

In face of sexual assault allegations, Fonthill doctor quits

Longtime family practitioner agrees never to seek licensing again—anywhere in Canada

BY DAVE BURKET
The VOICE

Dr. Charles Duncan, whose family medicine practice has been a fixture for decades at the corner of Highway 20 and Rice Road in Fonthill, has resigned from the College of Physicians and Surgeons of Ontario (CPSO). He has further agreed not to seek a medical license again in Ontario, or elsewhere in Canada. Duncan's resignation is effective October 31.

Following a months-long investigation by the CPSO, the institution publicly released the terms of Duncan's resignation on Thursday, August 22. Summarizing the document—known as an “undertaking”—the CPSO stated: “College investigations were conducted into whether Dr. Duncan engaged in professional misconduct or is incompetent in his family medicine practice. In the face of these investigations, Dr. Duncan resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.”

The undertaking is publicly accessible on the College's website. Shortly after it was posted, an individual related to a woman who alleges being twice sexually assaulted by Duncan contacted the Voice to bring the document to the newspaper's attention.

The woman herself ultimately agreed to speak on the record about her experiences with Duncan, though on condition that the newspaper withhold her name. She met with the Voice last Saturday, a short distance from her parents' home in Fonthill. She answered all questions asked of her, and provided copies of a police report and emails which she asserted bolstered her allegations.

For simplicity, the woman will be referred to as “Jane Smith,” and hers was not the only claim made against Duncan. In fact, Smith's involvement in the CPSO's investigation nearly didn't happen at all. A CPSO investigator looking into another claim against Duncan contacted Smith at the last possible moment, late last winter.

Smith answered the phone at work one day in March.

“I got this cold call from an investigator at the CPSO....My response was, ‘Is this a joke?’ It was complete disbelief.”

The investigator assured Smith that she was serious. “She said, ‘I have been looking for you for months.’ So it was just—my mind was blown at this. This woman had been looking for me to cover all of her ends as an investigator and she found me. It felt fated.”



Outside Charles Duncan's office last week. Duncan did not respond to multiple requests for comment.

VOICE PHOTO

The investigator told Smith that this was scheduled to be her final day on the case.

“It was her last attempt to locate me before she closed the file on the complaint.”

The delay in tracking Smith down was due to a change of name. She had married and taken her husband's family name. But ten years earlier, in her first job in the medical profession, she had been hired by Dr. Charles Duncan, under her maiden name, at his practice in Fonthill.

It was in Duncan's office and exam rooms that she alleges the sexual advances and assaults occurred. At the time, Duncan was in his

60s. Smith was in her 20s.

The Voice tried repeatedly, through email, telephone calls, social media, and an in-person visit to his office, to obtain comment from Duncan related to his resignation, and to the allegations made by Smith. He had provided no response by press time.

From the investigator, Smith learned that the CPSO was looking into other allegations made against Duncan.

In the course of their investigation, the CPSO sought to contact all current and former staff involved with Duncan's practice. The investigator was unaware that Smith herself had been

allegedly assaulted by Duncan a decade earlier.

In fact, almost no one knew.

Following the incidents, which Smith said occurred a week apart—both happening while she was alone with Duncan—Smith told only her immediately family, and later her husband, what had transpired.

She also, a few days later, on July 6, 2009, told the Niagara Regional Police.

Smith provided the Voice with a copy of an NRPS incident report from that date, describing in detail Duncan's alleged actions. Smith said that she filed the report for informational purposes only, and spe-

cifically told the police that she did not want to bring a criminal complaint against Duncan.

“I struggled with it for maybe a week and I chose to make a police report, an information police report... the intention behind it was to help another person, to document it, to give credence in case somebody else comes forward, and I left it, and that was it.”

And indeed that was it—for a decade.

In both the incident report and in her recollection of events when speaking with the Voice, Smith described herself as young,

See DUNCAN Page 11

Pelham sees abrupt departure of second family doctor in as many years

In August 2017, Dr. Duane Pelsler suddenly closed his practice, leaving a host of questions unanswered, until now



Duncan and Pelsler both practiced from the same building, on Highway 20 at Rice Road, in Fonthill.

VOICE PHOTO

BY JOHN CHICK
Special to the VOICE

In the months leading up to the closure of his medical office in late summer 2017, two individuals approached the Voice with allegations of personal misconduct by Dr. Duane Pelsler.

Coincidentally, earlier that year Pelsler had moved his family practice into the same building in which Dr. Charles Duncan maintained his practice—into office space, in fact, occupied by the Voice until December 2016.

Citing concerns for their personal safety, neither individual who contacted the newspaper would agree to speak on the record, even if their names and

potentially identifying personal details were withheld.

One provided police incident report numbers, reports which allegedly containing information related to Pelsler's conduct outside the office. The Niagara Regional Police Service denied the newspaper's Freedom of Information request to obtain copies, noting that the request had to come with the consent of the complainant. The complainant was ultimately not willing to

provide this consent to the Voice.

Both individuals asserted that Pelsler was under investigation by the College of Physicians and Surgeons of Ontario (CPSO). Citing confidentiality regulations, the CPSO would not confirm at the time whether Pelsler was being investigated.

In August 2017, the CPSO stated that Pelsler's medical license had been suspended due to his failure to pay his renewal dues in a timely manner.

In an interview with the Voice, Pels-

See PELSER Page 17

2020 MEMBERSHIPS NOW AVAILABLE
Pay Now and play the rest of 2019 for FREE!

WEEKDAYS ONLY
/NO HOLIDAYS
\$925 plus tax

WEEKENDS
& HOLIDAYS
\$750 plus tax

INTERMEDIATE
(AGES 18 - 35)
Play Anytime
\$750 plus tax

9-HOLES ONLY
Weekdays Only/No Holidays
Walking **\$600** plus tax
w/Cart **\$1,000** plus tax

Payment terms available.
Limited time offer. Call for more info.

PELHAM HILLS GOLF CLUB

196 Webber Road, Pelham (905) 735-6768

www.pelhamhills.ca



DUNCAN

continued from Page 3

trusting, and initially "naive" about the nature of Duncan's behavior towards her.

"It didn't start out right with the assault. I was groomed for that assault. It was hand on my shoulder, friendly, stuff like that. I mean, I looked at him paternally as a trustworthy older man who would not see me in that light, you know?"

Smith started working for Duncan in October 2008, as a lab assistant, taking blood, performing ECGs and pulmonary function tests, and administering injections. It was a part-time job in the mornings. In the afternoons she would go on to a second job at a Niagara Region hospital.

In part, the 2009 police report reads, "[Smith] advised that Dr. Duncan is very affectionate with his staff and several times a week he asks her into his office and shuts the door. [Smith] stated Dr. Duncan would stand very close to her and rub her shoulders, or he would sit in his chair and rub his hand up her inner thigh. [Smith] advised that she would move away when Dr. Duncan would make sexual advances but admits that she was very naive and didn't want to believe what he was doing was on purpose. [Smith] advised that she didn't tell him to stop, but she did move away and leave the room. [Smith] advised that she was afraid she would lose her job if she said anything. [Smith] advised Dr. Duncan's sexual touching was progressively getting worse over time to the point that she would go out of her way to stay away from him."

On June 23, 2009, Smith had two moles removed at another medical facility. The next day, she

asked Duncan whether he would examine the stitches and eventually remove them, saving her having to book an appointment with her family doctor.

"Because I couldn't see—there were two stitches, one in my armpit and one in my back. And I asked him, 'Can you just have a look at them and make sure they're good, they're not infected?' I trusted him. He was older than my father."

Smith says that she went into an exam room and lay on her side on the examination table, facing away from Duncan.

From the 2009 incident report: "[Smith] advised she didn't remove her shirt, she just lifted it high enough to show the stitches. [Smith] stated that Dr. Duncan stuck his hand down the front of her shirt and stated, 'Oh nice.' [Smith] stated he took his hand out so fast she was still in shock with what he had just done to her. [Smith] stated he pretended it didn't happen, and after looking at her stitches he left the room."

Smith said she left work in a daze.

"I told my parents right the same day. I left his office, I finished at one o'clock over there, and I went straight there."

She said both parents were upset. Her father was ready to confront Duncan immediately.

