And there were examples or we've heard evidence of a practice of -- of putting people on silence, some or many. Would that be a -- so they're not allowed to speak or be spoken to. Would that be an example of spurning?

A. Yes.

15 Q. All right. Thank you. Just a moment, if I may. Sorry about that. The -- the next heading here, Dr. Barnes, is -- is terrorizing. Can you read that for us?

A. (Reading):

20 Terrorizing includes caregiver behaviour that threatens or is likely to be -- to physically hurt, kill, abandon or place the child or the child's loved ones or objects in recognizably dangerous situations.

25 And I talked about terrorizing in my report as including placing a child in unpredictable or chaotic circumstances; setting rigid or unrealistic expectations with the threat of loss, harm or danger if they are not met; and threatening or perpetrating violence against a child.

30 Q. Now, we've heard some evidence in this case that there were private light sessions where -- where children were taken out of bed or at least one child was taken out of bed

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-- I think we'll hear more of them -- and confronted in a in  
an aggressive manner about their wrongdoings or sins. Children  
were taken down to the boiler room and -- and shown the -- the  
flames in the boiler and told that those were the flames of hell  
5 and talked to about Satanism and required to watch a Geraldo  
Rivera television show on Satanism. Would those be examples of  
terrorizing children?

A. Yes.

10 Q. Okay, and the next heading here, isolating.  
Can you tell us what isolating is? Can you just read that for  
us?

A. (Reading):

15 Isolating includes caregiver  
acts that consistently deny the  
child opportunities to meet  
needs for interacting or  
communicating with peers or  
adults inside or outside the  
20 home.

25 Q. And we've heard evidence in this case of  
students frequently changing their dorm rooms or their -- or  
their -- not the dorm room -- their rooms within the dorms,  
different roommates all the time, every -- frequent -- frequent  
room changes. We've heard of the children, as I told you  
before, being put on silence. We've also heard that students  
were encouraged to inform on or tell on -- report the misdeeds  
or behaviours of other students and I expect we're going to hear  
30 some evidence about the censoring of mail or monitoring of phone  
calls. And we've heard about students when they're on  
discipline being required to sleep in -- in what was referred to

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as Hotel D, which were some rooms above the -- the gymnasium and as well being required to eat separately from their peers.

Would these be examples of isolating?

5 A. Yes, these would all be examples of isolating.

Q. Thank you. And if I can have you turn over to page 59 in the eligibility spectrum and if you could please read the -- the paragraph on exploiting there?

10 A. (Reading):

Exploiting or corrupting includes caregiver acts that encourage the child to develop inappropriate behaviours, for example, self-destructive or antisocial behaviours, criminally -- criminal behaviours, deviant or other maladaptive behaviours.

20 Q. Now, we've heard some examples in this case that there were instances where -- where friendships were strictly controlled or certainly opposite-sex relationships were -- were prohibited. There was evidence of dorm searches for non-regulation underwear or contraband such as rock music t-shirts. And we've heard about the imposition of some pretty strong views on sexuality, gender and sexual orientation which I think it's fair to characterize as -- as inappropriate views. Would those be examples of exploitation?

30 A. Yes.

Q. All right.

A. And I should add to -- just to expand a bit

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5 on the -- or summarize some of the information in the Children's Aid Society document, the exploiting includes encouraging or coercing the -- the abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness and/or dominance, and the -- for example, allowing little or no opportunity for support for the child's views, feelings or wishes, or micromanaging the child's life.

Q. Thank you.

10 A. So I have that in mind when I'm responding to your questions about particular examples.

15 Q. Thank you. I'd like to ask you some questions now about sustained abuse and the characteristics of the class members as a group and -- and in the context of -- in which the abuse occurred over time. This, Your Honour, is at page 37 to 40 of Dr. Barnes' report. Dr. Barnes, can you explain the relevant characteristics of the class members as a group?

