

# John Bradford: Father of Canadian Forensic Psychiatry

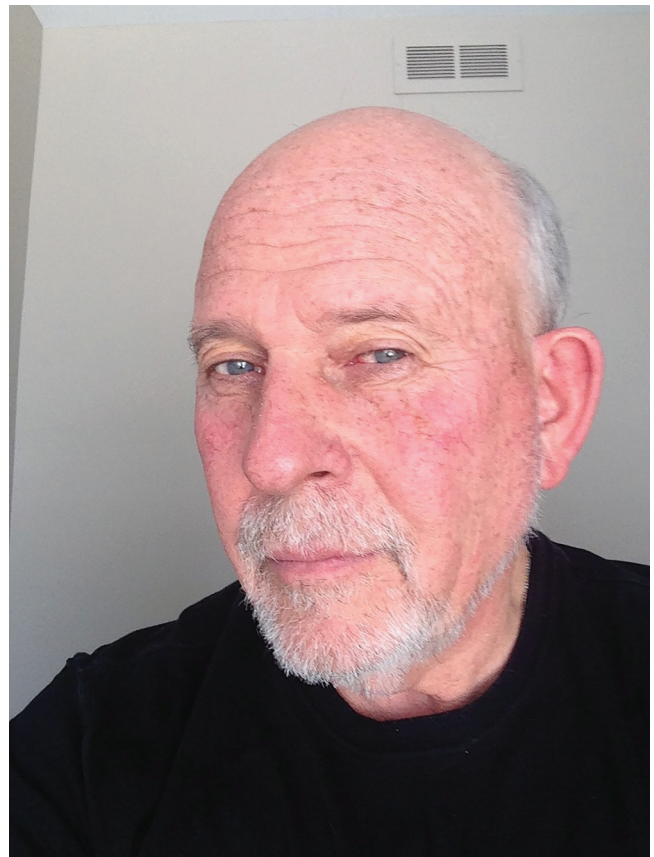
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The stupefying numbness overtook my mind as I watched the Russell Williams videotapes. The five or six hours in the Ontario Provincial Police headquarters in Orillia blurred, abbreviated in time. At the end of the session, I left the headquarters, walked to my car, with my mind full of the video images I had just endured. I left to drive back to Ottawa. About 30 minutes later, an emotional storm took over where I was crying uncontrollably, shaking, and felt weak and confused. Suddenly I believed my whole life's work was a failure. I felt I had wasted my life; I felt useless; lost. I pulled over to gain composure (I'm not sure exactly how long), and the 'emotional storm' subsided. I continued my journey believing that my work in researching and treating sexual deviation was a failure and there was no hope for any recovery. I did not realize it, but this was the first step of a painful journey of posttraumatic stress disorder. This changed my life forever (Bradford J, personal communication, December 18, 2021).

The above statement is how Dr. John Bradford described how he felt on a hot summer day in 2010. The defense had retained Dr. Bradford in a case that had shocked the whole nation and raised questions about the Canadian military. Colonel Russell Williams was described as a model officer, a top-level pilot who was entrusted with flying international dignitaries, including Queen Elizabeth. He was well educated and well respected, but at the age of 44, he embarked on a criminal career. In a period of three years, he entered the homes of 86 women. He stole underwear, meticulously arranged it, catalogued it, and dressed in lingerie for sexual purposes. He progressed to two terrifying rapes and eventually to the rape and murder of



John Bradford, MB ChB, DPM

two young women, one of whom was under his command.<sup>1</sup>

It was not unexpected that Dr. Bradford would be retained to assess Colonel Williams. He was acknowledged to be a world expert in the field of sexual behaviors, particularly regarding sexually sadistic homicide. When lawyers phone around to find out

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who is the best forensic psychiatrist to retain on a big case, one of the first names is usually Dr. John Bradford. He has been retained by both the prosecution and the defense on many high-profile cases in the United States and Canada. Not only is his clinical opinion sought and respected, he also has the academic background to support his opinion. As the reader will discover in this biography, the totality of his accomplishments makes him one of the most stellar forensic psychiatrists of his generation. In this article, we discuss some of the high-profile cases in which Dr. Bradford has participated; we also explore his academic career, his administrative and advocacy accomplishments, and finally, some of the personal attributes that have made him so successful.

What was particular about the Colonel Williams case was that his hobby was photography, and he recorded everything he did in high-definition video and Dolby sound. This evidence was available to the police, and after disclosure to the defense, Dr. Bradford was allowed to view it, but only in the headquarters of the Ontario Provincial Police. He therefore went alone to the police headquarters, randomly situated on the edge of a small vacation town in cottage country, Ontario. He was placed in a room in front of a computer to review this evidence, distantly supervised by a lone police officer. He spent the day alone, studying the grizzly details of the sexual assaults, time in captivity, and then clear evidence of the gruesome murders of these women.