"But my mom, she was very much aware and concerned that if I took it to the CPSO, that my character could possibly be destroyed as the result of it."

Smith said she feared being labelled a troublemaker.

"This was my first steady [medical] job and what I thought was a reputable office. I enjoyed the patients. I enjoyed what I did. And at what cost?"

Smith also wondered whether

she had inadvertently sent sexual signals to Duncan, who was married with a family.

"Am I guilty? Did I smile too much? Did I laugh too much? Did I do something to give him the green light that this was okay?"

Even at the time, however, Smith said she knew that what Duncan had done was wrong, and the passage of time has strengthened this conviction.

"I know now...that this was never about me. Now I see that. Ten years ago, I didn't have the wisdom, the understanding, the life experience to see that. I think you grow up and things that had a blurred line in your 20s are a nice straight, hard line in your 30s, right? I think that's a universal growth."

Two days later, Duncan, who had never emailed Smith before, did so, asking how she was feeling. Smith replied that she was fine, and would be back in the office the next day. Duncan replied, "Do I have to wait that long? Just kidding.... I will get back to work and leave you alone. Take care."

Smith provided copies of these and other emails to the Voice, emails she said that she also gave to the CPSO.

A week after he allegedly groped Smith, Duncan asked her whether she was ready to have the stitches removed.

"He says, 'I can come and I can take your stitch out.' And I'm frozen. I'm frozen. Do I say, 'No, I don't want you to,' in front of the receptionist, you know what I mean, and make waves, and resist? So, I walked in."

From the 2009 incident report: "[Smith] stated she removed her shirt and held it in front of her breasts. [Smith] stated Dr. Duncan unclasped her bra, and she [held] her shirt up to her breasts

*Am I guilty?
Did I smile too much?
Did I do something that
gave him the green light
that this was okay?*

and sat on the examination table. [Smith] stated when Dr. Duncan was cleaning the stitches in her [armpit] he tried to pull down her shirt and uncover her breasts. [Smith] stated she resisted and Dr. Duncan stated, "Come on, I've seen tons." [Smith] stated she replied "That doesn't matter." [Smith] stated he removed all the stitches and when he was finished he leaned in to kiss her on the mouth. [Smith] stated she turned her head and said, "Come on Dr. Duncan." [Smith] stated she left the office and went back to work."

Smith said that she was "100 percent" certain that Duncan was seeking a sexual affair.

Again rattled, but also increasingly angry, Smith went home and emailed Duncan to express her feelings.

On June 30, 2009, she wrote, "Dr. Duncan, I just want you to know that I was totally not okay with what happened today when you were taking out my stitches. I realize that you are a very affectionate employer but you crossed the line today and I don't want it to happen again. I also don't want to talk about this at work. In fact, I don't want to talk about this again. Please respect my feelings and my right to work in an envi-

ronment where I am not apprehensive to be behind closed doors with you. See you Thursday."

Sixteen minutes later, a 3:28 PM, Duncan replied: "I apologise if I offended you and it won't happen again. Probably best if you don't ask me to provide medical care for you and then we can keep our relationship totally professional. We have been kidding with each other and that has made it difficult to draw a line but will do so. Enjoy your day off."

After again discussing her situation with her parents, Smith decided to file the police report, but not to press charges.

"We have all been conditioned to not say anything, not do anything. What if it came back and I was labeled a.... What if he says I was [trying to seduce him]."

Smith returned to work, where she said relations with Duncan were "icy" from then on. Three months later she took a full-time job in the Niagara Health System, and has not seen Duncan since.

Smith's decision to document the incidents as a means to help other potential victims remained dormant for a decade—until the CPSO called in March. It was a call that sent her into a tailspin.

Smith said that over the ten years she's worked in the NHS, she has received consistently positive performance reviews. She has not been subject to any unwelcome sexual advances, or other untoward behavior from colleagues or supervisors. She married, and has two children.

The call "unlocked a box," and brought feelings she had repressed for a decade back to the surface.

The CPSO investigator asked if Smith would be willing to file a

See DUNCAN Page 20



Budget Open House

Monday, September 9, 2019 • 5:30 p.m.

Pelham Town Hall • Council Chambers • 20 Pelham Town Square

Residents and businesses are invited to participate in the upcoming open house to provide input into the 2020 Town of Pelham capital and operating budgets.

Can't make the Open House?

Email your suggestions by 12 p.m. on September 5, 2019, to

ourbudget@pelham.ca



Great food, Great people



Fresh homemade food at down-to-earth prices in the heart of Fonthill



Your hosts, Carolanne, Catherine & Doreen

Breakfast & Lunch daily + Dinner Friday and Saturday

Finer dining at diner prices

Hours: Mon - Thurs 8 AM - 3 PM / Fri & Sat 8 AM - 8 PM / Sunday 8 AM - 3 PM

NIGHTLY FEATURES + REGULAR MENU

~ All sandwiches and wraps served with choice of fries, soup or salad ~



Delicious Fish & Chips
Battered or pan-fried haddock or halibut, fresh-cut fries, coleslaw, and tartar sauce

The Pelham Street Grille

1507 Pelham Street, Fonthill (289) 897-9191



L.L.B.O. Licensed



OPEN HOUSE MEET & GREET
with Lynn Brazeau of
Journey Through the Stars
your local Intuitive Tarot Reader & Energy Healer

Saturday, September 7th from 1-4pm
27 Millbridge Cres, Fonthill 905-745-8696

Enjoy light refreshments, socializing, card of the day
3:30 pm meditation lead by renowned
Intuitive Healer Carolina Lipinski of Haven Global

You won't want to miss this!



Voice HOROSCOPE

ARIES – Mar 21/Apr 20
Aries, be careful with your words so they are not taken the wrong way in the coming days. If you practice what you plan to say, others will see your words for the kind gesture they are.

TAURUS – Apr 21/May 21
Taurus, there's no need to apologize if you want to stay close to home this week. Invite some friends over to join in the fun.

GEMINI – May 22/June 21
Expect to work in a group setting this week, Gemini. Doing so will require you to carefully manage your time so everything can be done efficiently. Embrace others' input and the collaborative effort.

CANCER – Jun 22/Jul 22
Start this week with high energy, Cancer. You can ride that momentum through the weekend when you may need an extra boost. Find friends who can help you along.

LEO – Jul 23/Aug 23
Leo, don't be so modest that you won't share your recent accomplishments with those you love the most. It is okay to brag about yourself once in a while.

VIRGO – Aug 24/Sept 22
Virgo, many people are willing to lend you a helping hand, so take them up on their offers. You will be able to repay them in time if you feel the need to reciprocate.

LIBRA – Sept 23/Oct 23
Join a group of people who share the same goals as you, Libra. It can be a work group or a social movement if you so desire. Either way, socialize along the way.

SCORPIO – Oct 24/Nov 22
Being outdoors has much appeal for you this week, Scorpio. Be sure to get outside and enjoy it as much as possible over the next several days.

SAGITTARIUS – Nov 23/Dec 21
There is a fine line between being flexible and standing firm when you believe in your point of view, Sagittarius. Speak up if you feel strongly about your position.

CAPRICORN – Dec 22/Jan 20
Make a concerted effort to ensure a certain situation is not blown out of proportion, Capricorn. Carefully examine things before offering your input.

AQUARIUS – Jan 21/Feb 18
Try to add more exercise to your routine, Aquarius. Not only will it make you feel better physically, it can clear your head and allow for alone time to do some thinking.

PISCES – Feb 19/Mar 20
Pisces, your life may be a little hectic over the next few days as a deadline draws near. Eventually things will return to normal.

FAMOUS BIRTHDAYS
SEPTEMBER 1
Zendaya, Actress (23)
SEPTEMBER 2
Keanu Reeves, Actor (55)
SEPTEMBER 3
Kaia Gerber, Model (18)
SEPTEMBER 4
James Bay, Singer (29)
SEPTEMBER 5
Rose McGowan, Actress (46)
SEPTEMBER 6
Idris Elba, Actor (47)
SEPTEMBER 7
Kevin Love, Athlete (31)

Pelham Medical
AESTHETICS & CO
155 HWY 20 WEST 905-329-0329

DUNCAN

continued from Page 11

formal complaint with the College.

"I had to look back at my intention ten years ago and that was to help another person. So there was no hesitation for me, even though I would be exposed, my name would be out there, Dr. Duncan would know that I was the second complainant, they know."