20 A. Well, the -- the class members as a group all attended and resided at Grenville Christian College during their years of primary and/or secondary school, and some were also the children of parents who were employed at Grenville Christian College and lived on the school property. All of these individuals were thus subject to and reliant upon the authority, beliefs and practices of the GCC staff during their childhood and/or adolescent years. This is particularly important because 25 these years are critical to psychological development, relational attachment and thus to the individual's developmental trajectory in later life.

Q. What is psychological development?

30 A. Psychological development is -- refers to the maturation process that's understood as a progression through a series of stages that begin at birth, progress hierarchically

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and -- and unfold in conjunction with physical maturation. In the course of childhood and adolescence as the -- the individual faces a series of age and stage appropriate developmental tasks that provide opportunities to acquire competencies that improve  
5 adaptation to the environment.

In the course of development, the individual normally acquires progressively more advanced competencies in three interlocking domains: individual abilities and attributes such as emotional regulation, sense of self and intellectual  
10 ability is one area; a second area is relationships including attachment to significant others; and a third area is -- has to do with significant life activities such as school and religion. Developmental progress and trajectory are influenced by the individual's success in completing earlier developmental tasks,  
15 the challenges posed by the current tasks, and the individual's adaptability.

Q. What influences this developmental progress?

A. Well, the -- the ability of an individual to continue to progress adequately is dependent on their ability to  
20 successfully acquire the -- the competencies -- the knowledge and competencies that are associated with each stage in development.

Q. Can you give us an example of that?

A. Yes. In -- in terms of self-control, for  
25 example, one doesn't expect an infant to have very much self-control as all, but as a child becomes a bit older they become a bit more aware of their own feelings and behaviour and more and progressively more and more able to -- to control their own feelings and behaviour until ideally they reach an  
30 adult stage where they have a large degree of control over their -- over their feelings and behaviour.

Q. Hopefully.

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A. Hopefully.

Q. And why is adequate progress important?

A. Well, adequate progress in these various developmental tasks is important to prepare the -- the -- the young person to assume adult responsibilities when they reach the adult age, so to assume adult responsibilities in relation to employment, intimate relationships and parenting, the community, and so on.

Q. And -- and how does exposure to maltreatment impact this development, if at all?

A. Exposure to maltreatment, including the physical abuse, sexualized abuse, neglect, emotional harm, can disrupt or delay the successful completion of age-appropriate developmental tasks, and for these reasons maltreatment can jeopardize the individual's subsequent developmental trajectory and ability to function adequately in adult life.

Q. Can you tell us a little bit more about how that works exactly?

A. Well, a child, for example, to use my example of emotional control, typically a child becomes more and more able to be aware of their feelings and to control their feelings and behaviours as they become older. But a child who's been maltreated or subject to poor examples or not had opportunities to practice learning to identify and -- and manage their feelings and behaviour will become less skilled at doing that and therefore poorly prepared to have the kind of adequate self-control that's expected of an adult.

Q. All right. And what is the importance, if any, of any prior adversity, any pre-existing condition or difficulty the child may have had before they experienced these types of harm or interruptions we're talking about?

A. At Grenville Christian College, well, I -- I

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5 don't know anything about the background of the students who  
came to the school. I know something from what was said in the  
-- in the -- in the records that I had an opportunity to review,  
but I think it's fair to say that the students probably had a  
variety of different backgrounds. Some were probably  
progressing very well in terms of their development. Many were  
probably progressing normally. Some may have been having  
difficulties before they came to the school. The -- the ones  
10 who were having difficulties before they -- in their development  
before they came to the school would have been particularly  
vulnerable at the time that they arrived at the school and they  
would have been in particular need of appropriate adult care,  
protection and guidance, instruction and discipline to help --  
hopefully help them to -- to correct the earlier problems to --  
15 to catch up and to get back on a -- a better -- a better  
trajectory in terms of their -- their maturation.

Q. So -- so how would staff maltreatment impact  
those with that pre-existing or particular vulnerability as you  
described it?

