

**The Cornwall Public Inquiry  
PHASE 2: Healing and Reconciliation**

**Research and Feasibility Study:  
The Adult Community Healing Resource Centre**

**Respectfully Submitted**

**by**

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## **Introduction**

### **History of this Proposal**

The Cornwall journey toward healing and reconciliation for those adults injured by child abuse and the larger community has been a long one and not yet fully engaged. Much of this is due to the hindered capacity of all participants to work on Phase 2 of the Cornwall Public Inquiry "Healing and Reconciliation" when Phase 1, the legal inquiry process, so fully occupies the landscape of Cornwall in the media, legal offices and private homes and minds of victims and their supporters.

The journey of the victims within Phase 2 has been fraught with several issues. First and foremost is the perceived disparity between those in power who have societal authority and therefore the institutional infrastructure of buildings, constitutions, mandates, and funding to support their causes, and those "without" such amenities, who, as one survivor puts it, "... stand on street corners to meet". The second disparity is between those with an educational background and those without formal education. The third is the prevailing perception that all abuse has occurred from the institutions toward the vulnerable with the assumption that the vulnerable are helpless to change institutional responses toward victims.

There can be no doubt that over the years institutions, given societal sanction to be in positions of authority, have produced perpetrators who have used this milieu of authority to cloak and justify the mistreatment of children and young people. Nevertheless, there are many religious leaders, teachers, parents, other professionals, and adults in positions of authority over children and youth, who are worthy and kind individuals. These are individuals interested in changing the previous processes of exclusion and who wish nothing but healing, recovery and inclusion of survivors in decision making.

However, despite community perceptions about who carries out child abuse, the division between these groups, (the empowered, educated, organized and the underpowered, uneducated and unorganized) continues to affect the perception of who gets abused and who does not. These perceptions allow for little middle ground discussion. No meeting of the minds can take place until we all acknowledge as a first principle that child abuse knows no boundaries of religion, race, creed, economic status, or education. It only knows the dynamic of power over and being overpowered. There are many in the deemed "powerful" group, who despite education, institutional affiliations, and positions of authority are also survivors. Also, there are many among vocal survivors in the deemed "less powerful" group, who have much to teach those who have not experienced abuse; they are articulate, well spoken, and educated in life experiences and healing.

As well there are many in Cornwall and other communities who want to help victims of abuse but leave it to the professionals because they are told they do not know what they are getting into. Many of these people are victims who have survived "well" and who are wonderful mentors and facilitators of self support groups, yet their work is not acknowledged in the scheme of responses by professionals. Yet we cannot assume that all therapy practitioners are aware of the issues that trauma presents in adults with histories of child abuse trauma. Ultimately, for both professionals and community

development people, it is quite another matter to understand the full scope and nature of trauma, the need for individual victims to come out of societal isolation, and the need for multi-levelled responses to historical child abuse individuals.

However the need for a safe person with whom to first share one's story supersedes all systems of prevention, treatment, and intervention or community development alone. So crucial is this moment and the response to it, that for many, even those currently receiving help within the health care systems, there is no place that has felt safe or available to relate the sense of loss or depth of the impacts of abuse on them. With peer to peer programs however there is often an immediate understanding on the nature of the trauma experience and its impacts, although not always agreement on the ways in which to resolve those impacts.

So much is left to professional support which is neither coordinated from professional to professional nor in agreement about services nor treatment. Treatment is often about medication and long term one on one therapy. If as The Gatehouse® believes the deepest scare of child abuse is social isolation, then this social isolation may indeed be compounded by societal denial and private therapy. So we find despite many years of the marriage between societal denial and therefore the need to hide therapy support, victims are still remaining isolated, only now within the therapeutic milieu. On the one hand needed confidentiality coupled with the abuse experience of "isolation" can reinforce "silence". This reinforces the secrecy of child abuse in a society which in general does not want to face this reality. This denial and wariness regarding "telling" anyone beyond one's therapist, dovetails with the fear of the telling that was incurred as a child and becomes a vicious cycle of further isolation. Having spoken out and working publically on this issues the survivor leadership team has privately taken its share of denial and ridicule for refusing to let the issue of abuse go. Few in society at large understand that this is a lifelong struggle that can only get better and easier if people are relieved of carrying the burden in silence.

While the inquiry has look into practical recommendations, the survivor leadership team would like to look into the healing of a community, starting first with themselves and then with the larger community of Cornwall. This healing will rest upon community development and the ending of social isolation regarding these experiences. This submission is about defining the need for a publically recognized "safe place", not having to be legitimized by professional accreditation alone, but by a community development project called the Adult Community Healing Resource Centre.

### **The Idea: A Safe Place**

The idea of a "safe house" was first put forward by Kenneth-Keith Ouellette, a vocal and outspoken survivor of child abuse. Keith proposed a place where all the "abused, neglected and poor" could have short term shelter and a place to be gainfully employed in building the house, cultivate gardens, learn landscaping, engage in crafts and the arts. As a group, they could tend to Cornwall's need for labour to restore the waterfront and build a memorial to all who have been affected by abuse. It is a grand and hope filled vision that is similar to projects from the annals of history of the Anglican Social Justice movement wherein society was bettered by a social movement which employed those in need in activities which were restorative to self esteem through accomplishment.<sup>1</sup>

Once an ugly stain of “shame, blame, and guilt” is now transformed into a proactive change toward acknowledgment, healing and integration. Such activities had substance while at the same time achieving a social justice statement that was benign in its process but powerful in its presence.

This safe house work was to be supported by Mr. Ouellette’s “Alliance” of survivors for whom he created a Manifesto offering a consistent “voice for abused people”. Despite many signatures, the capacity to enshrine the Alliance remained fragile and suspended from actualization. Ultimately these two ideas, within the Inquiry process Phase 2, proved too large to be taken hold of by a mixture of citizens, because of the inability to meet differing agendas in the present state of non-reconciliation between survivors and between survivors and the larger community.

The next step in the journey to “find a place of their own” was found in the inclusion of the survivors in the PrévAction process both at the core level and at the sub-committee level. PrévAction was developed by a group of community leaders to act as a catalyst whose sole purpose was to bring committees of citizens together in order to nurture a number of community projects of interest to Phase 2 participants. This, as well, was fraught with a basic lack of trust between survivors and disagreement on who would represent them at PrévAction meetings and sub-committees.

Wanda Seguin of Minwasshin Lodge in Ottawa uses the term “lateral violence” which is described as the violence that spreads out horizontally between victims when the voice of a people is pushed down over many years. This phenomenon manifests itself when they discredit each other’s experiences, “You don’t understand, your abuse is not as bad as mine,” etc. An important foundation of trust first needed to be built between the existing survivor groups let alone with PrévAction as they, in the mind of some survivors, represented the heads of institutions. A second basic rift occurred among survivors which in turn meant that the subcommittee interested in the safe house disengaged itself from PrévAction. Shortly thereafter that group itself disintegrated. This project was picked up by CCR (Citizens for Community Renewal).

In an effort to bring more fluidity to the Phase 2 initiatives, two Advisory Panel members were dispatched into the community to lend facilitation support to institutions and survivors in their discussions. It became clear early on that for the survivors to be able to have “equal discussions” around the leadership table, they would have to be given the time to further develop their own voice and leadership skills which would become integrated in such a way as to be the stabilizing force in their lives. Likewise, the societal leaders needed to learn to be listeners first and doers second. This piece presented the most consistent difficulty in getting both sides to the same point of more fluid discussions leading to effective action. In particular, developing these skills would work effectively on for survivors who would be then able to leave behind other modes of communication including anger, blaming and guilt, in response to disagreements, confusion, rumors, and slander.

Thus began a leadership training process that focused on changing internal messages, identifying resilience, and preparing to meet other groups in the community. The survivor leadership team is now a group able to share what is needed by victims to become a part of community healing as a whole, by virtue of their own experience and journey toward healing. It is from this group that this proposal is respectfully submitted.

## 1. Philosophy

### **“The first shall be last and the last shall be first”**

In child abuse those in positions of power, misuse and abuse the trust placed in them by children who are weaker and under their authority. Certainly this is the experience of those adults' survivors of Cornwall and as such when the Inquiry first entered the history of Cornwall those survivors represented “the last” and were feeling as if they were without a voice. The Inquiry was a hope that all the history of abuses would be uncovered. The tenet “The first shall be last and the last shall be first”... implies the complete reversal, (in a society that rewards “power over” and prestige in position), of fortunes and the efforts to gather wealth and prestige for the sake of fortifying one's position in society. This principle assumes that we need to learn to be servants not of ourselves but of others, whatever position we are in this life and in fact applies to all persons within their position, no matter what position they do hold. Indeed, this principle demands from everyone a “discovering, perfecting, and utilizing of one's spiritual gift(s) to the betterment of all, and not just a few”.<sup>2</sup>

Therefore, the principle of reversing position is a powerful equalizer as, having reversed that power; new levels of authority emerge and settle out within a community. This in turn ought to reflect a more equal and respectful mix of differing positions of authority in society. If we were to take this tenet as the underlying philosophy of The Adult Community Healing Resource Centre dedicated to the healing of community, then that centre and its staff and volunteers must of necessity provide the space wherein all individuals not just survivors can dialogue about the meaning of healing and reconciliation. It must also go further and provide real opportunities, carved out of everyday life, for individuals and groups to both seek forgiveness and address grievances, understanding that forgiveness is a “letting go in order to move on”, as opposed to forgiveness meaning “forgetting”. At the basis of this tenet then must lay the capacity for dialogue between community groups.

Community healing, in particular, relies upon dialogue, respect, and a consistency in our actions, which reflect beliefs and the development of sustainable opportunities for healing. In Paulo Freire's work *Pedagogy of the Oppressed*, he emphasizes the need for these principles in any public education which effects societal change.