Smith said that the CPSO would not disclose to her, even in general terms, who the other complainant was.

"We're living in a society right now where there are, I'm sure, lots of women that this has happened to. You don't come forward, you don't come forward, and the bravery that it took for this person to come forward. I don't know if it was a woman, I don't know if it was a male...an employee, a patient. I don't know if it was a young woman, a senior woman."

Despite agreeing to help the CPSO, Smith said that the anxiety over doing so, and the process involved, left her emotionally

drained.

Investigators came to interview her at home. They requested that she show them the scars where her moles had been removed.

"[They were] there for three hours, and I had to draw my memory of the exam rooms. Where was I positioned? Where was he positioned? They took pictures of the scars of the moles that were removed, the stitches that were removed."

Smith said that through April and May she was "a mess."

"Just being seen by him again, you know what I mean? Not visibly seen, but I was going to come back up in his life and he was going to know it was me, which is pretty scary."

Smith began seeing a therapist.

The CPSO kept her informed throughout, she said. Duncan steadfastly maintained that he had done nothing wrong—either with Smith, or with the other complainant. By August, the cases were set to go before a CPSO investigative committee—the

This is a more significant outcome than we would've been able to achieve by pursuing a contested disciplinary hearing

equivalent of a grand jury—which would decide whether there were sufficient grounds to proceed to a full disciplinary hearing, the equivalent of a trial.

"Absolutely there was enough to move it forward to a disciplinary hearing," said Smith. "And at that point he is found guilty of professional misconduct or he is found not guilty of professional misconduct. It's basically a trial where I would witness, I would go on the stand and I would be cross-examined by his team of lawyers or lawyer or whatever. And I would have to be prepped and everything like that by the

lawyers at the CPSO. And I was willing to do that."

To her regret and relief, in the end Smith wouldn't be required to do so.

On the day that the committee began its deliberations, Smith said that an attorney representing Duncan preemptively presented the "undertaking" agreement, in which Duncan—without admitting guilt or liability—voluntarily agreed to resign, and not to reapply for a medical license in any jurisdiction.

CPSO Senior Communications Advisor Shae Greenfield told the Voice that had Duncan effectively gone to trial and been found guilty, the loss of his Ontario medical license would not have prohibited him from seeking to practice elsewhere in Canada. The undertaking, however, does stop him from doing so.

"This is a more significant outcome than we would've been able to achieve by pursuing a contested disciplinary hearing," said Greenfield. "I think that's worth keeping

See DUNCAN Page 22



kids' corner



ANIMAL FACT:
THIS ANIMAL'S SENSE OF SMELL IS 10,000 TIMES STRONGER THAN A HUMAN'S.

ANSWER: DOG

How they say that in...

ENGLISH: Bark
SPANISH: Ladrar
ITALIAN: Abbaire
FRENCH: Aboyer
GERMAN: Bellen

Dog and Cat Word Find
Find the hidden words in the puzzle.

BARKING	DOG	LICENSE
CARE	FEEDING	PET
CAT	KITTEN	PUPPY
COMPANION	LEASH	PURR

J O Y V I W B E W J I U
K D W Y Y I R A W M F E
M C O M P A N I O N E C
V S G G C G B R T M E A
L T B I D A C K N C D T
R I P U R R H E H A I Z
Y G C K N E T T I K N H
B P I E X Z N J O I G S
Q N P U N K S P C X T A
G Y Z U Y S E X U L S E
Q C S R P T E L T L K L
T P Y E T V A Y S F X I

Get Scrambled
Unscramble the words to determine the phrase.

V I E G A W P

Answer: Give paw

CANADA HISTORY
1882
THE NORTH-WEST MOUNTED POLICE (LATER CALLED THE ROYAL CANADIAN MOUNTED POLICE) ESTABLISH A POST IN REGINA, SASKATCHEWAN.

New Word
PANT
breathe with short, quick breaths

Did you know?
WHILE SOME MAY SAY CATS AND DOGS ARE ALWAYS FIGHTING, FELINES AND CANINES CAN GET ALONG AND LIVE TOGETHER PEACEFULLY.



GET THE PICTURE?
Can you guess what the bigger picture is?
ANSWER: KITTEN AND PUPPY



CROSSWORD ANSWERS

SOLUTIONS
ACROSS
1. Bibs
5. Fess
9. Pentad
11. Novato
13. Adducer
15. Senator
16. Tai
17. On cloud nine
19. Huge
21. Spear
22. REM
23. Bora
25. Tiro
26. Bed
27. Sans
29. Senses
31. Sour
33. Dais
34. Genres
36. Lots
38. Sod
39. Elon
41. Noes
43. Ain
44. Tires
46. Wrap
48. Rededicates
52. Vie
53. Agonies
54. Stable
56. Delves
57. Scales
58. Says
59. Shed

SOLUTIONS
DOWN
1. Bedaub
2. Indigos
3. BTU
4. Saco
5. Fond
6. Evan
7. Sattires
8. Stoned
9. Path
10. Dens
11. Neuronal
12. Orem
14. Ropt
15. Soared
18. Leis
20. Erased
24. Anon
26. Bestow
28. Sureties
30. Slon
32. Felics
34. Gondola
35. Sora
37. Servile
38. Sieges
40. Neils
42. Sailed
43. Arad
45. Setis
47. Peys
49. Envy
50. Dies
51. Sacs
55. Bah

FAITH LIFT

continued from previous page

defiance and determination to escape. In one famous scene, McQueen is being chased by Nazi soldiers and jumps a fence on a stolen motorcycle. In car-racing scenes, he performed many of his own stunts.

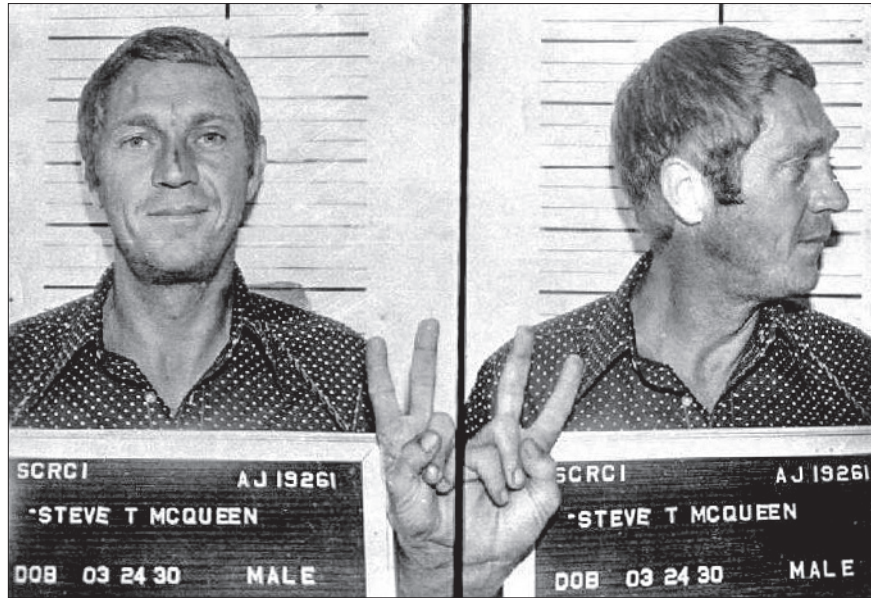
Unfortunately, his wealth also amply financed his destructive habits—drinking, drugs and immoral living. He was seeking happiness but looking in all the wrong places. Actor and film director Mel Gibson commented that McQueen was desperately trying to fill a void in his life. He also loved fast cars and motorcycles and had lots of both. McQueen married three times. His first marriage lasted 16 years and produced two children. His second marriage, to actress Ali MacGraw, lasted five years, and his last came at the end of his life.

This chapter of his life concluded with a near-death experience, not from an overdose or accident but from a crazed cult leader, Charles Manson. McQueen was one of several high profile actors on Manson's hit list. He had been invited to the party at the home of actress Sharon Tate where five (including Tate) were brutally murdered by Manson cult members. Fortunately for McQueen, he picked up a female hitchhiker enroute and never made it to the party. Shaken by the close call, he started carrying a gun and became increasingly reclusive.