20 A. Well, the staff maltreatment would have  
increased the risk for later psychological difficulties for all  
of the individuals who experienced that maltreatment. The  
individuals who were -- came to Grenville Christian College with  
already having difficulties would have been at an additional  
25 increased risk for disrupted psychological development,  
significant later psychological difficulties and a less  
favourable developmental trajectory.

Q. Have you ever heard the term thin skull  
plaintiffs?

30 A. Yes, I have.

Q. Is that what you're talking about here?

A. Yes, from my understanding of the concept,

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yes.

5 Q. Thank you. I'd like to ask you now about relational attachment and this is at page 38 and 39 of your report, Doctor -- or, Your Honour. What is relational attachment, Doctor?

10 A. Relational attachment refers to emotional bonding to other people. It's critically important to development. It's the foundation, in fact, for psychological development and maturation. Any disruptions in relational attachment adversely affect overall development and functioning, and if I can say a little bit more about the research in this area has indicated that people -- that individuals develop in the course of their relationships with caregivers attachment styles.

15 An attachment style refers to the enduring mental and behaviour patterns that form and become established in the context of the -- the child's significant emotional bonds and relationship experiences. When primary caregivers are adequately available and sensitive in times of need, the child  
20 develops a secure attachment style which is characterized by positive perceptions of self and other and behaviour indicating adequate trust in others.

25 When primary caregivers are repeatedly unavailable or unresponsive, the child may develop an insecure -- or an insecure attachment style characterized by negative perceptions of self or mistrust of others. When caregivers are abusive or threatening, a child may develop a disorganized attachment style characterized by negative perceptions of self and other and disorganized behaviour in relation to others. The  
30 attachment style that forms during a child's early relational experiences with primary caregivers is usually stable across the lifespan and significantly influences then other -- other

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relationships with -- later relationships with peers, intimate partners and children.

5           However, there is research that's indicated that a securely -- a child with a secure attachment style can shift to an insecure or disorganized attachment style, that is, the kind of attachment style that's characterized by mistrust and negative perceptions of self or others. In -- this kind of shift can take place if a child with a secure attachment is exposed to significant negative experiences with caregivers.

10           Q. Okay. And what can you tell us about the experience for class members living at GCC after living with their parents or in other living situations, as opposed to the staff kids?

15           A. Well, again, the -- the students whose parents were not employed at Grenville Christian College or living on the school property probably came to the school with a variety of different attachment styles that had developed prior to their enrollment in GCC. Some were likely securely attached to their parents or other adult caregivers. Others may have had insecure, avoidant or disorganized attachment styles. These  
20           class members with problematic attachment styles prior to their enrollment at Grenville Christian College were particularly in need of adequate and trustworthy adult care and guidance and particularly vulnerable in the face of maltreatment by GCC  
25           staff.

          Q. And what, if any, would be the effect of class members who -- who -- or students, I should say, who depended on the staff if the staff behaved in unreliable or threatening or abusive ways?

30           A. Well, the staff who behaved in unreliable, threatening or abusive ways placed the students at increased risk for serious problems in relational attachment, significant

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later psychological difficulties and a less favourable developmental trajectory.

5 Q. And -- and what about the students whose parents lived and worked at GCC? How would their relational attachments be affected?

10 A. Well, the -- the class members who -- or students whose parents were employed at GCC and lived on the property, at least in one instance, were subject to some very unusual caregiving arrangements. The -- the senior leaders appear, at least in some cases, to have required the staff members' children to live separately -- to live repeatedly and for extended periods of time in the care of adults other than their parents, even though their parents were able and available to provide care to them. And from the documents that I read, 15 the GCC senior leaders justified these -- these kinds of caregiving arrangements as necessary to ensure that both the parents and the children loved God more than family members.