Soon after, Dr. Bradford was given the diagnosis of posttraumatic stress disorder. He sought help from an expert in the field and embarked on the road to recovery. Part of this journey involved his going public with the details of this disorder and giving a series of seminars to forensic psychiatrists, general psychiatrists, lawyers, and judges.<sup>2</sup> Although the Williams case triggered his disorder, it was likely a result of an accumulation of exposure to materials in a career assessing countless sex offenders, including several sexually sadistic murderers. Among these was another case that rocked Canada: the notorious case of Paul Bernardo and Karla Homolka, the so-called Ken and Barbie murders.<sup>3</sup> This case coincided with the introduction of handheld video cameras and was the first case in Canada to consider video evidence of abduction, sexual assault, and sexually sadistic homicides.

The crucial point here is the realization that even the greatest professionals in their field are human and can, therefore, be affected by their work and feel like their careers are meaningless. The reality with John is that his career is anything but meaningless. He has made significant contributions, and even in the darkest of times, he managed to turn his experience into a meaningful contribution to the field by educating not only forensic psychiatrists but other professionals with whom he worked about the problem of PTSD among professionals.

Dr. Bradford was also involved in another landmark case in Canada, that of Joseph Fredericks, who murdered a young boy, Christopher Stephenson, while he was on parole, having been convicted of sexual offenses. At the inquest, Dr. Bradford gave expert evidence, which led to the establishment of "Christopher's Law," which instituted the sex offender registry in Canada. Around the same time, Dr. Bradford and Dr. Glancy (at that time but an apprentice) met with officials from the Department of Justice, who consulted us regarding the possibility of bringing sexually violent predator legislation to Canada. To Dr. Glancy's surprise, and likely due to Dr. Bradford's persuasion, they seemed actually to listen to us. This consultation led to an alternative regime, which changed the law about dangerous offender legislation, allowing for an application at sentencing or for a period of up to six months after a conviction. This addition also included a regime of long-term supervision under strict conditions of up to ten years.<sup>4,5</sup>

Before this, Dr. Bradford had contributed to the Department of Justice Mental Disorder Project, which flowed from the Law Reform Commission and was charged with looking at the section of the Criminal Code involving not guilty by reason of insanity.<sup>6,7</sup> When this legislation was struck down, the report of the Mental Disorder Project became the basis for the new laws regarding verdicts of not criminally responsible on account of mental disorder.<sup>8</sup> This new law legislated a new statutory framework governing the legal management of accused persons regarded unfit to stand trial or, as it was subsequently renamed, not criminally responsible due to mental disorder (NCR-MD).<sup>6</sup>

Dr. Bradford was born and raised in South Africa. After medical school at the University of Cape Town, where the surgical department was basking in the glow of the achievements of Dr. Christian

Barnard and the world's first heart transplant, Dr. Bradford had the opportunity to insert a neurosurgery rotation into his internship year. Unfortunately, in that position, he witnessed the death of his girlfriend's sister. This incident left him with reservations about neurosurgery, and he took the opportunity to do a first year of residency in psychiatry while he decided what he would do. He discovered that psychiatry was his calling and never looked back. In his residency year in forensic psychiatry, his supervisor developed viral encephalitis, and Dr. Bradford stepped up and took on the responsibility for the program.

Owing to his Scottish and English roots and his concerns about the political situation in South Africa, he obtained a forensic psychiatry position at the prestigious Maudsley Hospital in England. At that time, this program was flourishing, and he worked with some of the great names in forensic psychiatry, such as Dr. Trevor Gibbens and Dr. Peter Scott. In this position, his interest in forensic psychiatry flourished and he also developed a penchant for academic work.

Dr. Bradford then decided that North America offered enormous opportunities, and he applied for several positions. He eventually settled on the program in Ottawa, as he saw the nascent program's potential and also liked the city. Forensic psychiatry in Ottawa at that time was but an outpatient program that borrowed three beds from the schizophrenia program to do assessments. It is typical of Dr. Bradford that he saw this not as an impediment but as a challenge and an opportunity, which he gladly seized.