The final years

Most people remember McQueen as the cool movie star living life in the fast lane. But there's more to his story.

Then in his late 40s and always seeking a new adventure, McQueen decided he wanted to learn how to fly. He bought a vintage two-seat aircraft and enrolled for lessons. His flight instructor, Sammy Mason, was an older



Steve McQueen's booking mugshot, on being arrested on charges of impaired driving in Alaska, 1972. WIKIPEDIA PHOTO

man and devout Christian. He became a close friend and father figure for the famous actor who never had a good father. One day McQueen asked Mason why he was different and where he could find the same peace that he had. Mason simply told him that he found it in Jesus.

McQueen told his wife they were going to church the next Sunday. Soon after he met with the pastor and asked him many questions about Christianity and the Bible. Satisfied, McQueen told him he wanted to be a Christian too. His life began to change. He married his partner, Barbara Minty. The drinking and drugs stopped. He attended Ventura Missionary Church with his wife faithfully. He went back to the reform school of his youth and began spending time with the teenage delinquents pointing them in a better direction. He made plans to buy some land and start his own retreat centre for troubled youth.

Sadly, however, that dream was

never realized. He began to feel weak and was eventually diagnosed with cancer. He told his pastor he wanted to meet Billy Graham. One day when McQueen was preparing to fly to Mexico for cancer treatment, Graham met him at the airport. They talked and prayed together. McQueen told Graham he had forgotten his Bible so the evangelist promptly gave him his own. As they parted, McQueen said, "I'll see you in heaven."

On November 7, 1980, McQueen died in his sleep at the age of 50 from heart failure after cancer surgery in Mexico. He was clutching Graham's Bible.

In his final interview, Steve McQueen said that he hoped the change in his life would help others find the Lord as well. After a tumultuous life, the "King of Cool" had finally found peace with the King of kings. ♦

Pastor Rob Weatherby served congregations in Nova Scotia and Ontario over the last 40 years and enjoys good movies.

DUNCAN

continued from Page 20

in mind."

Greenfield said that he was prohibited by law from revealing even the general nature of any other complaints against Duncan, or any personal details about who may have filed them.

Asked whether the two-month delay between Duncan's agreement to resign and his actual departure was unusual, and possibly represented an ongoing risk to Duncan's patients, Greenfield paused and seemed to want to choose his words carefully.

"What I would be able to say, is that, in general terms, the College would not allow a physician to remain in practice where there was concern, an immediate concern about the safety of the public. And, obviously, you can infer from that. But that would be the issue that I, again, under the Regulated Health Professions Act, I wouldn't be able to speak to the specific considerations involved."

Smith said that she was informed of the committee's decision the same day.

"I got the call just a couple hours after by the investigator to let me know the result of it."

The Voice has learned that Duncan has approached at least three Niagara physicians in recent weeks, asking whether they could take his patients, estimated to be "in the hundreds." To the newspaper's

knowledge, none agreed.

Smith wasn't surprised by the outcome, saying that CPSO investigators told her that Duncan would most likely quietly retire in the face of the evidence gathered.

She shook her head.

"But an innocent man doesn't do that, with a 40-year practice in a small town."

Smith said she wants the other complainant in the investigations to know that she supports them—and others who may not yet have the ability to come forward.

"My mom says to me, 'You let that reporter know that the Jeffrey Epsteins of the world are alive and well in sleepy Fonthill.' [But] these assaults don't just happen to young teenage girls. We have to be aware that there are people in positions of power. It could be a woman, it could be a male. But in my experience, I was assaulted by a male in a position of power. He was a doctor, he was my boss."

Smith pointed to a paragraph in Duncan's undertaking, where her case and that of the other complainant are identified by numbers.

"To number 1106198, there was no way I wasn't going to be there. I have to look back at what my intention was ten years ago and remain true to that, which was to help another person. I would love for the other complainant to know I was always going to have her back." ♦

Community Voices

in The Voice

"Even though we're well-established now, we continue to advertise in the Voice. It's a great way to remind people we're here... and of our very popular Prime Rib dinners! The cost is reasonable and the staff at the Voice are fun to work with. We get a pile of Voice papers delivered each week which are quickly devoured by our diners who enjoy a good read. When you want to know what's happening in Pelham, it's in there!"

CATHERINE LAFRENIERE
Owner/Manager, Pelham Street Grille

Existing business or a start-up—Let us help you grow!

"The Voice is a big part of my marketing mix because it reaches an important segment of my customer base. I also love the ease of working with the Voice team. The creative is great which makes advertising easy. It's also reader-friendly with a nice, small-town feel. I love Column Six and the investigative journalism is awesome."

MARCIE BAK, RN
Owner, Pelham Medical Aesthetics

905-892-8690 | advertising@thevoiceofpelham.ca

MS 170
Gas Chain Saw

Displacement.....30.1 cc
Power Output.....1.3 kW
Weight.....3.9 kg (8.6 lb)*

\$259⁹⁵ MSRP \$289⁹⁵ with 16" bar

Fall SAVINGS 2019

RECEIVE A FREE WOOD-PRO™ KIT
with the purchase of any eligible STIHL Chain Saw.™

- Woodsman™ Carrying Case • STIHL Hat
- OILOMATIC™ Chain

CHECK OUT THESE FALL SAVINGS

BG 50
Gas Handheld Blower

27.2 cc | 0.7 kW | 3.6 kg (7.9 lb)*

\$199⁹⁵ MSRP \$219⁹⁵

BGA 45
Battery Blower

18 V Li-Ion 36 Wh | 2.0 kg (4.4 lb)*

\$159⁹⁵ MSRP \$179⁹⁵

RE 90
Electric Pressure Washer

120 V | 1,450 psi | 1.98 gal/min

\$199⁹⁵ MSRP \$249⁹⁵

BR 200
Gas Backpack Blower

27.2 cc | 0.8 kW | 5.7 kg (12.6 lb)*

\$399⁹⁵ MSRP \$439⁹⁵

Pic's MOTOR CLINIC

2514 Hwy. 20 E Fonthill
905-892-3041
www.picsmotorclinic.com

Mon - Fri 8am to 5pm
Sat 8am to 12pm

The Conversation

Why victims of sexual crimes (still) rarely come forward, and why we (still) don't want to believe them when they do

We don't like our world turned upside down, says psychology Professor Kathryn Belicki, especially when it comes to people we're meant to trust

BY DAVE BURKET
The VOICE

FOLLOWING PUBLICATION LAST WEEK OF THE news that Dr. Charles Duncan, a longtime family medicine practitioner in Fonthill, was resigning from the College of Physicians and Surgeons of Ontario (CPSO), and agreeing not to apply again to practice medicine anywhere in Canada, reader reaction was swift. Within 24 hours of being posted online, the story had garnered 10,000 hits on the Voice website, with dozens of readers commenting there and on social media.

A large majority of reader reaction online was supportive of "Jane Smith" and the ordeal she described during her time employed in Duncan's practice.

We also carry this week a selection of comments from Duncan's former patients, who recount similar experiences and feelings of unease.

Some readers, however, seemed to question whether a doctor whom they respected could really be capable of, in this case, sexual assault. (The Voice does not know the nature of the complaint that started the CPSO investigation. Smith's involvement was in support of that investigation, not the cause of it.)

A letter to the editor this week refers to Duncan as a "quality individual," and the target of a "smear."

We asked Brock Professor of Psychology Kathryn Belicki to comment on how we react to revelations of sexual misconduct. The following telephone interview has been edited for clarity and brevity.

BURKET: What made us want to reach out to someone who might know about these things is that a couple of the reader reactions have been, "Well, he's treated me fine and my family fine for X number of years or decades. So, I basically don't believe this kind of thing." This must be something that stops anyone, women or men, from coming forward. Can you talk a little bit about that?

BELICKI: You've just hit the first nail right on the head, and that's this fear of repercussion. There's fear of not being believed. A lot of my research has actually been with people who have histories of child abuse. And if they've been abused as a child, then they can grow up to be wounded people. And then when they have an accusation against somebody who looks so good in the eyes of the world, they become even more at risk to be the person not believed.