Dialogue between groups and individuals is essential; the underlying assumption being that dialogue involves respect. One person or institution should not **act on** another, but rather people must **work with** each other (especially in the arena of community healing). Too much education, Paulo Freire argues, involves 'banking' - the educator making 'deposits' in the educatee". Those who are uneducated are then forced to accept the wisdom of those who are educated in order to get acceptance or inclusion. Such dialogue is without respect for experience. Therefore, it is one-sided and oppressive to those who best know their own experience. One such example is the difference between telling people what to believe about faith rather than guiding them with enough information so that they are able to define and articulate what they themselves believe.

A significant ingredient in perpetuating the denial of child abuse comes from repeatedly questioning the experiences of the victim. This questioning the validity of experience effectively creates doubt in those who are able to affect change for others and in those, who so abused as children themselves, are ready to accept the authority of educated individuals in order to push away the pain of their own reality; as if the higher education of another can simply wipe out the experience of the self. Given that

the nature of abuse happens in isolation with no dialogue, it becomes a lifelong journey to re-establish the internal integrity of belief in the reality of one's own experience; an experience that from the beginning has been employed as a mechanism to confuse victims through grooming or forcible silencing.

Dialogue and the application of what we say we believe, were interlinking principles for Freire in that dialogue informed actions and could be linked to certain values. Dialogue wasn't just about deepening understanding - but was part of making a difference in the world and was what he would call "co-operative" activity involving respect. Furthermore, it must be sustainable, so as to enhance community, building "social capital"; that is the capacity to lead us to act in ways that encourage justice and human flourishing. Public, professional, and adult education has always been geared toward the blend of theory and action – and in many cases is welcoming of change in the world. However, it cannot be based on change for the sake of change but rather on informed action so as to ensure that theory and learning itself are not minimized.

Freire developed his "Pedagogy of the Oppressed" in an effort to name the world for those educators who traditionally worked with oppressed individuals who do not have a voice. He was particularly interested in developing consciousness, 'consciousness that could have the power to transform reality'<sup>3</sup>. This consciousness raising was best achieved in Freire's theory by locating education in the lived experience of participants; in other words, education based on real life and not abstractions.

#### **"Inviting In" instead of "Sending out"**

One of the prevailing questions is "Who has the capacity to help victims with the impacts of trauma?" This area remains a sore point with survivors who have spent much of their lives chasing after help and creating their own "health teams" in order to address the multi-layered impacts of abuse. While individuals do benefit from the support of individual therapists, this sometimes desperate activity to find a therapist who "understands" comes from the experience that the victim is always relating something that happened behind closed doors or in the open with the tacit approval of others present and no one has ever cried out "Stop!" The victim as a child carries the disbelief and shock at what happened and the sheer will as a child to, by any means possible, "survive" the moment. The search for someone who understands is a constant aspect of the search within the present health care structure. Survivors are often tired out by the many appointments and uncoordinated services available to them to deal with the present day impacts of child abuse. While a common outcome of abuse is chronic fatigue syndrome and fibromyalgia, nevertheless, survivors (alone and distressed) are expected to continuously muster the extra energy necessary to find health supports; to find someone to listen to the first story of abuse that lies beneath all those health problems and added layers of trauma brought on by the time lag of 30 to 40 years of silence. Those therapists who understand the depth of trauma as well as the need to visit some survivors in their homes is rare. Fortunately in Cornwall we do have therapists visiting some survivors who are extremely isolated in their homes. These same therapists are those who have also seen the value of a mentoring program.

The survivors' reluctance to come forward is fueled by the tendency of society and the therapeutic professions to treat them, from that point onward, as perpetual clients or patients in a world where we know that abuse is much more widespread than what is reported. Consequently, those who survive "well" do not come forward, even for the sake of modeling for other victims that there can be a life after abuse. Why? Because

of the stigma associated with this topic. No one who is doing well needs to feel the pity of a society that assumes you are permanently damaged. Survivors deserve honour and wonder for their capacity to survive.

The need to reverse the order of “victims seeking out professionals” for support, over to “professionals and community seeking out victims” is paramount to breaking the silence. This must be accomplished through social marketing efforts and by those supporters of victims willing to meet survivors in their own space. Part of building infrastructure for survivors to cope with long term impacts and to finding their voice in the larger community, is to provide a space where they can meet and invite in those who they would normally have to seek out individually. A great support would be a series of discussion forums in which therapists and professionals could come and speak to a group of program participants about treatment options, legal processes and other relevant topics. Having this community healing resource centre devoted to community and individual healing will go a long way in Cornwall to establishing this reversal and providing a less threatening process for victims to meet professionals.

### **“We shouldn’t have to stand on street corners”**

There is a concern among the survivors that some of the inequity found in the city of Cornwall is represented by a lack of a space where survivors can meet. This echoes the poverty in which they grew up and the vulnerability they continue to feel as they try to survive the present day impacts along with the original trauma. For many, having no place to call their own reflects all the outcomes of abuse including social isolation, poverty, a lack of caring about the issue by society, a lack of dollars, and education to “make a difference”. Expected to “get over it” but given no tools or space to work that directive out, only compounds the issues of social isolation. Consequently, the centre will be a place where anyone 18 years or older, who is hurting can come for support. While there will be a mentor program working out of the Resource Centre, most importantly, there will be someone who listens and can refer on to others and otherwise fill the need for a listening ear for adults who were victims of child abuse.

### **Building Infrastructure for Healing**

The infrastructure for healing must first be built internally, and only then can that infrastructure sustain healing that comes from without. Internally the structure is comprised of several I-beams of support. They are:

First: I believe myself. This is especially difficult because all messages to abused children are, in some way, the opposite from this reality; messages which say that what you think is wrong is actually right, and what you believe is true, is actually false. This coupled with dissociation<sup>4</sup> (a survival defense mechanism), makes for a lifetime of nightmares, violent images, and fears of false memories. Finding the capacity within oneself to believe one’s childhood experiences is essential to healing. It constitutes the “self” foundation upon which to build. To relieve the stress of this disbelief in oneself, it is important that survivors be able to confirm with one another their common experiences. It is only then that they realize that they are not alone in those experiences. It becomes possible to begin trusting their own recollections and voice about these same experiences. The Resource Centre will be a place where individuals, previously conquered and divided by abuse, can now connect with each other and verify similar personal experiences.

Second: Others believe me unconditionally and they don’t think I am crazy. Most survivors will say that the cornerstone of healing is that someone else, outside

themselves, believes them. The difficulty is that most of these crimes, except group-scaled ethnic cleansing and ritual abuse, happen in isolation. The victim, a child or youth, is not fully able to comprehend why this is happening but knows they cannot speak to anyone. The centre will provide victims with listeners who will be present in the moment, listening without judgment. Being heard and unconditionally believed is a major structural beam upon which healing can build.

Third: The presence of a will to choose life instead of death is of paramount importance for those of us who do heal from child abuse. For many, suicidal thoughts in childhood became an everyday and somewhat ordinary option, simply because we were already being taught through a number of abusive messages that there is no way out; that we are very special in a perverse way to the abuser; or we are worthless and only good for this one thing. In any case, the message is "all or nothing". Living in literal "life or death" situations of abuse (death of the body, death of the spirit), the victim incorporates suicide as part of the range of options that are attached to the experiences of abuse and the despair that accompanies these events. It is also why those who have not experienced chronic abuse find it difficult that we survivors are somewhat nonchalant about this option. It is much like saying "I could always have a cup of coffee if I get too tired." Instead it is "I could always commit suicide if I get too tired." This is critical to understand for practitioners. Survivors must "borrow" the energy of others to survive in the first place. And we do that through our own capacity to imagine something different or by attaching ourselves to something or someone "over there" where my life would be much better – even separating from our own bodies psychologically is a profound break in the internal integration of body, mind, and spirit. Naturally, social isolation compounds the tendency to choose this option. The Resource Centre will be a place where people can drop in and stay for company, a game of pool, watch TV, or meditate. These options of connecting socially around fun activities will help survivors to know we are not alone and that there are others who understand the loneliness of the abuse experience. Together we will be learning to be less hyper-vigilant and more playful "in the moment".

Fourth: The capacity to recognize one's own resilience and to build upon it. Studies on resilience have started to redefine how we recognize resilience especially in socially negative behaviour. The addict who soothes the pain of abuse with addictive substances can be made to see that this addiction is a form of resilience behaviour and can be changed to other healthier choices. We can and do learn that the addiction is a cry for help and therefore a form of survival – albeit not the healthiest. Likewise a teenager's failure in school can be understood to be resilience in action by crying out "notice me". This gives us many more options to understand how human beings cope under the pressure of abuse.

Recently, due to the shift in psychological discourse which has shaped the way many "helpers" now approach their work with others living with the impacts of trauma, what was once understood as "delinquent, dangerous, deviant, and disordered" behaviour can be viewed and assisted with as individuals who are "competent, caring, contributors to their communities."<sup>5</sup> Attempts to describe the qualities of resilient individuals have pointed to specific skills, behaviors, or competencies that are internal to them as well as to external factors such as caring adults in their lives, high expectations, and opportunities to develop one's potential. Of course, resilience develops as both the internal and external interact. Caring relationships, for instance, can trigger a positive cycle in which people gain a sense of connection and confidence,

which increases their motivation to try, which attracts more positive attention from others, and so on.<sup>6</sup>

At The Gatehouse they have used the word "resiliencies" to describe clusters of strength that are mobilized in the struggle with the impacts of childhood abuse. The resiliencies, they identify and hope to strengthen through their mentoring program, are measured in their longitudinal research study as Self-Esteem/Autonomy, Self-Care/Mental Health, Community/Social Competence and Advocacy /Critical Consciousness.