Dr. Bradford was instrumental in the growth of the Forensic Program at the University of Ottawa over four decades starting in 1978. The program thrived and grew under his stewardship. By the end of his tenure, Dr. Bradford's administrative responsibilities as Associate Chief (Forensic) included Forensic Services at the Brockville and Ottawa campuses of the Royal Ottawa Health Care Group. The clinical staffing comprised 18 forensic psychiatrists, three clinical fellows, two psychiatric residents, and allied health staff. There were 204 inpatient beds. In addition, there were two research clinics: the Sexual Behaviours Clinic and the Anger Disorders Clinic. The Ottawa Campus comprised 43 beds, consisting of a secure forensic assessment unit (21 beds) and a 22-bed forensic community integration and rehabilitation unit. Forensic psychiatric outpatient services (which consisted of 4,000 active outpatients) included

outreach for court-related clinical services, mental health court, community outreach to provincial corrections, and a family court clinic for young offenders, child custody, and parental competency. Dr. Bradford also instituted a satellite campus at a former Ontario provincial psychiatric hospital, consisting of a 63-bed secure forensic treatment unit, beds for the treatment and rehabilitation of persons found NCR-MD, and a forensic outpatient service.

What perhaps made the Ottawa program most renowned was its commitment to scholarship. Dr. Bradford led by example, contributing to over 200 scholarly publications and a stunning 500 presentations. Not only did he apply for grants and perform research leading to important publications, most notably in the area of sexual behaviors, but he inspired those around him to publish. We were both beneficiaries of his tutelage, profiting from his experience and enthusiasm, resulting in several co-authored publications. He has also edited or co-edited five books. For the last ten years, we have been nagging him to publish a monograph, capitalizing on his vast clinical and research experience in the field of sexual behaviors. Now that he is winding down his clinical practice, we hope that we may finally see a positive result in this process (this is another subtle nag).

Dr. Bradford was always concerned about the treatment of individuals with mental disorders in jails and prisons. One of his significant accomplishments was establishing a 100-bed secure treatment unit for severely mentally ill provincially sentenced male offenders. Dr. Bradford was integral in developing the St. Lawrence Valley Correctional and Treatment Unit concept, which opened in 2003 and is a unique facility within Canada. The center is an accredited psychiatric facility, which demanded special new legislation in Ontario, for which Dr. Bradford lobbied tirelessly. He also established state-of-the-art programs, with multidisciplinary staffing equivalent to a psychiatric hospital, within the secure perimeter of a correctional institution.

Dr. Chaimowitz's first introduction to Dr. Bradford was in the mid-1980s. Dr. Chaimowitz was a newly minted resident representative on the Education Standing Committee of the Canadian Psychiatric Association (CPA). One of the items on the agenda at the national meeting was something about forensic psychiatry. In walked (pre-zoom) a larger-than-life psychiatrist with a strong South African accent. This

encounter was a bit startling as Dr. Chaimowitz had just joined his Canadian residency program from South Africa and had not encountered many fellow South Africans as direct and forceful as Dr. Bradford. This man started asking for, then demanding, formal acknowledgment by the CPA of forensic psychiatry. Getting lots of questions and not getting much traction, this strange man pounded his fist on the table, told the committee that they were wrong to delay recognition, and abruptly left the room. That was Dr. Chaimowitz's introduction to the dedicated and passionate Dr. John Bradford, whose commitment to the profession ultimately led to the formation of the Canadian Academy of Psychiatry and the Law (CAPL).

Dr. Bradford participated in every step of the process toward subspecialty recognition. The American Academy of Psychiatry and the Law, founded in 1969, received formal recognition from the American Psychiatric Association as a subspecialty in 1990. They turned to the American Board of Psychiatry and Neurology to develop a certification process, which has continued to this day. Dr. Bradford, inspired by the presidential talk of Dr. Larry Faulkner, former president of AAPL,<sup>9</sup> with whom he had a close relationship, would not take no for an answer in his quest for subspecialty status. In 1989, Dr. Bradford formed a Canadian chapter of the American Academy of Psychiatry and the Law, which became very active. Dr. Bradford and Dr. Glancy attended the meeting of the Canadian Psychiatric Association (CPA) in the grand surroundings of the Hotel Montebello to discuss the next step. At this meeting, the CPA met with the representatives from forensic psychiatry, geriatric psychiatry, and child and adolescent psychiatry to negotiate an agreement for the three subspecialties to be recognized under the auspices of the CPA. It was during this meeting, coincidentally, that Dr. Bradford and Dr. Glancy watched South Africa beat New Zealand and win the 1995 rugby world cup, the historic Invictus victory, which we saw as an inspiration for our continued fight for subspecialty status. The poem by William Ernest Henley, which Nelson Mandela recited to his fellow prisoners during his incarceration, was supposedly recited to the South African underdogs prior to this very game: "It matters not how strait the gate, How charged with punishments the scroll; I am the master of my fate: I am the captain of my soul" (Ref. 10, p 842).

Buoyed by the heroics of the South African rugby team, as well as (it is rumored) by one or two beers,

Dr. Bradford made Dr. Glancy pledge his allegiance to continuing his fight for the recognition of forensic psychiatry in Canada. Dr. Glancy remained faithful to this course, but always under the watchful eye and encouragement of Dr. Bradford.