I think part of the thing that we need to societally struggle with is we have this demonic conception of people who do sexually abusive acts. As a result, when the offender is someone we care about or someone we respect, we can't wrap our head around the fact that they would do this—because don't only awful, horrible people do such things? Even if we do then wrap our head around it, we don't want the world to know, because we're afraid of how they'll be treated. That's something else that can go on with people being reluctant to disclose. Usually, in the first instance, they're just very concerned about how they'll be seen and that they'll be discredited. But sometimes they're also concerned about the offender, because if they know this person well and there are other things about them that they like and admire, then they're concerned about the backlash that's going to come down on their head. We as a society need to start coming to grips with the fact that people who have quite admirable characteristics still do awful things.

So it's possible to be both—in this case, an otherwise presumably good doctor, and someone whose sexual desires are outside the norm.

Yep, absolutely. The evidence has been there. We just haven't wanted to take it in. When I did my graduate training, for example, it was thought that child abuse was extremely rare. I literally started from a time when the world thought these things really didn't happen very much at all. And then in the '80s and '90s there was this societal upheaval, where we finally came to acknowledge that, no, it is much more common than we'd realized. But we haven't gone that next final step to realize, "Well, if there's a lot of folks who have been abused, then that means there's a lot of people doing the abuse." I think the next upheaval we need to go through is to take in the fact



Prof. Kathryn Belicki.

SUPPLIED PHOTO

that people we like and respect do this stuff. And that's very hard.

When did you start your grad work?

I started in 1976. So I studied between 1976 and 1984 and there were no courses on child abuse. I studied in what was considered one of the best programs in Canada. I don't actually even remember being assigned a single article on the topic. The belief at the time was that maybe one in every one or two million people had been sexually abused.

In North America?

Yeah, period. It was just seen as extremely rare and not something we needed much to teach people about because it was so rare. Now we've forgotten that this was what people believed. There was huge professional resistance. I woke up to it early because I had a couple of remarkable experiences that made me awaken to the fact that sexual abuse and sexual assault were much more common than people were realizing. In a therapy group of women, one suddenly broke down and said she had sexual relations with her father. And my jaw is inwardly dropping. I never expected to hear this. Then suddenly another says, "Oh, honey. It's okay. I went through it too. You'll be fine." And a third says, "Yeah, it was my uncle. What an asshole." And I'm over there going, "What's going on here?" But it was just so beyond my ken. My supervisor didn't know what to make of it. I didn't know what to make of it. Then I had a remarkable student cross my doorstep. She wanted to study, for her honors thesis, sexual abuse. And I said, "Whoa, that is too big a topic to take on. First of all, how would we find a sample?" And she said, "Well, isn't it like one in four?" And I went, "Where did you get those numbers?" She brought in some articles I'd never seen. Didn't know they existed. People weren't reading them. They were out there, but we weren't reading them. So I said, "Well,

look. They must be defining sexual abuse really way too loosely." And sure enough, many were defining it as unwanted sexual activity. So we did a little survey for her thesis, of 20 people. We used a very restrictive definition. You had to have had sexual contact with someone when you were pre-adolescent by someone who was at least five years older. That's a very narrow, conservative definition. Twenty people, five said yes. And my world just shook.

These were undergrads?

These were undergrads at York. So that's the other thing. These were undergrads. They were in their fourth year. So they're successful students and it was anonymous. That was when I was just like, "Oh my god. How many people have I seen in therapy who've had this experience and I didn't know it?" I started studying this, and studying the impacts of these kinds of experiences on people as adults. And then suddenly Oprah Winfrey goes for it. And there was this...groundswell, not from the profession. From on the ground. People saying, "Yeah, this has happened to me." It's a version of Me Too back then. And the reaction of the profession was to just disbelieve it all. I remember I had so many colleagues saying to me, "Oh, these are people just jumping on the Oprah Winfrey bandwagon." Essentially saying, "Look, they're lying."

Right.

So, again, you circle around, of course people don't want to confess this because that's what they're afraid they're going to get hit with. You're just lying or, in this [Duncan] case, you're a young woman. I'm so impressed that she told her family right away, and that she went to the police. The courage that this took for her to do—that is remarkable. And her mother was perceptive. She knew what could happen, people just saying, "Look, you're young woman. You're trying to maybe get something from this well established man." Like the number of things that could have come at her.

Her mother warned her.

The other thing that goes on—we tend to blame ourselves when we experience trauma. If somebody is in a bad car accident, they'll say things like, "Well, if I'd turned right at that intersection instead of left," or "If I'd left earlier or later." I mean it's almost crazy to hear, but it's so common following any deeply upsetting event, for people to somehow blame themselves. What we think is going on there is that we want our world to be controllable. We don't want to think that horrible things can happen to good people without any cause. So if we can blame ourselves, then the world becomes more controllable. "Well,

gee, if I just work harder at being a good person, I can maybe prevent these things from happening."

Manage the karma.

Then you go to sexual assault and abuse and often—as there was in this case—there's a bit of a lead in. First of all, a hand on the shoulder and then massaging the shoulders. You're a polite person. You may find that a little creepy, but you don't want embarrass him, so you just... She talked about just moving away rather than saying anything. And then when suddenly it does become inappropriate, you're going, "Oh my God, did I give him the wrong impression? I should've said something." When others say, "Oh, well, maybe you were just seductive," this feeds that. So victims go silent, because they're partly blaming themselves or sometimes largely themselves for what happened. That's another reason why they don't report.

Where did you do your grad work?

At The University of Waterloo. Clinical psychology.

And when you refer to people in your profession, I take it "psychology" is the overarching term for the profession?

For me, psychology, but we were seeing real pushback also from medicine and psychiatry. The healthcare professionals generally just were slow to accept. I mean, you could imagine. People who've had their whole careers perhaps studying or gaining expertise in the area, or they've seen hundreds or thousands of people to treat them, and it's never occurred to them that maybe the reason why this person is troubled is because they've been abused as a child. Then suddenly you get information saying that this is a big and frequent trauma. It goes against all your prior thinking, but it also shakes you up in terms of your own practice, and it's kind of natural that in the first instance you're going to just go, "I don't believe this."

Around what year do you think that changed?

The '80s and the early '90s was when it started to change. Then we had the whole controversy around false memory. Can we trust people's memories?

Elizabeth Loftus.

Yes. She became the professional face of that. Claims that people were just lying wasn't working so well, because there's too many people saying this had happened to them. Then the next pushback came in the form of, "Oh, there's an epidemic of false memory here, so we still don't have to believe these accounts." And eventually we got to a saner place, where we came to recognize that, no, it really happened. A lot of people have

See CONVERSATION Page 22



2020 MEMBERSHIPS NOW AVAILABLE

Pay Now and play the rest of 2019 for FREE!

WEEKDAYS ONLY /NO HOLIDAYS \$925 plus tax	WEEKENDS & HOLIDAYS \$750 plus tax	INTERMEDIATE (AGES 18 - 35) <i>Play Anytime</i> \$750 plus tax	9-HOLES ONLY <i>Weekdays Only/No Holidays</i> Walking \$600 plus tax w/ Cart \$1,000 plus tax
---	--	---	---

Payment terms available.
Limited time offer. Call for more info.



PELHAM HILLS GOLF CLUB

196 Webber Road, Pelham (905) 735-6768

www.pelhamhills.ca

OBITUARY

ROBINS, Harry

On the morning of Wednesday, August 14th, 2019, Harry Albert Robins passed away suddenly and peacefully at his Fenwick residence, at the age of 87. Loving husband to Arleen, father to Glen (Ashley) and Judy, and grandfather to Eva and Lena. Born in Niagara Falls, Harry spent the majority of his life in Fenwick. He worked hard to support his family, and enjoyed classic cars in his free time. Cremation has taken place, and a memorial service will be held at the Fenwick Church of Christ (765 Welland Rd., Fenwick) on Sunday, September 15th at 2:30pm. In lieu of flowers, donations to Open Arms Mission in Welland would be appreciated by the family.



CONVERSATION

continued from Page 3

experienced these things. We gradually began to get a better understanding of memory and when we can trust memory and what we can't trust about memory and how memory can get in trouble, and that allowed us to be a little more realistic in recognizing the reality of abuse.

So, for the last 25 years, more or less—

Less. Certainly from about 2000 onwards, it seemed to me that society finally got it that lots of people have been abused.