## **2. Principles of Community Development and Healing**

Community development can best be described in a statement by the Community Development Foundation of the United Kingdom (from the Standing Conference for Community Development - a UK wide development network) as: "Community development is a skilled process and part of its approach is the belief that communities cannot be helped unless they themselves agree to this process. Community development has to look both ways: not only at how the community is working at the grass roots, but also at how responsive key institutions are to the needs of local communities".<sup>7</sup> In Cornwall, there has been a difference of opinion between the population that urged the Inquiry and those who felt it would be detrimental. The difference crystallized around the "How to" of solutions; one example being the idea that a monument be built in memory of survivors. The expressed feelings are such that the former group sees a monument as a testament to those who came forward and as a way to say this is a community that took the issue of child abuse by the horns and did something very different. They faced it and praised those who came forward for their courage, while the latter group sees the monument as potentially damaging to the city's profile, forever marking Cornwall as the place where child abuse happened. Certainly with the perceptions of "who is abused", that was noted in the introduction, we have a case where the "grassroots" victims are decidedly at odds with city leaders who are concerned for the economic well-being of Cornwall and naturally its survival.

Community healing and individual healing are intertwined is perhaps an obvious statement. Yet, when we look at the issues of child abuse, it is clear that many still see child abuse as a private matter for individuals to overcome. Therefore, what remains is a tacit silence about what is to be done at the larger level of community change. In some sense then communities look for the survivor who can speak or lead for others. But yet we know that survivors start from individual experiences of isolation so this must be the first place we begin with; the individual's story. Only by hearing each one can the community see the breadth of work to be done, the length of the journey for individuals yet to be, and the continuum of abuse experiences that make up child abuse in our society.

One of the principles of community development is we do not leave anyone behind in the process of change. We must be concerned with the more effective coordination of services and investigation, treatment, and interventions for children abused today and for adults abused in the past. By doing this, adult survivors can be more effective parents and spouses and better able to care for themselves and each other in the present.

In the end child abuse healing is as much about community development as it is about private recovery through individual means. Some of the key principles held by community development practitioners speak to this broader view of healing and belonging and are described in the following points:

- Community Development is crucially concerned with the issues of powerlessness and disadvantage; it should involve all members of society, and offer a practice that is part of a process of social change.
- Community Development is about the active involvement of people in the issues which affect their lives. It is a process based on the sharing of power, skills, knowledge and experience.
- Community Development takes place both within neighborhoods and communities of interest as people identify what is relevant to them.
- The Community Development process is collective. Experiencing the process enhances the integrity, skills, knowledge, and equality of power for each individual who is involved.
- Community Development seeks to enable individuals and communities to grow and change, at their own pace, according to their own needs and priorities provided this does not oppress other groups and communities, or damage the environment.
- There are certain principles central to Community Development. The first priority is the empowering and enabling of those who are traditionally deprived of power and control over their common affairs. It claims as important the ability of people to act together to influence the social, economic, political, and environmental issues which affect them. Community Development aims to encourage sharing, and to create structures which provide opportunities for genuine participation and involvement.
- Community Development is about developing the power, skills, knowledge, and experience of people as individuals and as group members. This enables them to undertake initiatives of their own to combat social, economic, political, and environmental problems, and to fully participate in a truly democratic process.
- Community Development must take the lead in confronting the attitudes of individuals and the practices of institutions and society which discriminate... Community Development is well placed to involve people equally on...issues (of discrimination) which affect all of us. (Brackets mine)
- Community Development should seek to develop structures which enable the active involvement of people from disadvantaged groups.<sup>8</sup>

### **Circles of Support**

The circle is the primary shape of inclusion and builds upon the vision of the universe as one with all and everything interconnected. The circle has no end and no beginning. So it is true in the community development of inclusiveness. In terms of power dynamics in a community, every individual and group is "invited to the table to share

the wealth of the harvest". The principle of the circle in community development is that it is inclusionary and that systems, individuals, and institutions of society attempt to hear all voices in the development of a community vision.

In the case of Cornwall, the circle must include the haves and have not's, the abused and non-abused, the institutions and its consumers, and the formally educated and life experience educated. Some would say to truly solve the issues of child abuse, the perpetrators must also be "brought to the table", metaphorically speaking, in order for society to more fully comprehend their behaviour, necessary consequences, and intervention solutions.

The circle will be paramount in the Resource Centre. We will link our mentor program as a satellite program under the umbrella of The Gatehouse Adult Support Network™ which provides "circles of support" for adults who experienced childhood abuse. The objective is to bring individuals from isolation into inclusion.

The circles of support, described at The Gatehouse, allow for wider and wider circles within which to support individuals as they come forward. The first contact with The Gatehouse is the intake process. It allows individuals to review their history of disclosure with a staff person; it allows them to describe the ways in which they tried to tell someone and the ways in which they were aided or not aided. In doing so individuals see that although they may not have been heard, they did in fact speak out in various ways seeking connection to others in an effort to heal. It also allows them to review their choices and vision for recovery in the present.

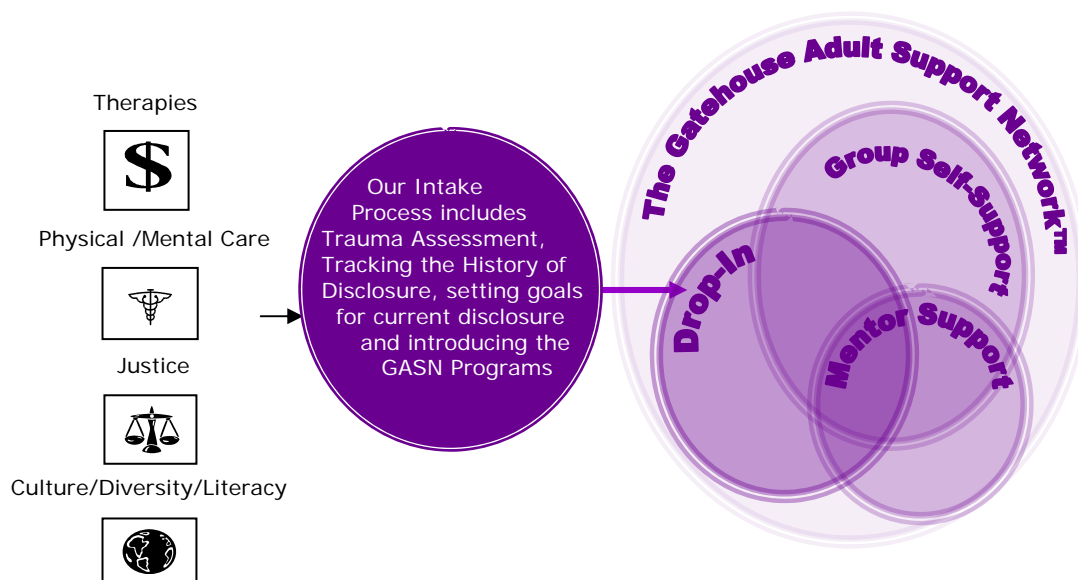
The individual then enters into his/her first "circle" of support. It involves a one to one mentor support with a trained volunteer who commits to be in this contract of connection for six months to a year. This person is usually, but not always, a person who has been abused him/herself, who has recovered, or is far enough along the path of recovery to help another. The common experience allows for immediate recognition so that often it is not the details of the experience which occupy the dialogue but everything from sharing a coffee, or a movie, or a recognition of the impacts of abuse and coping methods.

The second circle of support is a small group, both male and female groups, whose only criteria for entry is the common experience of abuse. A curriculum of 15 weeks is used to guide discussions. The facilitator is a volunteer who is essentially a guest of the group.

The third circle is the drop-in that allows those who are on this journey to continue to practice new skills and new commitments to healthier forms of resilience.

The Gatehouse Adult Support Network™ is made up of all the above noted "circles" of support. These circles in effect rebuild personal community from the smallest configuration of two to the drop-in component which establishes for many victims the first reconnection of a community to call their own, since childhood. This one factor of not speaking about the abuse for many years, in some sense reinforces the social components of dissociation. The GASN allows for this experience not only to be spoken about but understood by others in this network because of their common starting point but then also allows for integration of the experience moving forward from this community.

## Circles of Community Support



Our access criteria for the GASN includes those who have a history of childhood abuse; non- perpetrators and those who are able to set goals. We refer and consult with other health, social services and community supports as part of a holistic approach creating several interlinking circles of support for GASN participants. Consider that 20 –30 years have gone by without a holistic treatment services model or facilitated disclosure or being believed. <sup>9</sup>

### The Interdependence of Healing

“Unlike the Western perspective of counseling and psychotherapy, indigenous forms of healing take a holistic perspective toward well-being”. D.W. Sue and Sue (1999) contended that counseling and psychotherapy could benefit from the perspective of indigenous healing methods which are naturally existing, informal, help-giving pathways present in all cultures that emphasize interdependence in healing. <sup>10</sup>

Child abuse survivors form their own community out of the common experience of abuse. In many ways, resilience and survival are the key ingredients of this community. Unfortunately, so also are the impacts of abuse which are multilayered and often present obstacles to sustaining resilience in the face of chronic illnesses, mental anguish, family denial, and lack of community education on the long term effects of abuse.

Nevertheless, healing happens in community. We may find that over time, the overuse of psychiatry for this community in fact deters healing in the area of social reconnection. We may find that because of the unique nature of abuse, isolation being its main attachment in cognitive development, that survivors are much like new immigrants to a country. While there are markers of experience familiar to all cultures;

family, education, religion and so on like the new immigrant, the survivor has to learn anew a language considered natural to the human race – belonging, when our experience is very different from those we imagine of our neighbours. At parties we cannot speak of good family memories. We cannot connect to the hope given by faith.

We cannot see the future free from chronic psychological and physical pain carried since childhood. Since we do not know what is "normal". In order to survive, we spend our time imagining what others have that we do not. We end up further isolated even though, as adults, we have the choice to do as we wish to make life better. With no foundation, there is always a sense of catching up. The worst case is having to repeat one's story to yet another professional who we perceive is not "one of us" and if (s)he is in fact a survivor of abuse, (s)he is not encouraged within his/her profession to say so.