Q. And what would be the impact of that?

20 A. Well, the -- these kinds of arrangements where a child is in the -- is exposed to a series of adult -- primary adult caregivers and is discouraged from developing strong emotional bonds with parents or with any caregiver is -- it's the kind of situation that can occur in institutional settings such as orphanages, and it has the impact of 25 discouraging the child from forming selective attachments to individual adults, and it also discourages the adult caregivers to committing themselves to individual children. And this kind -- these kinds of care arrangements -- the studies of these kinds of care arrangements have indicated that they have very 30 deleterious effects on young children and they -- these kinds of caregiving arrangements interfere with the children's development of a secure relational attachment and therefore

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interfere with their subsequent relationships with others.

5 Q. Thank you. I'd like to now turn you to the concepts of risk and resilience. Your Honour, this is at page 39 and 40 of the report. Dr. Barnes, what are risk and resilience?

10 A. Well, there are certain life experiences, including the kind that we've been talking about, maltreatment experiences, that can increase an individual's risk, which -- which I mean to say their vulnerability to later psychological difficulties and delayed or disrupted psychological maturation or development. Resilience, there are other experiences that can increase resilience, and by resilience I mean the individual's capacity to adapt, to remedy earlier disruption or deficits and thus to minimize the likelihood of developmental  
15 delay or disruption.

Q. So what sorts of things would enhance resilience?

20 A. The kinds of factors that can enhance resilience is resilience is greater in individuals who have good cognitive and self-control or self-regulation skills. Resilience is better in individuals who have positive views of themselves and are self-confident. Resilience is greater in individuals who have strong relationships with competent and caring adults in the family and community. Resilience is  
25 greater in individuals who have strong peer relationships. And resilience is greater in individuals who are well motivated to be effective in school, work or social environments.

Q. And how, if at all, is the fact that maltreatment occurs in an institution relevant to resilience?

30 A. Well, the -- children who experience maltreatment in an institutional setting, and particularly in a total institutional setting of the kind that we talked about

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earlier, are less likely than young people who experience abuse in other settings to have access to relationships or experiences that might increase their resilience, that is, that might buffer them against the adverse impacts of maltreatment. Their -- so, for example, a young person who's abused not in an -- or not in a total institutional setting, a young person who's abused by a teacher at school might find escape, solace or development-enhancing experiences at home or elsewhere outside of the school setting.

In contrast, a young person who's in the care of a total institution has, or as was the case for the Grenville Christian College students, had no access to relationships or experiences aside from those provided or supervised by the institutional staff and the result of that is that the -- these students had few, if any, means to avoid or compensate for the adverse effects of staff maltreatment.

Q. Thank you. I'd like to now turn to your assessment of the likely impacts of the forms of abuse we've been discussing. And, Your Honour, this is at pages 40 to 47 of the report. Can you tell us, Dr. Barnes, what the likely impacts would be of the type of abuse that we've been discussing?

A. Well, the --

Q. Or at least the -- the risk, as you've told us?

A. The -- yes, the -- the students who experienced maltreatment or trauma during their stay at Grenville Christian College were increased risk for a variety of kinds of difficulties, including mental health conditions, disrupted or impaired psychological development --

Q. Can I stop you on that one?

A. Yeah.

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Q. Can you -- can you tell us what the three main types of impaired psychological development might be?

A. Yes. The -- the impairment in psychological development would -- would have to do with the -- the individual having difficulty developing competencies in these areas that I mentioned earlier, in relation to individual abilities and attributes such as self-control, sense of self and intellectual ability, and also their -- their development of knowledge and competencies in relationships with others, including their attachment to significant others.

Q. Can you --

A. And finally, would interfere with their ability --

Q. Sorry.

A. -- to progress in relation to significant life activities, such as school and religion.

Q. And just turning back for a moment to the -- the sense of self, can you give me some examples of what difficulties an individual might have with respect to their sense of self or what -- what risks they would have?