Okay, so over the last 20 years, we've had a general acceptance among professionals, among psychologists and psychiatrists, that these numbers—

And on the streets. I notice people on the street are no longer surprised to hear that. But what we haven't then connected the dots to mean that there have to

be a lot of people out there doing this. And that means that probably many of us know somebody who we respect and like who has done something inappropriate. There we haven't gotten yet, and that's the final piece we need to wrap our heads around.

What will it take to achieve that, do you think?

Well, we're going through that now, aren't we? I mean, the Me Too movement is the start and, I think, just like we had in the '90s, where there was a huge war. In fact, I'm working on a book right now called *Memory Wars*. It became a war. It wasn't just a scientific argument. It became a very, very vicious fight. Right now, I keep sort of steeling myself, waiting for some pushback on the Me Too movement. Me Too is squarely about saying, hey, this respected person, that respected person, this other respected person, has done this. The Me Too movement is now about offenders rather than

about victims. The early '90s was about victims being recognized, and now the Me Too movement is about offenders being recognized. But I'm just steeling myself for, say, one high-profile, false accusation. It will just ignite, I think, a huge controversy.

Well, the pushback is coming sort of through a side door, with complaints about people being overly politically correct, which itself is a horrible term. What's your take on that? Where comedians, now, are afraid to make certain jokes.

The language of politically correct speech is so fraught and such a problem. It touches on many issues, right? It touches on accommodating disabilities, accommodating differences, and how do we do that. It means that the fortunate in the world have to change their ways, and then there comes the question, well, how much do we have to change our ways? This is all

just society kind of working this out as we move forward and hopefully into a more mutually supportive kind of space.

I heard recently a great definition of politically correct. "Politically correct" is just another way of saying, "Don't be an asshole." Just be cognizant of other people's sensitivities and make reasonable accommodations. That's all it takes.

I think that's what we need to aim for. Yeah. I like that.

I was working in a very left-leaning radio station in Berkeley in the late '70s. The first time I heard the term politically correct was from someone who was on the staff there, saying, "Oh, that's our problem on this side. Being leftists. We gang up our own and we have to be so much more politically correct than the other guy." It was very much—and you may remember this as well—it was much a left-wing term, a self put-down that the right-wing came along and said, "Ah, we can use this!" to mean something entirely different.

Then it got co-opted. **Exactly. So what do you make of the psychology of people who might sit back and look at somebody like, say, Bill Cosby. How many women did it take to come forward before people stopped saying, "Oh, he's America's dad. He's such a nice guy. It's impossible to believe."**

I think there's a couple of things going on. One is, as I said, this sort of over-simplistic notion of who does sexual offenses and our tendency to truly demonize. I think there's that popular imagination of what a sexual abuser looks like, and they're sort of evil and icky, and so then you take that template and you apply it to this person. You go, "They're not like that." I remember, years ago, when we had a debate here around the issue of false memory and one person got up. A lot of folks came to that debate who belonged to the False Memory Syndrome Foundation, and these were parents who had been accused by the child of having been abusive. And one person stood up and said, "Look at us. Do we look like people who would offend?" And I go, "Oh my god. You're thinking that offenders somehow look really awful and are visible, nasty people." So partly there's a tendency to want to simplify the world into there's good people and bad people and it's just not like that. We are all more complicated. That's part of the issue. Secondly, we all want the world to be sort of predictable. We want people who are competent and look good to be people we can trust, because then we can predict the world and we can keep ourselves safe. When someone you assumed you could be safe with because they're educated, because maybe they're attractive—that's been found by the way. We tend to feel more safe around attractive people than less attractive people. So these kinds of revelations shatter people's assumptions about the world in ways that are very unsettling and, hence, they want it to go away. The easy way

to make it go away is, "Oh, she's lying. He couldn't possibly have done that." Not realizing that educated people do this. Powerful people do this. Incredibly nice people, do this. Nice in other areas of their life.

You mentioned power there. You do see that theme with Weinstein, and the Fox News guy, Ailes, and the rest of these folks who are in very powerful positions, who are in very senior positions, and you could certainly say the same for a doctor. Authority carries power, right? So how much of that do you think plays into sexual offending?

That's just well-documented. It isn't always a feature, but that can certainly be a part of any sexual act, actually. Even within consenting couples, there can be real power dynamics play out around that. And then, of course, with powerful people, they also have built into that a certain safety net. That they know they're well respected. They know their word is likely going to be taken over the word of somebody else. And they can feel above the law. They feel unlikely to be caught. So power plays a lot of ways. Certainly power and sex can go hand-in-hand anytime, and is often a component of sexual assault and sexual abuse. Some would say it always is. I wouldn't go that far, but it certainly can be. Power comes in other ways in that it gives people certain kinds of immunity, or what they perceive as immunity, and they're more than partially right about that. These things all have to be tested on their own merits, but you don't want to be drawing conclusions based on education or appearance or position in the world. We need to figure this out so that we can even be more prepared to recognize that someone I love or admire may be an offender. And then we also need to figure out what are we going to do about this? There's a lot of offenders out there, and we're choosing not to recognize it because we don't want to recognize it, but they're there. What actually happens is we then refuse to notice that this physician we think so highly of has done this because we don't want to demonize them.

I'm still a bit surprised to hear that childhood sexual interference or abuse wasn't well known back then, because I remember growing up in the '60s and early '70s, kids making nervous jokes about priests. It was known but not widely discussed. You didn't want to be in a room with a given priest...it was kind of an open secret. But I guess professionally in psychology, as you say, maybe it wasn't—

Psychology and in medicine. It definitely came from the populace. It wasn't psychologists or social workers or physicians who discovered this. It was regular people finally having ways to say—other than quietly, kid-to-kid saying—"This is happening." Unfortunately all of the helping professions disappointed me in their initial response, which was to push back and to not believe it and to try and dismiss it. And then gradual-

See CONVERSATION Page 24

The Community of Lookout Ridge
Fall Vendor Showcase
 Saturday, October 5th from 10-2
 1505 Lookout Street, Fonthill, Ontario

Come experience the magic of almost two dozen local vendors!
 Feeling hungry? We will have a **fall themed bake sale** as well
 as **fresh hot apple cider!**
 Keep the family entertained with **activities for the kids** and **live music!**

Admission is free with a non-perishable food or toiletry item for




905-892-9218
www.lookoutridge.ca

THE COMMUNITY OF Lookout Ridge



I've got your back

Count on me for one-on-one service, better savings, and coverage that's customized for you.

Stop in, call or click.

Bob Kilyk, Agent
 21 Highway 20 West
 Fonthill ON L0S 1E0
 905-892-5721
 bob.kilyk@desjardins.com
 www.bobkilyk.com



Certain conditions, limitations and exclusions may apply. Desjardins Insurance refers to Certas Home and Auto Insurance Company, underwriter of automobile and property insurance or Desjardins Financial Security Life Assurance Company, underwriter of life insurance and living benefits products. Desjardins, Desjardins Insurance and related trademarks are trademarks of the Fédération des caisses Desjardins du Québec, used under licence.



Check out Fonthill's
NEWEST Home Decor Store

- FURNITURE REFINISHING
- CUSTOM ORDERS
- SHABBY CHIC FURNITURE
- SIGNATURE PIECES
- WALL ACCENTS
- ENTRANCE SIGNS

We also carry...

FUSION™
 MINERAL PAINT
Paint it beautiful.

★ *1803 Candles®*
 Apothecary of Fragrant Goods ®

1400 PELHAM ST., FONTHILL
 WWW.CREATIONSBYV.COM

TUES-FRI: 10-5 SAT: 10-4
 SUN / MON: CLOSED

Welcome to our
Sunday Evening Music Service
 at Holy Trinity Anglican Church
 on **Sunday, September 15, 6:30 PM**
*Featuring Upbeat Music in a casual,
 child-friendly atmosphere*

**Holy Trinity
 Anglican Church**
 1557 Pelham St.
 905-892-6011



Facebook: Holy Trinity Church Fonthill
 www.holytrinityfonthill.org

f Visit Us on Facebook
 www.facebook.com/voiceofpelham



The Marriage Course

Navigate life together

Seven sessions designed to strengthen your relationship.