"The consistent findings on mental health underuse (by new immigrants) suggest that current mental health practices such as talking to a counselor, psychologist, or psychiatrist may be inadequate in meeting the needs of these groups. Because the literature indicates that ethnic minorities tend not to use mental health services despite apparent need, it is likely that these groups may feel more comfortable using indigenous and interdependent forms of healing as an alternative to Western psychological services. In fact, studies have shown that ethnic minorities turn more often to informal sources of care such as clergy, traditional healers, and family and friends.<sup>11</sup>

The most likely success for those still able to engage healing is the interdependence of private support (counselors, therapists, etc.) and opportunities for social reconnection through mentoring. But alone, neither has been able to address the impacts of abuse in their entirety.

### **Collaboration between Societal Strata**

Some of the healing that must happen in Cornwall is the healing of the rift between the perceived "haves" and the "have nots." Education is the one arena where collaboration can be a viable option between those who have access to education and those who have had to forfeit their education to survive the impacts of abuse. Facilitating the educational opportunities of those who were abused, by re-establishing their learning through an endowment fund will make the capacity to share information and understanding more likely.

The centre will try to enhance that collaboration by offering itself as a student placement for those professionals who wish to better understand the nature of abuse from a survivor's point of view, and for those who need the extra support of mentors to remain encouraged about their education.

### **3. Models of Reconciliation**

In the words of a survivor: "We walked silently, vigilantly, and alone in the shadows of others. Hidden, we fear the whispers that reach our ears. We recoil at glances given by others while they pass us. We live in the self-imposed prison of our minds. We know the guilt we carry inside and are ashamed of who we are. We have lived most of our lives this way. Now, we acknowledge that the time for change is at hand.

While helping ourselves we also want to help others through this journey. First by listening but also by having them share with us new ways of healing, new ways of finding justice. To accomplish this task, we must invite others to help. The community where we live, the institutions, and also our perpetrators must lend a hand and share in the process."<sup>12</sup>

### **Healing Circles**

Healing circles are by no means a new concept. They may be found in the aboriginal cultures of the United States, Canada and other nations. Frequently, it encompasses a combination of psychological traditions, techniques and teachings with traditional aboriginal teachings. Overtime they have developed into an instrument used to address issues of trauma, inflicted harm, healing, and community restoration. The healing circle process is helping a large number of people to overcome the effects of trauma and is growing rapidly in popular demand.

The healing circle is modeled after the Medicine Wheel which is symbolic of the stages of life. The circle, with its endless centre, is a symbol of creation and establishes a place for an encounter. Each person, who voluntarily gathers in the circle, becomes a point on the wheel – in essence, a part of something endless, something eternal. Individuals within the circle are allowed their turn to share, without being interrupted, thus encouraging a sense of dignity and respect for their input.

For survivors of sexual abuse it is an opportunity to have a place to share and grow from the sharing. When it is perceived as a place of safety, it can allow individuals to identify with and modify behaviours which in the past have been detrimental to themselves and others. It can become a time to reclaim things lost. We come from a place where people did not listen to us, to a place where now they choose to listen. Values of respect, honesty, truth are built. By involving community members through our outreach program, we begin a process whereby together we can develop a strategy to address the issues of concern.<sup>13</sup>

### **Restorative Justice**

“Restorative Justice” is a broad term which encompasses a growing social movement to institutionalize peaceful approaches to harm, problem-solving and violations of legal and human rights. These range from international peacemaking tribunals such as the South Africa Truth and Reconciliation Commission to innovations within the criminal and juvenile justice systems, schools, social services and communities. Rather than privileging the law, professionals and the state, restorative resolutions engage those who are harmed, wrongdoers and their affected communities in search of solutions that promote repair, reconciliation and the rebuilding of relationships.

Restorative justice seeks to build partnerships to reestablish mutual responsibility for constructive responses to wrongdoing within our communities. Restorative approaches seek a balanced approach to the needs of the victim, wrongdoer and community through processes that preserved the safety and dignity of all<sup>14</sup>

Restorative justice sometimes happens in the courtroom (first time offenders, petty offences) or within the community. An individual meets with both affected parties who in turn have the opportunity to listen to each other’s experiences and its impact on their life. Restorative justice encourages repentance and forgiveness by all parties involved. The victim becomes the central character in the process. In the case of sexual abuse the offender can be made aware of the pain and suffering he/she has inflicted on his/her victim. The community can play a vital role by accepting ownership of the problem. Restorative Justice may take several forms. They are as follows:

Victim/Offender Mediation: Victim/offender mediation involves a meeting between the victim and the offender facilitated by a trained mediator. Where an institution is

involved, especially in historic childhood abuse, both parties must realize that the person appearing for the institution is not truly responsible but is solely a representative of the actual offender. Victims are made aware that the institution, not the representative, is at fault. Reaching this understanding establishes a productive foundation for agreeing on what happens next. Encounter programs seek a resolution that satisfies both parties thereby opening up the possibility of designing a uniquely crafted resolution.

**Family Group Conferencing:** Similar to Victim/Offender Mediation the family group conferencing involves a wider circle of participants. It may include family members, friends, professionals, and others along with the primary participants. It is frequently used in juvenile cases.

**Truth Commissions:** A Truth Commission is an officially created non-judicial investigative body. Used in societies in transition, they offer some form of accounting for the past. They take statements, conduct investigations and research, hold public hearings, and publish a final public report. The question of why certain events were allowed to happen can be as important as explaining what did happen; to recognize the right of victims to know the truth about past abuses; to reach out to individuals who have suffered past abuse whether at the hands of institutions or family or cultural victimization, to understand the extent and patterns as well as the causes and consequences.

A truth and reconciliation commission may help a society understand and acknowledge an ignored or denied history of abuse bringing the voices and stories of victims to the public at large, hoping to prevent further abuse through specific recommendations for institutional reform. They also allow victims the opportunity to tell their stories in a safe and culturally appropriate forum.

In today's changing social climate, restorative justice is proving to be a useful tool in dealing with the need for resolution facing adult survivors of abuse. These various programs, presently being used nationally and internationally, would be great research projects in the future to determine their feasibility in our community. For now, we believe that the Healing Circle is a good beginning. An Inquiry sponsored Healing Circle took place on January 20th where both survivors and members of the community united to begin reaching out to each other. The feedback to date has been very positive. We are looking forward to the next Healing Circle which will take place on March 7th. With the establishment of the Resource Centre, our hope is that further development will occur.

#### **4. Structuring Opportunities for Community Development**

##### **Everyday life**

Much of what is missing in survivor's lives is the knowledge of just what is a "normal everyday" existence. This is not a philosophical debate on what is "normal" but a continual comparison between those who were not abused and themselves. "I am alone in my experience" is the common starting point for most survivors. It does not help to tell someone they are not, unless they hear it from other survivors, but what remains even then is the abiding sense that I do have "a clan" (the abused) but I will never be able to set my foot in that "other" world of normal.

Developmentally this makes perfect sense since by adulthood, "therapies" are no longer able to be integrated on an innate level, but must be pursued on a consistently conscious level since the malleability of the brain is no longer what it was for integration of learning when an infant or a teenager. This is why behaviour is so difficult to change for adult victims, and why responding to child abuse with treatment as soon as possible after the event is crucial for children. Without fairly constant input and support, it is difficult for an adult not to fall back into the early cognitive patterns that are embedded by layers and layers of denial and lack of treatment options. But finding solutions to this are critical not only for the survivors' lives but to tackle the almost 16 billion dollar price tag associated in this country with treating more effectively, the impacts of child abuse. We must break the silence within the community itself to find a less costly manner of treatments than we are currently doing. The lack of coordination and repetitive nature of therapies and their limited mandates are only able to go so deep into the survivor's psyche.

First we must respond to the child within. The aboriginal healing circle works for many because it is a storytelling format that appeals to all of us. It is accessible, both intellectually and emotionally, and tackles the cognitive and emotional connections concurrently. Human beings are soul searching creatures who "seek their own stories" and if the wounded child within is able to be reached with stories of healing and "medicine" bearing creatures then the element of trust can be rebuilt.

Once this is begun, then the imagined normal life of someone else is no longer the goal that needs attaining, but simply a sidebar activity of life. What becomes the primary focus is my "willing into life" my own existence; becoming my own best parent.<sup>15</sup> Since there was not a healthy model of parent nor child to embed in our early lives, we must understand the one that was and integrate with it as our own "good enough" parent. However, practicing this new reality needs a community setting against which to bounce. This is the community we want to create within the Resource centre; a place where we are not only victims but we can recognize our own existence as individuals. This gets to the depth of healing needed. It goes far beyond cognitive therapies alone and into connecting cognition with the physical and spiritual self, requiring a holistic response from community. It also makes it very clear that healing for victims, first and foremost, is not a separate activity from everyday life but must become part and parcel of what allows people to choose to live each day.

The Resource Centre, as a place for community healing and development, requires us to reflect this life-affirming attitude and environment. We want this environment and our attitude to others to be one of equality which is reflective of the basic needs for safety and self-esteem. To achieve this atmosphere and attitude, we will endeavour to meet the following criteria:

- We will welcome any adult participant who was abused as a child in any way.
- We will create a safe and health-conscious environment where all illegal drugs, alcohol, sex, gambling and smoking addictions will not be permitted within the premises. Workshops on addiction and its relationship to abuse will be held as a basic information session, available on a regular basis.
- The advocate and mentors will work with those who are angry, grieving or need help to connect with other services.
- We do not want to dismiss each other simply because we are uncomfortable with each other. We want to be first, an example, and second, be aware of each other's difficulties, without taking those difficulties personally.

We know that the differences between survivors are of concern, even to other survivors. Nevertheless, we will make every effort to see beyond each other's differences and approach this centre with a fundamentally new and fresh attitude of acceptance. We will approach others with a non-judgmental attitude. Our team will be an example of solidarity. We will attempt to make this space a working formula for a balanced and well rounded acceptance of ourselves and others. We want to be an efficient, self-aware, and self-empowered group that can effect change.

### **The Healing Garden:**

One of the daily activities we want to make available to survivors in the Resource Centre is the healing garden under the direction of Keith Ouellette. The healing garden is a place where stress can be relieved and a program of daily activity can be instituted, especially for those on permanent disability due to child abuse impacts.