Readers may consider that we have waxed lyrical and gone a little over the top here. Anybody who has followed Dr. Bradford's career and seen him in action, determined to follow through on a project, will realize that no matter how strait the gait, Dr. Bradford will overcome adversity and opposition to achieve the desired outcome for his patients, his service, and forensic psychiatry.

CAPL went on to incorporate as a nonprofit professional organization in 1995, with Dr. Glancy as president and Dr. Chaimowitz following later, always supported and encouraged by Dr. Bradford. It took another 14 years for forensic psychiatry to become a subspecialty under the Royal College of Physicians and Surgeons of Canada. The college develops specialty training programs and accredits all residency programs. Dr. Bradford was never absent from this long and tortuous journey and never let us slack off or lose faith. Although forensic psychiatry in Canada has had some significant leaders,<sup>11</sup> there is no doubt that Dr. Bradford is the father of the modern era of forensic psychiatry in Canada.

Always the life and soul of the party, John is also enthusiastic in everything he does. At one annual meeting of CAPL, he and Dr. Glancy established a world record for forensic psychiatrists at an annual conference, which still stands today. Skiing from 8:00 in the morning until 4:00 in the afternoon, John measured that he and Dr. Glancy completed 30,000 downhill feet on his smartwatch. He is also an enthusiastic and competent golfer and a decent squash and tennis player.

Forensic psychiatry in Canada has always had more influence and profile than its size would suggest, in large part because of John's passion, scholarship, inspiration, and generosity of spirit. The CAPL meetings blended a love for the profession and, as mentioned, an enjoyment of life, in typical Canadian fashion, at beautiful ski resorts. What is not to love about presentations by ski gear-clad forensic psychiatrists with one eye on the audience and the other on the ski hills? The warmth and collegial spirit of those early CAPL meetings reflected the efforts of who we in Canada know to be the father of forensic psychiatry.

The table-banging doctor that Dr. Chaimowitz met in 1986 was rewarded by the CPA when CAPL was given a seat on its Board of Directors and when the Royal College of Physicians and Surgeons of Canada formally approved forensic psychiatry as a subspecialty in 2009. The world does not usually change because of only one person, but it is more than fair to say that forensic psychiatry in Canada owes John an incredible debt of gratitude for all that he has done for the specialty.

Perhaps most importantly, John exemplifies everything that defines professionalism in medicine. He cares about his patients and has been a fearless advocate of the forensic population. When visiting Ottawa some 20 years ago, sitting on a review board for those found not criminally responsible, Dr. Glancy was to meet John to go out for dinner. At 6:00, in a fearful snowstorm, for which Ottawa is famous, John apologetically asked Dr. Glancy if he could wait until 7:00, when he would be finished seeing his last outpatient. This example is an illustration that, despite being one of the most renowned forensic psychiatrists in the world, and despite his academic and administrative duties, John still carried a full clinical load.

Dr. Bradford was a significant influence in AAPL, achieving AAPL Presidency in 1993-4. In this position, he reorganized the committee structure, which has been such an important part of the organization. A full page of John's CV is devoted to enumerating the numerous awards recognizing his significant contributions and professional exemplariness. He has won the Red, Silver, and Gold AAPL awards. He is also a distinguished fellow of the American Psychiatric Association and won the Isaac Ray award. He was furthermore the first recipient of the Bruno Cormier award for service to forensic psychiatry in Canada. In addition, his accomplishments have been recognized outside of the psychiatric community. He was the recipient of the Queen Elizabeth II Jubilee medal and was appointed a Member of the Order of Canada, an exceptional recognition of his contributions to the country at large.

We have known John for many years. We have admired his dedication and all that he has accomplished. Irrepressible, John does not back down from speaking up for what he sees as right. He has tackled thorny problems where others have been fearful to speak up. Most recently is the topic that we raised at the start of this article: the prevalence of secondary

traumatic stress among forensic psychiatrists. Dr. Bradford highlighted this phenomenon from a personal lived-experience standpoint, bravely raising a concern about which most forensic psychiatrists and allied health professionals would not dare to talk. By raising this concern, educating others, and bringing it into the discourse of our profession, we are better equipped to take heed of his warning to be cautious in our interactions with evaluatees and most particularly with exposure to video material of sexual and violent crimes.

We have known many smart physician leaders. Some are fabulous academics, some passionate advocates for social justice, some empire builders, some great teachers, and some brilliant clinicians. Not many can bring all of these together. Our friend John embodies all of these qualities, although he would be proudest of his teaching and patient care. As he looks back on a full and rich career, he can be proud of all he has accomplished. Most importantly, it is the interpersonal attributes that we will remember and that he values most: friendship and kindness from this humble and generous clinician leader.

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