The course helps couples to:

- Understand each other's needs
- Communicate more effectively
- Grow closer by learning methods to resolve conflict
- Recover from the ways you may have hurt each other
- Recognize how your upbringing affects your relationship
- Improve relationships with parents and in-laws
- Develop greater sexual intimacy
- Discover each other's "love language" and much more.

Pelham Friends Church
 (905) 892-6881

LOVE PELHAM - THE MARRIAGE COURSE

STARTS WEDNESDAY, OCTOBER 2nd for 7 Weeks @ 6:30pm
 Sessions are FREE, cost of materials = \$55/couple
 Hosted @ Pelham Friends Church, 940 Haist St., Fonthill, pelhamfriends.ca
 Learn more about the course, and register @ www.themarriagecourses.ca

**Learn more about the course, and register at:
 www.themarriagecourses.ca**

CONVERSATION
continued from Page 22

ly... It was like people on the street got it before we got it. Thank god, so to speak, for the Catholic Church's obsession over record-keeping, because now you have all these cases, going back to the '60s, that were documented.

They know their word is likely going to be taken over the word of somebody else

The other thing was, we thought it was just women. We didn't take in the boys, but we still thought that it was really rare in boys. So the second kind of mini-revolution that had to happen was that it wasn't just girls that experience this, but boys too. And then the next big thing was to recognize that women can be sexual abusers. These are still things that not everybody will accept, I think. But the knowledge is on the street. It's just getting the people who could do something about it to fully take that in.

In the most cherished tradition of the social sciences, it's time to prove the obvious.

Yeah, exactly. Well, I appreciate your time. Anything I've missed here? Nope. I think that we've covered a lot of ground. Thanks again. Thank you. ♦

Coming forward is one thing, proving sex crime is another

"CSI effect" sees juries expecting level of evidence that's rarely available

BY JOHN CHICK
 Special to the VOICE

The national conversation borne out of the Me Too movement appears to be slowly moving the needle toward taking more seriously years-old allegations of sex crimes.

Of course, matters vary case-by-case. Earlier this year, writer E. Jean Carroll claimed that now-U.S. President Donald Trump sexually assaulted her in the dressing room of a Manhattan department store in the mid-1990s. While it's a prime example of leveling an accusation against someone in power—compounded by the most divisive political era in modern history—experts on the subject feel that a younger generation is refusing to allow victims to suffer in silence.

"In some contexts, yes, younger women are really leading the way in terms of being more open and willing to take a risk by coming forward," New York Times Magazine writer Emily Bazelon told PBS in June. "But ... there are still women who are paying a price for being public. And this kind of public arena, where you're in the spotlight of the national media, you have Donald Trump's denials, that's a powerful disincentive."

Central to the issue of sex crimes, regardless of era, is that they are difficult to prove forensically. Allegations essentially become a "he-said, she-said" battle, which, viscerally, often tends to favour the more prominent member of society. Added into the mix are unrealistic expectations when prosecutors go before juries, according to Dr. Shana Maier, a

professor of criminal justice at Widener University in Pennsylvania.

"Many of the detectives I interviewed spoke of the 'CSI effect,'" said Maier, who specializes in the criminal justice aspect of sex crimes.

"The cases remain 'he-said, she-said.' I do not know if it impacts victims emotionally or their willingness to report. However, [police have] indicated that juries expect more. They believe that jurors are more likely to acquit even on a good case with good evidence, because it may not match what they see on TV. Law enforcement officers understand how difficult sexual assault cases are to prove forensically, and that is one of their biggest barriers."

On a judicial level, scandals such as the one involving child sex abuse inside the Catholic church have spawned some changes in many jurisdictions. On that end of the sex crimes spectrum, in 2016 Ontario passed a bill that removed limitation periods on "any misconduct of a sexual nature if, at the time of the misconduct, the person with the claim was a minor, or if there is an authority, dependence or trust relationship."

This year, New York State amended changes to its Child Victims Act, allowing survivors of child sexual abuse to file felony charges against a defendant until they turn 28 years old—up five years from the previous 23. Victims, up until they are 55, can now file civil suits against abusers.

Welland Road potholes finally filled

One of Pelham's most notoriously bumpy stretches is getting some long overdue attention.

The two-block stretch of Welland Road between Arbor Circle and Haist Street saw

its top six inches of pavement torn up last week in anticipation of new asphalt. Town Communications and Public Relations Specialist Marc MacDonald said that repaving was to have started this Tuesday.

DUNNVILLE VETERINARY CLINIC
 Est. 1952
Closer than you think!

Same-day appointments
 - Same-day test results, most while you wait
 - Large, well-established practice

ASK ABOUT OUR
WELLNESS PACKAGE

1107 Broad St. E., Dunnville, ON N1A 1K8
 Phone: (905) 774-7642 1-800-263-6496
 vets@dunnvillevetclinic.com

Mon - Fri: 8 AM to 6 PM • Sat: 8 AM to 2 PM • Closed Sunday
www.dunnvillevetclinic.com

What happens when you don't advertise?

Very little.

TEMPERATURES ARE FALLING
 CALL FOR A FREE ESTIMATE
 WE SERVICE ALL MAKES & MODELS
 MAINTENANCE • FURNACES
 AIR CONDITIONERS

BOB REID FAMILY OWNED AND OPERATED
 Heating & Air Conditioning
 RESIDENTIAL - COMMERCIAL
 905-892-7787

Book your Fall Maintenance TODAY!

VISA MasterCard

RENOVATE YOUR HOME WITH LOUWES

Whether it's new windows and doors or siding, soffit, fascia and eavestrough; it's a great time to buy. North Star energy-efficient windows will save you money in the long term by keeping your home cool in summer and warm in winter. Call or visit our showroom today for a FREE ESTIMATE on your home! FINANCING AVAILABLE (OAC)

NORTH STAR WINDOWS & DOORS®



ENERGY STAR HIGH EFFICIENCY HAUTE EFFACACITÉ

LOUWES 905.562.5831
 3435 King Street Vineland
 WINDOWS & SIDING SINCE 1966 ■ WWW.LOUWES.CA

them too

BY DAVE BURKET
The VOICE

AGE 64 Just reading this article brought so many emotions and heartfelt agony to so many women. I was a patient from 1974 until December 2000. There were so many times I felt uncomfortable with the sexual innuendo and subtle sexual advances that it was hard to pinpoint at times. Like so many others, the same tactics were used to prime us. Everything from unnecessary pap smears to pressing his body against mine, to hugs, undressing, and the list goes on and on. Sometimes I left his office very disturbed and even questioning whether I was interpreting his advances wrongly. He did it with his off-beat humour to cover up. As his "grooming" progressed, I knew it was time to leave quickly when he fondled my breast while giving me a shot. It was the final straw for me, and I was advised by another doctor to call the College of Physicians and Surgeons and report all that had been done to me. I called the number given to me, and was accountable to a dear friend who made me follow up. I remember speaking to a woman by the name of Susan at CPSO, who encouraged me to seek counselling, and told me that if he did it to me, he has probably done it to other women. If there were two or more complaints lodged with CPSO they would investigate it and call me back. They encouraged me not to press charges as I would most likely not be successful and it would be very stressful. I waited many years to get a call, especially after reading all the other women who made complaints to CPSO on RateYourMD. How sad and disappointing that even this would not bring attention to the man. He took advantage of his position and title and now walks away. The only consolation we see is an article in the local news shaming the man. Shame to all who support this evil man, and my heartfelt concern to all he has impacted with his selfish actions. The incidents occurred all through my 30s until I left his practice at the age of 45.

AGE 31 When I read the paper my mouth dropped. I was a patient of Duncan's around ten years ago, when I was a young woman. He also made unprofessional comments and odd requests to do multiple physical examinations. On one occasion, I sat in the waiting room and we had to take a number. When they call your number, you go in to see the doctor. My number was 11. Dr. Duncan saw my number and said, in a provoc-

ative manner, "You are an 11!" He also made comments about my looks on other occasions. Every time I went to see him, for whatever reason, he would insist I needed a pap smear. I would do so, as it's doctor's orders, but I thought it was a little excessive. Later he told me that my tests were abnormal and I'd need more testing...all of these paps did not included a nurse in the room. I started feeling a little uneasy about going to see him, so the next time I brought my boyfriend (now husband) to come with me. Dr. Duncan seemed a little angry that I brought him, and made comments like, "You probably have HPV and watch out for genital warts." I was horrified, and wanted to see a gynecologist for further examination. He referred me to a doctor in Welland and I was given a biopsy. The biopsy was completely clear. It makes me wonder if I had any abnormalities at all? Was he just being completely unprofessional? I changed doctors shortly after that. I'm going to contact the CPSO. I imagine more women will come forward.