"Research shows that the healing garden has been a source of stress reduction in many healing settings for many years. Throughout history, gardens have been used to aid in the healing process - from the Japanese Zen Garden to the Monastic Cloister garden. However, with the advances in medical technology in the 20th century, the use of gardens as healing elements began to diminish. Fortunately with the recent interest in complementary and alternative therapies, which emphasizes healing the whole person -- mind, body, and spirit -- rather than simply alleviating symptoms, the interest in garden as healer has been revived."<sup>16</sup> Research by Molly Ferguson, a student at the University of Minnesota, Department of Horticultural Science covers a number of basic concepts of these gardens that we need to understand before we delve into the plan presented in this paper by Keith Ouellette.

Research has been done showing the therapeutic benefits of gardens. "Roger Ulrich, a professor and director of the Center for Health Systems and Design at Texas A & M University, found that viewing natural scenes or elements fosters stress recovery by evoking positive feelings, reducing negative emotions, effectively holding attention/interest, and blocking/reducing stressful thoughts. When viewing vegetation as opposed to urban scenes, test subjects exhibited lower alpha rates which are associated with being wakefully relaxed. Further research by Ulrich showed surgical patients, with views of nature, had shorter post-operative stays, fewer negative comments from nurses, took less pain medication, and experienced fewer minor post-operative complications than those with a view of a brick wall. Although more research is necessary, results based on research thus far indicate the healing effects of natural elements such as gardens."<sup>17</sup>

What is a healing garden's purpose in the Adult Community Healing Resource Centre? In the Resource Centre, the garden must cover several purposes while remaining functional, focused, and uncluttered. The three-fold purpose intended for the Resource garden are for meditation; the appeal to the senses, and for horticultural therapy. For the purposes of her research Ferguson refers the following definition of a healing garden: "a garden in a healing setting designed to make people feel better" The goal of a healing garden is to make people feel safe, less stressed, more comfortable and even invigorated"<sup>18</sup>

First and foremost the design elements must be relevant to its purpose of healing. For those recovering from child abuse, these elements will have special meaning in the Resource Centre healing environment. These elements, Ferguson (2006) notes,

include the need for functionality corresponding to the capacity of those planting the garden; the ability to be maintained for safety reasons, and confidence building; environmentally sound so that health is encouraged at all levels; cost effective so that it can be maintained, once built, by in-kind donations; and it must be visually pleasing as a space for retreat. Unity within the design itself is paramount to its healing focus: Simplicity for instance keeps the space easy to understand. Too much "going on" can add additional stress. A variety of forms, texture, seasonal interest, and color will provide sensory stimulation integrated with balanced spaces so the space feels stable as a whole. Key spaces need to be emphasized for retreat purposes and to help those seeking solace realize a way to orient themselves in the garden.

Create good flow from the centre to the garden to more private areas for solitude as well as the appropriate scale to the building it is near are all part of design elements which Ferguson (2006) notes are crucial to the person seeking this space out for mediation, retreat, gardening activities, or group gatherings.

### **The Healing Garden by Kenneth Keith Ouellette**

The Goal of the Resource's Healing Garden is to provide a place of respite and solace, light and warmth (if winterized). It would provide occupational and recreational outlets designed to enhance therapeutic benefits as well as affecting change through the process of propagating and caring for living plants. This space would promote natural healing mechanisms for all who are within this healing enclosure. Participants would be surrounded by living things which cannot and do not pose a threat and cannot harm even the most traumatized survivors or visitors and all benefit.



### **Types of Enclosures Problems & Solutions**

#### **Covered, Un-heated & Heated:**

If we do not heat, we lose months of optimum growing seasons that the lower latitudes enjoy.

Electric vs. passive-energy and heat trapping devices could be used even during winter months.

Photo-Electric Cells among many more options and alternatives that could be utilized are possibilities. All have restrictions in terms of funding /costs. Furthermore, an unheated covered environment is really a waste of space because it is cold and non-

productive. Redundant heat gathering systems could and should be in place for a heated environment.

Passive heat collection systems could consist of P.C.V. pipes with water pumps, running water over and under within the constructed framework of the green-house / solarium's structure and its floor made of crushed-stone. This method not only provides needed heat but adds to the structural strength and stability. It also provides ambient heat. These thermal heat transfer systems could be assisted by 12v. Solar-panels as well.

An array of panels, in turn, would charge batteries during daylight hours in all seasons. Evenings would have extended growing hours via grow-lights during winter. Solar panels could be responsible for the initial charging of batteries during daylight hours to power grow lights. Other panels give power back to the system because the lights are sufficient to produce electricity by themselves. This should suffice to provide power to redundant systems in the event of systems failure because of stored power in the batteries and because some power is being given back while it is in use.

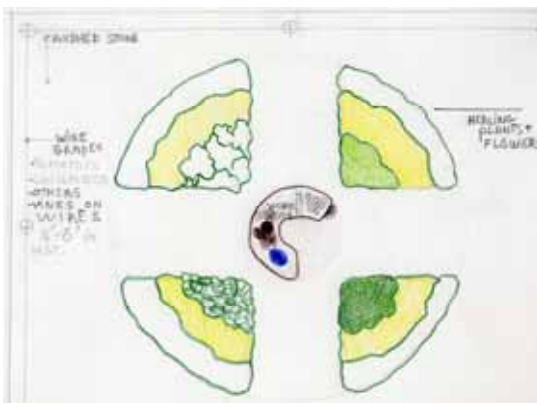
The advantage of growing plants in a heated environment is not only having an extended growing season but an opportunity to grow a wider variety of plants. Examples of plants are Cacti and Succulents, Sub-Tropical as well as Temperate Region Fruit, Vegetables and Legumes, and a greater number and variety of flowers and herbs, traditional medicinal and healing plants.

**Positives:**

High output and low maintenance, eventually becoming self-sustaining given that all systems are in place; eventually becoming productive and profitable while providing occupational therapy, security, comfort & beauty to all who participate.

Benefit from propagation of flowers, foods or seeds as a means to solicit funds, which is re-injected into the project. It's educational and would provide a venue to channel energies into something tangible and viable. Something all people can connect with and to.

**Drawbacks:** Except for costs - virtually none.



Art drawings, Kenneth-Keith Ouellette

**Uncovered & Open:**

No heating is required. We could use cold frames and small enclosures to start plants vs. doing indoor propagation. It involves minimal production, limited for seasonal reasons, and limited to species which grow in our climate. Use of existing available products seeds, flowers, pre-grown plants etc.

Cost is the same as the other options but is neither practical nor productive because it is annual or perennial. For example, production would be sparse and limited to one crop per year as compared to the former. Cleaning up is dictated by weather and climatic conditions. All activities associated with its functioning as a viable and healthy environment, without exception, would be directly affected: temperature, comfort, weather extremes, possible vermin or other pests seeking food, insects & other pests etc.

Outdoor arbors provide shade but in colder seasons require high maintenance, as do most outdoor projects, simply because of dying-decaying vegetable matter and the dormancy over winter months. Preparation, linen wrap or cover for winter, cold damp weather in the spring and fall, hot sun, and unpredictable weather patterns could wipe out our work. Physical labor is very much more intensive than inside culture. Bending, reaching, or lifting something heavy can sometimes affect those survivors or participants because of illnesses or disabilities.

Total or partial exposure to the environment in all types of weather is the least desired because of wet and cold conditions and is virtually more work oriented than pleasure and relaxation.

**Positives:** Low cost because of no enclosure or specialized equipment.

**Drawbacks:** It can't be used all year. Therapy and enjoyment become intermittent at best. Hence, this does not show promise as a therapeutic activity and would not provide permanent year-round activities for patrons. Depending on location, any method is only theoretical due to the variables which could present themselves. In short, it requires soil tests and could involve hidden costs due to the uncertainty and obviously unpredictable problems. Other problems like weeding, sorting, etc. are very labor intensive, little pleasure for amount of work from year to year. The idea is to provide solace not to frustrate or to overwhelm with high maintenance work requiring all their energies just to add to pressures. Rather this Green healing space should enable people to feel like taking part and not strained or obligated to. It should be a place where people can gather in the sunlight, commune with nature and each-other. A safe quiet place where one can let go.

**Growing & Nurturing:**

**Plants:**

Production of vegetables, fruit, legumes, herbs, traditional & medicinal plants as well as flowers perhaps even trees or Bonsais. These would include: tomatoes, cucumbers, beans, squashes, grapes, spices, herbs, grasses, tropical medicinal plants, date palms, flowers and exotic succulents, cacti and other plants.

**Materials:**

Depending on venue, soils, stone, greenhouse plastic, construction materials, tools, equipment (solar-panels, p.c.v. pipes, natural power grids) pumps, lights. Some of these materials could be donated. Prefabricated vs. self-design and assembly. Each is good but one takes a little longer to build but is longer-lasting.

**Activities:**

Learning about plants, soils, mixtures, origins, tricks and methods to good gardening combined with tried and true methods of aboriginal and traditional wisdoms.

Tending grape vines and all manner of crawling, climbing vines (tomatoes-cucumbers) if hanging means no bending. Horticultural Therapy is a flamboyant and exotic teaching tool to self-confidence and to attaining a sense of accomplishment and fulfillment through the act of simply growing living plants.

We could reproduce exotic, rare, native plants, collect their seeds and or propagate specimens and create a living space where peace resides. Meet each other, have tea or coffee & talk. Our days are limitless to go out/in to the green space as we control light, warmth, soil, water, temps. and flowering cycles. The Resource Centre could even make a profit doing it.



Possibilities include, Aqua-culture, Hydroponics, bi-annual harvests, as is in the case of some species. Optimizing crops, breeding, grafting, reproduction techniques, as well as how to care for plants properly basically creating a healing garden while, healing one's self.

Growing in containers is okay providing the containers are adequately large. Building it will be more fun than work. Working in it after it is established will be a welcomed blessing.



**Materials:**

**Costs:** Ranging from \$5000 to \$35.000, tool and material prices vary and are totally dependent on which method best serves all of the requisites as prescribed by our goals & needs.