A. Oh, well, in -- in relation to --

Q. What areas?

A. -- sense of self, the kinds of -- there are a variety of ways that maltreatment can -- or trauma can impair the development of a more mature sense of self. They can -- they can leave the individual feeling -- having only negative beliefs about themselves or largely negative beliefs about themselves in relation to others. They can interfere with the individual's ability to develop a clear sense of self at all, so the individual can -- may be kind of uncertain about what their own feelings and wishes and needs and interests are and are easily influenced by other people. Another possibility in terms

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of a disruption of sense of self is that the individual can move in a -- between extremes of sort of feeling extremely helpless and powerless or feeling extremely powerful, grandiose, even, and being sort of unstable in terms of their sense of self in that way. So there are a number -- these are some examples of how trauma or maltreatment can impair sense of -- development of a -- of an adequate sense of self.

Q. And I just don't know if I -- I wrote down correctly. Did you tell us it could impact life trajectory?

A. That -- that a sense of self --

Q. No, no, not sense of self.

A. Sorry.

Q. Sorry, I'm going back to just the general impact. You told us -- I think you said mental health conditions, disrupted psychological --

A. Yes, that it could -- well --

Q. Let me --

A. Well, in general the impacts of certainly exposure to maltreatment or trauma for -- if a child or adolescent is exposed to maltreatment or trauma it can certainly negatively influence their -- it can increase their risk for a variety of kinds of psychological difficulties and increase the risk of a -- a more -- of negative changes in their life trajectory.

Q. Okay. Thank you. And would you expect the impact of the -- the -- the things that happen -- let's say, you know, multiple children were -- were placed on discipline and subjected to the things that I described that that would include. Would you expect those children to have the same or different reactions to those things in terms of the impacts?

A. I think the -- children are -- people are very individual. Children -- children are people and they're

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also very individual, so -- and it would -- it would depend on the -- the particular constellation of risk and resilient factors -- risk and resilience factors in that particular child's life, sort of what their -- what their reactions were to any particular incident or experience of maltreatment.

5 Q. And what, if any, harm can come to children who don't actually experience maltreatment, but rather witness others suffering maltreatment or abuse?

10 A. Well, the -- this is -- this can be a way that children are -- are terrorized. It's a form of maltreatment to be exposed to -- to others -- to see other children or -- or adults, for that matter, maltreated. And I should also mention in relation to trauma, the -- it's -- part of the definition of trauma is witnessing -- the DSM definition  
15 involves not only experiencing trauma, but witnessing someone else's trauma. So in both -- both in relation to trauma -- the trauma literature and the maltreatment literature, witnessing is considered to be very problematic and to increase the risk for later psychological difficulties.

20 Q. And -- and can you just explain a little bit about how the individual's risk and resilience might be -- how those factors determine the outcome for a particular child?

25 A. Well, the -- the more risk factors the child's been exposed to, so the more -- the more instances of maltreatment, the more severe the maltreatment, the more relational disruption they've been exposed to, the greater their -- their -- in a general way, the greater the risk of later psychological difficulties and more severe psychological difficulties. On the other hand, the more resilience factors  
30 that have been present in the child's life in terms of, for example, supportive relationships or their own attributes, such as very good intellectual functioning or self-confidence, the

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5 more risk -- and access -- the most -- probably the most  
important is access to supportive adults. The more resilience  
factors there are in the child's life, the more likely they are  
to be able to either avoid or minimize the severity of  
psychological distress or difficulties. Or, if they experience  
difficulties, to be able to recover.

10 Q. So is what you're saying the actual outcome  
or the risk of a bad outcome for an individual -- sorry, the  
risk of a bad outcome would be higher for an individual with  
more risk factors and fewer resilience factors?

A. Yes, that'd be -- yes, that'd be fair to say.

15 Q. All right. And in a total institution like  
Grenville Christian College, was there -- were there more risk  
factors generally for all of the students?

A. Yes, the -- there seemed to be a variety of  
in the reading that I did, a variety of staff practices that put  
the students at risk for various forms of maltreatment on a  
repeated basis.

20 Q. Thank you.

A. Over an extended period of time.

MS. MERRITT: Thank you. Those are my questions.

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25 MONDAY, SEPTEMBER 23, 2019

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

30 ROSEMARY BARNES: PREVIOUSLY AFFIRMED

THE COURT: Good morning.

THE COURT: Good morning, Dr. Barnes.