AGE 52 Dr. Duncan opened his family practice in Fonthill when I was six years old. Our family immediately started attending his practice as patients. During my childhood years, he seemed to be a good physician, but once I hit my early teens his behaviour towards me changed. My mother felt I was old enough to see the doctor by myself and as such, any time I attended his office, it started with tickling me each time I visited. As time went on, if I went in for a sore throat, he would tell me to lay down on the examining table and would inevitably touch my breasts and finish by tickling my stomach. I recall going in because of stomach pains and he undid my pants and would want to examine my genitals because it "may be something related" to my "reproductive system." As time proceeded, Dr. Duncan wanted to perform internal exams but, although I said nothing to anyone, it didn't feel "right." At this point, I asked my mother if she could arrange for me to see a gynecologist for things related to the reproductive system. Although I had a gynecologist, Dr. Duncan continued to try to undo my pants every time I went in for anything from an earache to a sore throat to a rash, etc. Finally, I told my mother in my 20s that I was looking for a new doctor because Dr. Duncan made me feel very uncomfortable. She was surprised that I felt that way but didn't question my choice.

IN LAST WEEK'S EDITION, the Voice published the account of a woman formerly employed by Dr. Charles Duncan, a family practitioner in Fonthill. The woman asserted that she was twice sexually assaulted by Duncan in 2009, and filed a report with the Niagara Regional Police Service at the time. This past March, a decade later, she was contacted by the College of Physicians and Surgeons of Ontario in connection with an internal CPSO investigation of Duncan. Neither she nor the Voice know what prompted the CPSO to act, but the result was that Duncan agreed to quit practicing medicine as of October 31, and never to apply again to practice anywhere in Canada.

The Voice informed Duncan's office staff—by telephone, in writing, and in person at his practice—that the newspaper had received these accounts from his former patients, and requested Duncan's comment. He had not responded by press time. The Voice has not verified whether these recollections are true. To the newspaper's knowledge, Duncan has never been charged with a sexual crime, nor is he currently under police investigation.

After leaving his practice, it became clear to me that what he had been doing to me for so many years was completely wrong on every level. I chose to remain quiet for the same reasons many people do...we are taught to believe that our physicians are good people, to be trusted and not questioned. In retrospect, had I reported his unethical practices, perhaps others could have avoided experiencing the same shameful feelings that I did. He truly isn't having to pay for anything he did to any of us.

AGE 56 It was 42 years ago. I was 14 when I first met Dr. Duncan. My family had recently moved to a farm in Fenwick. I developed a rash on my feet and hands and thought it may be an allergic reaction to the grasses in the fields. I went to see Dr. Duncan. He told me he would need to perform a physical,

I told him I did not have a rash anywhere else, just on my feet and hands. I did not feel I needed a physical. He kept insisting. I told him I would go somewhere else. Dr. Duncan said he would just look at my feet. He came around his desk and looked at my feet and determined it was an allergic reaction to my new "Buffalo" sandals. He gave me a prescription for cream and that was that. He became my family's doctor. When I started taking birth control I was told I would need to have regular physicals. During exams, no assistant would be present. He would ask me questions about my relationship with my boyfriend. Uncomfortable questions. Long breast exams. Always made me feel dirty and gross. Another time I blacked out at the top of our stairs and fell, injuring my back. Went to Dr. Duncan for my back and the resulting headaches. He asked me to bend over as far as I could. He told me he was going to have to do a physical, I said

no. This has definitely gone on for too long.

AGE 34 I stopped seeing him just after I left high school and went to college. He used to make a lot of jokes when I was much younger, asking if I had a boyfriend yet when I was in elementary school. There was a lot of sexual innuendoes throughout the entire time I went to him. When I was high school I got a nose ring, and when he would do a breast exam he would say I had nice breasts and ask if I planned on getting them pierced. Also when using a stethoscope, when he put his hand down my shirt, he would place his fingers on my breast and make sure a part of his hand always at some point touched them. When I left town for school, I asked for a referral to a gyno for paps and he refused, saying he preferred doing them himself.

After a few times of asking and having to go to him for a pap, I refused to go back because he would also make comments during the exams that made me feel very uncomfortable.

AGE 50 I had negative experiences with him as well and fortunately was able to find another doctor about 15 years ago because of this. I always wanted to pursue his inappropriate comments and touches but they were just on the edge of being legit and hard to prove. I am so glad this finally came to light.

AGE 38 My experience was very similar to a lot of women in the comments. The refusal to refer, "helping" to remove my bra to check for lumps every time I was there, not using

gloves, etc. He was my doctor from birth until I was 23 years old. My first pap test he grabbed both my butt cheeks and pulled me down to the bottom of the exam table because I wasn't moving fast enough. He always refused to send me to a gyno because I was "healthy." After one too many exams that didn't feel right I left him for a new doctor. I'm angry and sickened that I never spoke up. Now it is too late.

AGE 55 I would sit in the waiting room wondering, each time a woman came out of there, are things happening to them too? And none of them ever looked upset or anything. So I thought maybe it was me. You know what I mean? I was over-reacting. This is my husband's family doctor. So I didn't want to make waves. The last time I saw him was in April.

AGE 40 He started as my doctor when I was in elementary school. It seemed like every single time I needed to go in there, no matter what the reason was, he felt I needed to have a pap done. He would say that I had nice breasts. I made the choice to stop seeing him when I kind of put two and two together, between 16 and 19. I just did walk-in clinics probably for four or five years after that, until I found a new doctor about 15 years ago.

AGE 65 I had made a police report on him years before that young lady did. How come if the police had this information, they didn't deal with it? There's quite a few of us that I know of who left Duncan's office because of abuse with him as patients. I came home and said something to my daughter, who was in her 20s. I was in my 40s, and she said, "Mom, he's been doing that to me," and it was like, "Oh my god." After this story came out, now she's like, "Yeah, I would talk to the newspaper, but I don't want my name public," and everybody feels that way. For five years after my divorce, every time he walked into the room, he would say to me, "So are you with anybody yet?" It didn't even dawn on me that that was his question as to whether or not he should continue mauling and doing stuff that was not really appropriate at the time. It was his, "Yeah, if she's not with anybody, I can be touching her and she's not really going to say anything." I'd go in for a sore throat and he'd have to check my boobs. It was like, "Excuse me? I'm not sure why

my throat and breasts have to be connected here," but it took me, honestly, years to actually clue into what he was doing. It's funny because I talked to a friend this morning who had issues with him and she said, "Do you know what? He checked my breasts every time I walked into the office, but he hasn't for the past couple of years." I said, "Let me tell you why. You hit menopause and they're no

The judgment put on a female who has been sexually abused puts a cloud on her character eternally

longer hard and perky." After I left his office, I've been pretty verbal about what happened with me. I was interviewed by [a doctor not practicing in Pelham] as a new patient, he asked me why I was leaving Duncan and as soon as I told him why, he said, "I won't take you as a patient." It's the old boys club. I even talked to my pharmacist. I said, "You need to know so if another female comes in, you need to tell her to go and make a police report because I've done it. If we start, the cops are going to figure out that there's a pattern here." I didn't want to press charges because I knew what would happen. If they had come back to me and said, "We do have a pattern of behavior, ma'am. Can we talk again?" I would have totally been all over it. My daughter, even now she won't go public with it, because no matter how you look at it, the judgment on a female who has been sexually abused puts a cloud on her character eternally. The last time I saw him I needed a prescription. He looked up how long it had been since I'd had a mammogram, which was three years, so I said, "Then I need a referral for a mammogram." He said, "Get up on the table," and I said, "No, we're not doing that anymore." He grabbed the prescription out of my hand and tore it in half. I never returned and I didn't even ask for my records. He was disrespectful, had been constantly mauling me, and he was the abuse partner. In order to get my records, I would have to buy them off of him. You couldn't get your records without paying them \$25 to move them to a new doctor, and I was going to pay the man so that I could move away from his abuse? Not happening. ♦