Tools could be purchased or may be donated to us, as could other materials.

These include horticultural tools such as: shovels and hand tools, wire grating, possibly straw & stucco or cement and plaster (clean finishing and insulation), plumbing pipe, stone dust and different grades of stone, soils, peat, calcium / lime, organic sources of needed fertilizers, to enable us to mimic all types of micro-environments according to soil composition and humidity levels, pots and containers as well as the normal accessories.

Attached or non-attached, wood and/or metal framework with horticultural greenhouse plastic or glass.

Access to water supply and electrical.

Nuts and bolts, nails and/or screws, hammers, saws etc. (Those who want to assemble structure could bring their own tools for the duration of construction.)

Shade cloth for summer months.

Lights and grow lights , perhaps solar panels as we progress, (Grow-lights are already acquired through donation. if required.)

Heat exhaust fan, fan for plastic wrap, water pumps may or may not apply.

**Recommendations:**

An enclosed system would be better suited for our purposes to provide a peaceful, quiet, safe, warm, non-threatening space. The labour is minimal and would not be that difficult to build. All components are relatively light. Once in place and sealed, it is virtually storm-proof.

Heating would be needed to keep optimal temperatures relative to seasons in the sub-tropic belt. For example, usually warm days and cool nights but never freezing during winter months; less water is needed and many plants thrive and bloom in winter and in early spring.

Since heat is not required from mid-spring to mid-fall, we need only heat at night, unless it was a very cloudy day, for the most of the remainder of the season. I have had much experience with the construction of greenhouses along with the duties of maintaining one. I recommend a greenhouse type structure because of the comfort it will bring to all who enter there and because of the potential for educational and therapeutic development



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### **Education: leadership and Mentor Training**

Our goals for education and outreach naturally started with looking at ourselves and our needs for leadership training. In order to develop a leadership team among ourselves, one that could invite together and create an ongoing developed cohesive organization of survivors and supporters, we undertook leadership training. Janet Handy of The Gatehouse provided us with the opportunity to gain a better understanding of group dynamics while at the same time enabling us to put into practice newly learned skills and developed insights. Just as survivors need to develop infrastructure from within, we must also be able to relate the leadership skills to the world outside of ourselves and our experiences.

Again we will use the facilities of The Gatehouse to share with others the leadership skills we learned. Our experience of the leadership classes during the phase 2 activities greatly enhanced our ability to find a common language among us. The range of leadership topics as they applied to surviving abuse was offered to us by The Gatehouse and we wish to offer this in turn to others. The range of topics covered was:

#### Building Leadership from Within:

##### Week 1: Common Reactions from Abuse Experiences:

We will look at how we come at life from a position of isolation rather than connection and in so doing we cut off possible supports

Week 2. The double face of Resilience: We will ask ourselves do we have a choice "How we "survive" and what coping mechanisms do we choose. When is a negative coping skill the seed of resilience in disguise? Changing the face of forced resiliency to employed resiliency

Week 3: Grief and Depression: Unanswered and unexpressed grieving layers itself into depression

Week 4: Understanding Service Delivery: You want an ice-cream cone but instead you got cream, sugar, ice, a cone but no mixing machine

Week 5: Self-Advocacy: Approaching old lifelines with new understanding and developing new lifelines

Week 6: Self- Care: Being My Own Best Parent: Building a model of an inner parent you can sustain <sup>19</sup>



### **Mentor Training Classes**

As was noted in research by The Men's Project for the Inquiry, peer-support groups can be viable options for an overtaxed system of social and health services for victims when much of what is initially needed is the opportunity to deal with the disclosure of abuse, create mutuality, and develop belongingness out of a previously isolating trauma.

The feasibility of housing a mentor training and volunteer support program under The Gatehouse Adult Support Network™ is quite doable. The Gatehouse is already training in several communities across Ontario. It is launching an on-line supervisory support for mentors to link to training staff and other Gatehouse trained mentors for further support, sharing of mentor insights, and skills exchanges. The mentors trained under The Gatehouse during Phase 2 will be linked with The Gatehouse Adult Support Network through a local Cornwall, Gatehouse-trained Mentor coordinator who attends to local matching, contracts and liaises directly with The Senior Director of Strategic Planning and Programming at The Gatehouse. The Gatehouse runs an extensive peer support program of training for volunteers and program participants with the main focus being social reconnection, moving from isolation to inclusion and identifying and strengthening resilience.

The Gatehouse was granted a research grant to train us as Mentors for each other. We now have 10 trained people and 3 matches underway with more to come. The mentor training taught us the value of mentoring, and the difference between our role and therapy. It is clear to us that we are companion supports for others. By creating this safe place, social reconnection can take place for many survivors. Mentors can do outreach to those still isolated by their abuse.

Education is an ongoing process than is enriched by both good and bad life experiences. Time has taught the leadership survivor team this truth and we in turn see the need to share with others the knowledge we have gained as we worked together on a common goal. This leads to an essential element of the education process which is community outreach. In essence, it is taking what we know and bringing it to the community. We hold a willingness to engage with other groups and individuals as a unique community of citizens who share a common experience, rather than being represented by any one individual. We have much to offer in skills and knowledge beyond our experiences of child abuse. Our combined skills, along with the knowledge we bring of ourselves, can be magnified through community outreach. As we strive to achieve the goal of mutual understanding, more opportunities will present themselves.

By using an "outreach" approach we, the leadership team, can lobby the community at large for changes that would benefit survivors such as: survivor representation, the initiation and development of projects and endeavours, the enhancement of survivor cohesion through group development efforts and the development of a net work for safety, security and liaison amongst us. This resource centre would provide much needed space to continue education in life skills in regard to leadership and team building.

We also realize through the mentoring program that there are others who are still disengaged and/or isolated. We believe a place run by survivors is the only way to get these people involved again in their own healing and future. While it may take time, we also believe that this kind of place will go a long way to breaking down the barriers between survivors who have many different ways of healing and opinions on how healing happens.

## 5. Governance Models

### Types of Boards

The majority of non-profit boards oversee small organizations with few resources. Some may subscribe to particular value sets such as those that guide cooperatives and collectives. While all have governance responsibilities, many of these are necessarily more focused on operational or management matters. In such cases, directors may wear three hats... governing, management and operational.

The board and staff may share operational responsibility for development of public policy positions, public education and policy promotion, while respecting the division of responsibilities in the areas of finances, human resources, and program administration.

In other types, the board is active in collective bargaining and personnel selection, which in larger organizations is typically left to management. Active board engagement in the work (operation) of the organization is characteristic of fundraising boards and service clubs.

Board members are usually selected for community representation and commitment to the organization's purpose, and may be used for selected tasks in their area of expertise. The board's focus is on values, mission, strategic planning, objectives, effectiveness in achieving goals, and efficient use of resources. Board members are usually community members who have a significant personal interest in the public benefits of the organization.

Although a results-based board monitors performance, it is not involved in day-to-day operations. It is similar to a policy governance board in this sense, and in its focus on organizational goals and objectives. Committees used for monitoring and auditing the performance of the board, CEO, and organization typically include an executive committee, a governance committee, an audit or risk management committee, and a quality assurance or program audit committee.

The results-based approach to governance is a type of "hybrid" board that is emerging in many leading edge non-profit organizations. It addresses weaknesses identified in other approaches through a judicious use of committees structured around board, rather than management responsibilities. The executive committee carries responsibility for leading strategic planning and evaluating CEO performance. A governance committee is responsible for regular review of bylaws, governance policies and practices, as well as board member recruitment, development and evaluation. Risk management and quality audit committees ensure mitigation of risks; establish clear measures of organizational performance in key areas, monitor and audit performance, and report on results. The board is maintained for the general management of finances, human resources, and program operations.

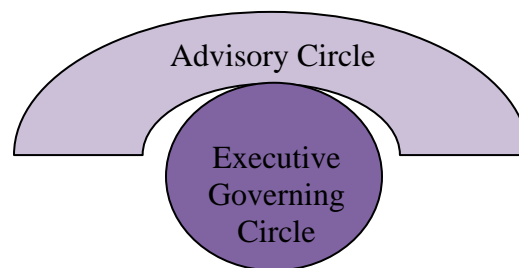
The results-based board differs from the traditional board in four key ways; a) committees to do the board's work rather than review management activities, b) the board focuses on governance responsibilities rather than on operational matters and on results (i.e., input efficiency, outputs and outcomes), c) there is a full partnership between the board and CEO, d) neither the board nor the CEO dominate the relationship.

In general, however, there is a growing convergence of expert opinion that the most effective boards, regardless of the size, complexity or mandate of their organizations, concentrate their attention on those matters that are crucial to success or survival; that they focus on measurable results within defined timetables; that they engage in regular monitoring of the manner in which business is conducted, the efficient use of resources and the achievement of objectives; that their decision-making is transparent; and, that they provide proper accounting to key stakeholders.<sup>20</sup>

### **The Circle, Choices and Ownership**

The Research Centre leadership team has identified the following objectives for themselves and others in governing the Resource Centre: to start their journey toward self governance as an agency run by survivors for survivors; to provide a coordinating function in institutional and health information making it easily available to survivors; to provide a mentor support to those who come into the centre; to facilitate the development of new relationships and programs with the community, and service providers and institutions.

As an incorporated agency the centre will be governed on a two circle model with a core Executive Governing Circle made up of eight survivors (Chair, Vice-Chair, Treasurer and Secretary and 4 other directors) and a secondary Advisory Circle made up of a community "bank" of helpers and supporters. The primary purpose of the Advisory circle will be to provide to the Governing circle input on the educational resources needed to promote self-governance, fundraising consulting expertise, input on program development and liability awareness and sharing of wisdom from their own lives and expertise.



### **Reflecting Philosophy in Structure**

The centre's governance structure will attempt to build a meaningful exchange of gifts, skills, and experience which in its philosophy expresses its values and incorporates, wherever possible, the skills all leaders bring. In that this value is expressed as equality, then our responsibilities will be attached to skills and abilities rather than prestige or position. As such, this governance model is a hybrid which reflects not only the unique nature of survivors needs for ownership but also the need for jurisdictional leadership and decision making.

Once established through the leadership of the present team, the ongoing governance must be sustainable through inclusion and rotating leadership and will reflect in its philosophy the following "principles in practice":

- Self-disclosed survivors, known and accepted by the survivor community, must lead the governance council. This does not mean that there will not be other survivors on the advisory council but the governance council requires the lead of survivors to empower the centre's core governance legitimacy as an agency representing the needs of survivors as defined by survivors.
- To build ongoing positive governance experiences by committing to both listening and speaking
- To build cohesive leadership with inclusive ownership over choosing the program paths of healing.
- To develop opportunities for broader community reconciliation through dialogue and the support of the Advisory Council
- To incorporate a variety of skills into the executive governance council beyond the common experience of surviving child abuse.
- To develop a leadership team that will create an environment for the ongoing development of a cohesive organization of survivors and our supporters. Such leadership would lobby or seek input from the community at large for changes that would benefit survivors in general such as: survivor representation in other areas of health and in agencies who care for survivors, the initiation and development of projects and endeavours already voiced by survivors as important such the development of an onsite monument or review of the Manifesto as a possible operating document, the enhancement of survivor cohesion through group development efforts, and the development of a network for safety, security, and liaison amongst us. A place such as this centre would provide much needed space to continue education in life skills regarding leadership and team-building.
- The commitment to a Rumor Control Committee dedicated to dispel those rumors and false accusations which have threatened to continue to tear the community, as a whole, apart.
- To host open Houses and Potlucks to encourage the community to come in, get to know us and to demonstrate our capacity to engage in community development.

We also want to demonstrate our willingness to engage with other groups and citizens, but as a unique community of citizens who share a common experience, rather than being represented by any one individual. As human beings we have much more to offer in skills and knowledge beyond our experiences of child abuse. As trained mentors we will have the capacity to assume a different role of friendship and to companion those entering the centre. We come with nursing training which makes us especially able to understand human need, with writing and organization skills, technological skill with computers, bookkeeping skills, art skills and meditation skills. Several citizens have also agreed to be on the advisory council.

These combined skills will be incorporated, along with the knowledge we bring of ourselves, which could be better understood by professionals and the public in general. Through community outreach more opportunities will present themselves to achieve the goal of mutual understanding.

### **Survivor Advocate Support**

There is a clear need for advocacy for survivors within the institutional settings of the law, health and social services. In order to reduce the stress of the "search" for a health team noted earlier in this paper, the centre will hire an advocate to develop liaisons between survivor needs and institutional responses to those needs. This must

be a person who can work in both worlds and is respected in both but who values the insights of the survivor leadership. A job description for this role is attached (appendix A) to this feasibility study.

## 6. Project Vision:

### Space Needs:

Several spaces within this resource centre need to be coordinated for optimum use and to enhance the holistic response we want to make to adult survivors of child abuse and community healing.

*Advocate's Office:* The advocate will work for us, not over us, to build teams of support for our ongoing care. We want to be able to have a staff person dedicated to our needs who also understands advocacy and whose role it is to help us through the institutions that do exist. This will require an office space allocated to the Advocate and which provides for:

- Easy access to the advocate on a walk-in basis
- Positive leadership role modeling and information resource
- Immediate support to negotiations between survivor "groups"
- Assistance in our endeavors to create a space and legacy in which survivors, despite our differences, can be equal partners in claiming ownership

Many survivors are without family or supportive adult figures. Necessity required we parent and mentor each other and ourselves. By having an Advocate available on site, we are establishing a community within a community, whereby we, as survivors, may test the social waters in a healthy and productive manner. We want to bring in guest speakers from the wider community. This list will be made up of other, institutions leaders, healers and therapists who will speak to us about options and choices. In taking the time to understand each other, we will have better advocacy when we need to use institutions for support; especially the medical and psychiatric ones, which are the most difficult for us to navigate.

*The Executive Governing Council Office:* This is a space where the Executive Governing Council and the Advocate meet and where all the business of the Centre takes place, including such activities as:

- Volunteer site maintenance organization, minutes of meetings, fundraising and data base development
- Helping those who need to be redirected to other supports
- Council meetings

*The Healing Circle Space:* It will be a quiet space where a central physical focus will be created (i.e. a sculpture, a smudging table etc.) suitable to various meditative practices. In this space:

- Mentors could meet participants
- Restorative Justice and healing circles can be arranged for those wanting these activities.
- Alternative coping methods such as meditation, yoga, art, music and dance can be offered by and to survivors without expense

*Open Meeting Space:* This will be a drop-in setting where:

- Survivors can gather to come to socially connect

- They can simply “drop-in” for coffee, community and fun, do activities and make new friends.
- An emotionally healthy community environment will be promoted
- Families, friends and supporters can learn and participate in adopting self-support models.
- The mentors will promote emotionally positive self-care, self-soothing and self-advocacy behaviours
- There will be a fun capacity for table games, a pool table, music, coffee and tea, microwave and a water dispenser.
- Larger council meetings with the advisory council and the community at large can take place

The meeting place will be a place dedicated to creating equality and reconciliation, first among us and then with others. This space will effectively challenge other environments where the support to change behaviour or cooperate with each other, is otherwise not reinforced. It will be the advocate's responsibility to negotiate with individuals who display destructive behaviour.

### **Equipment needs**

Equipment needs will be those of any other agency, including office equipment, training technology and drop-in recreational equipment.

### **Renovations and Set-up**

We researched 3 differing options for realizing the Resource Space: renovating something old; accessing a move-in condition house; or building from scratch. The first was researched on the premise that this would be rental; and the latter two on the premise that there would be ownership.

After researching the following 3 options we have concluded that the costs are relatively comparable (Appendix b). What makes a difference is where we start our work with people. There are pros and cons to each option. They are as follows:

#### *1. Rent and Renovate an Older Building:*

Pro: the chance to renovate means that many people can donate, be a part of renovations, and can begin dialoguing through less threatening means as they work side by side in projects. As well, at the end of renovations, there is a sense of building ownership which will contribute to the overall infrastructure that the leadership team is starting to build.

Cons: To renovate a building of the size we would require, we are facing several potential obstacles. Renovation issues that may emerge that are unknown at the outset and of course the cost of ownership beyond renovations. The time it takes to renovate itself can be long which means the capacity to begin programming immediately is held up.

#### *2. Purchase Finished*

Pros: The main “pro” to purchasing a finished building is that programming can start immediately. There is no delay in set up.

Cons: The main “con” is there will still be a delay in building capacity with participants which otherwise could happen with building a place together

*3. Build from Scratch:*

Pros: The main pro is the possibility of joining with other groups who do building projects for special focus programs thus allowing for an expansion of community connections. The space can be arranged from scratch to better suit the projects intentions. And much like renovating something old, the community can more easily join in at various stages allowing a more relaxed introduction of previously isolated survivors to the agency.

Cons: Main con is the delay again in beginning programming and the more extensive need for city negotiations for land and leeway.

**8. The five-year plan****Budget**

<b>Budget Item</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Personnel:</b> Survivor's Advocate (yr 1 - 20/hr pro-rated at 40,000) Yr 2 – 5 full time	20,000	40,000	41,000	42,000	43,000
<b>Space:</b> Capital Campaign Renovation costs Space: House rental (12 Mths.) Maintenance	40,000 24,000	250,000	10,000	10,000	10,000
<b>Occupancy:</b> Liability/Content Insurance Utilities and expenses: Land tax, water tax, heat, electricity, snow removal	5,000 10,600	8,000 10,600	8,000 10,600	8,000 10,600	8,000 10,600
<b>Transportation:</b> Van Purchase Maintenance Insurance Gas @.40/kl.X30k/wkx43wks	20,000 500 1,600 1,000	1,000 9,600 600	2,000 9,600 650	3,000 9,600 700	4,000 9,600 750
<b>Set Up Costs/ Maintenance:</b> Computer/data system: Telephone TV, coffee maker, urn, hotplate Games, Music, Pool Table Ticker tape sign Furniture	6,000 4,000 1,200 2,000 300 6,000		See Occupancy Computer/data system: Telephone	See Occupancy Computer/data system: Telephone	See Occupancy Computer/data system: Telephone
Program Expenses Supplies/Materials/Refreshments/Vol. Appreciation	6,000	6,000	6,000	6,000	6,000
Projects Research	500		500	500	500
<b>Total</b>	<b>148,700</b>	<b>331,200</b>	<b>81850</b>	<b>82850</b>	<b>83850</b>

**Tasks Per Year:**

<b>Activity Area</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Facilities</b>	<ul style="list-style-type: none"> <li>• Rent space</li> <li>• Renovate,</li> <li>• Name</li> <li>• Grand opening and Ribbon Cutting with Commissioner and relevant Dignitaries</li> <li>• Community Open House</li> </ul>	<ul style="list-style-type: none"> <li>• Purchase Space</li> <li>• Celebrate with potluck and media presence</li> <li>• Community Open Houses</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain</li> <li>• Hold Open Houses and Community Potlucks</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain</li> <li>• Hold Open Houses and Community Potlucks</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain</li> <li>• Hold Open House and Community Potluck</li> </ul>
<b>Leadership Development</b>	<ul style="list-style-type: none"> <li>• Develop Governing Council</li> <li>• Develop "Bank" of Community Supporters</li> <li>• Hire Survivor Project Leaders Maintenance/ Program and Technology</li> <li>• Train Survivors as Mentors for general "drop-in" support</li> </ul>	<ul style="list-style-type: none"> <li>• Review, renew or rotate all levels of leadership</li> <li>• Mentors begin self-support group facilitation</li> <li>• Develop Speaker's Guild</li> </ul>	<ul style="list-style-type: none"> <li>• Review, renew or rotate all levels of leadership</li> <li>• Mentors continue self-support group facilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Review, renew or rotate all levels of leadership</li> <li>• Mentors continue self-support group facilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Review, renew or rotate all levels of leadership</li> <li>• Mentors continue self-support group facilitation</li> </ul>
<b>Reconciliation Projects and Community Outreachd</b>	<ul style="list-style-type: none"> <li>• Open Meeting space</li> <li>• Advertising our purpose and existence</li> <li>• Decide on 2010 project to be supported</li> <li>• Develop timelines on outreach and research Project (i.e.) one of monument, art show, meditation space, community based projects or a healing garden</li> <li>• Develop opportunities and events to promote reconciliation with community</li> </ul>	<ul style="list-style-type: none"> <li>• Run Meeting Place</li> <li>• Work with St Lawrence college on accessibility to education for survivors</li> <li>• Develop monument plans with city</li> <li>• Unveil Meditation space in facility</li> </ul>	<ul style="list-style-type: none"> <li>• Run Meeting Space</li> <li>• Provide bank of speakers tp St Lawrence College classes</li> <li>• Unveil Monument <ul style="list-style-type: none"> <li>9. Decide Next project</li> <li>10. Run Speaker Nights</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Run Meeting Space</li> <li>• Provide bank of speakers to St Lawrence College classes</li> <li>• Unveil Next project</li> <li>• Decide Next project</li> <li>• Run Speaker Nights</li> </ul>	<ul style="list-style-type: none"> <li>• Run Meeting Space</li> <li>• Provide bank of survivors to speak in St Lawrence College classes</li> <li>• Unveil Monument</li> <li>• Decide Next project</li> <li>• Run Speaker's Nights</li> </ul>
<b>Advocacy</b>	<ul style="list-style-type: none"> <li>• Develop Survivor Advocate/Outreach Worker Job description</li> <li>• Advertise and hire Survivor Advocate/Outreach Worker</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate works with Agencies to solidify role as survivor advocate</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate continues to solidify role</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate in Role</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate in Role</li> </ul>
<b>Financial Sustainability</b>	<ul style="list-style-type: none"> <li>• Incorporate</li> <li>• Develop case for support</li> </ul>	<ul style="list-style-type: none"> <li>• Train in writing grants</li> <li>• Develop grant supports for projects</li> </ul>	<ul style="list-style-type: none"> <li>• Continue grant support research and writing</li> </ul>	<ul style="list-style-type: none"> <li>• Continue grant support research and writing</li> </ul>	<ul style="list-style-type: none"> <li>• Continue grant support research and writing</li> </ul>

**Conclusion**

The leadership team has concluded that the need for a space for survivors run by survivors with the support of Community leaders is important to build the self esteem of individuals who seek to come out of the isolation of abuse and to contribute to the prevention of child abuse in future generations. Our unique leadership team, with both the common experience of child abuse but also the resilience of "wounded healers" for others can operate out of Cornwall and reach out to the community. This team and project vision represents a turning point in our common history and the history of Cornwall. We are now a community which has built upon this crisis in our lives and are moving beyond it to new understanding of team and solidarity.

However the need for such a space is not greater than the need for healing within the whole community of the past histories of abuse but in fact is a core and integral part of the steps toward that healing. In fact without education and outreach our healing will remain individual when we want to be part of creating a safer future for the children still to come.

Ultimately no matter what space configuration is chosen, the need to find caretakers of future healing and reconciliation will need to be reconciled at the end of Phase 2 and will reflect whether or not the government and community recognizes this unique community and its possibilities to be a healing catalyst for the City of Cornwall Ontario.

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### **Further Reading and Resources from Team Research: Restorative Justice**

[www.relioustolerance.org](http://www.relioustolerance.org)

[www.anglicanjournal.com](http://www.anglicanjournal.com)

[www.sothafrica.inf](http://www.sothafrica.inf)

Truth and reconciliation commission " A journey towards Justice" by Steve Bonspiel

[www.mediaknet.ca](http://www.mediaknet.ca)

Katherine Basire, 'Taking Restorative Justice Seriously' 2004

Vermont Libertarian Party 'Vermont Libetarian Party Platform'

<http://ww.peanut.org/mike/text/Theheali.htm>

[http://www.heretohelp.bc.ca/publicatios/factsheet/child\\_sexualabuse.shtml](http://www.heretohelp.bc.ca/publicatios/factsheet/child_sexualabuse.shtml)

[http://en.wikipedia.org/wiki/Resgtorative\\_justice](http://en.wikipedia.org/wiki/Resgtorative_justice) <Suffolk University,

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The Encyclopedia of organic gardening, Rodale Books, Inc., Emmaus, Penna, 18049 U.S.A.

Bonsai for the home and garden, by Leonard Webber, Angus & Robertson Publishers.

U.K. 16 Golden Square, London, W1R 4BN

The Flower Expert, The Tree and Shrub Expert, The House Plant Expert,

by Dr. D.G. Hessayon, Expert Books, U.K. Transworld publishers Uxbridge Road,

London. W5 5SA

The Handbook of Cacti and Succulents, by Clive Innes, Chartwell Books 110

Enterprise Ave.

Secaucus, New-Jersey 07094

The Complete book of Cacti & Succulents, by Terry Hewitt The Readers Digest

Association (Canada) Ltd., 215 Redfern Ave., Westmount, Quebec H3Z 2V9

Les Industries Harnois 1044 Principale, St-Thomas de Joliette, P.Q. Canada JOK 3LO

Montreal Botanical Gardens

Royal Botanical Gardens

Montreal Bio-Dome

Many more books & places

Traditional & Aboriginal knowledge of healing plants.

Plant photos, [www.richters.com](http://www.richters.com)

Greenhouse photos : [www.florianproducts.com](http://www.florianproducts.com),

## **Job Description**

### **Adult Healing Community Resource Centre**

**Position Title:** Treatment Advocate

**Supervised by:** Survivor Leadership team

**Approach:** The AHCRC is seeking a **Treatment Advocate** whose primary role will be of supporting and promoting the interests of survivors of child abuse within the larger community of treatment services.

The Advocacy role within the AHCRC is part of a coordinated response to the needs of survivors of child abuse within the Cornwall Resource Centre. It mirror the philosophy of a number of differing supports currently available including the survivor leadership team of mentors supported through The Gatehouse® Child Abuse Investigation and Support Services, Cornwall Public Inquiry Support through counseling and other supports through education, outreach, meditation, yoga, the arts; all working toward creating an holistic response to victims in their search for the development of teams of "health and heart" support.

The intention of the leadership of the Resource Centre is to work closely with other agencies involved in the care of victims including the hospital, counselors, police and spiritual resources. In developing the Resource Centre, we intend to hire and in-house advocate. This person will provide a more integrated approach for drop-in participants as we develop our working partnership with other resources.

We are approaching the Resource Centre as a sanctuary for victims (male, female, differently gendered, young adults 18 and up) and those friends and supporters of victims and participants who require support seeking help from outside agencies and services in Cornwall and surrounding area.

We are taking a holistic approach that will offer a range of solutions for survivors seeking help. This will include, at its basic level, increased safety for those who want to use the drop-in as a place of social connection leading to a safe place to talk about their experiences. The advocate's role will be to provide advocacy services on behalf of the leadership team for individuals seeking this support.

### **Major Responsibilities and Tasks**

#### **Advocacy Role Development**

- Develop a holistic approach to providing advocacy for participants' needs within the centre.
- Improve safety, from the moment of first contact with the outside agencies, for those subject to child abuse histories.
- Increase longer term safety of participants by offering Resource Centre advocacy support to a range of services and agencies.
- Deliver more effective long term healing solutions in connection with existing services and agencies.

**Pro-active support of survivors of abuse**

- In dialogue with the participants and service supports, collaborate to monitor the progress of each individual.
- Maintain the safety of the participants as paramount to reaching any decisions about personal available options.
- Reduce repeat victimization through effective advocacy interventions with agencies.
- Provide a service to those participants deemed eligible for advocate assistance by identifying immediate advocacy needs and liaising with necessary agencies.
- Inform participants' of their rights and longer term advocacy options.
- Help participants become aware of their health and legal choices.
- Once advocacy has become established, contact the participants on a monthly basis to offer continued risk assessment and safety planning.
- Give safety-planning advice and explain the effectiveness of criminal and civil sanctions available to participant.
- Offer community advocacy support if personal cases proceed through the criminal justice system. Explain the court process.
- Respecting confidentiality, refer structural problems and successes to the leadership team for review and transformation where applicable to role and responsibilities.
- Maintain information and resource materials for participants.
- Keep up-to-date on research, policy development and other literature relevant to advocacy.

**Education and Awareness**

- Strengthen the public message that child abuse recovery is long term and needs multi-layers of support to achieve recovery.
- Offer information and support to all participants who request advocacy.
- Increase longer term safety of participants by offering Resource Centre advocacy support services to a range of agencies and services.
- Deliver more effective longer-term healing suggestions and solutions to and in connection with existing services and agencies.
- Strengthen the public message that child abuse recovery is long-term and needs multi-layers of coordinated response support to achieve recovery.
- Reduce repeat victimization through effective advocacy interventions with agencies.
- Identify high-risk participants and work to reduce future risk using risk assessment, risk management and safety planning. This work will be referred to as resource intervention.

**Appendix B****Samples of Building Costs in Cornwall: Rental /Renovation, Purchase Ready/  
Building from Scratch****SAMPLE 1: Rental /Renovation: Basic Cost \$173,000 per year Excluding  
Renovations**

Commercial lease:

- 4 offices main floor 1500 sq ft
- 4 offices 2<sup>nd</sup> floor 1250 sq ft
- 2 offices 3<sup>rd</sup> floor 550sq ft
- 1- 2 pc washroom Downstairs
- 2- 2 piece washrooms upstairs
- Full basement 1500 sq ft
- 5 private parking spaces

Annual rent 24,000

\$ 2000 per month/ plus land tax, water tax, electricity, snow removal

Tenant right to remodel redecorate and makes additions following Landlord's consent,  
landlord wishes heritage aspect of building to remain

Tenant responsible for Expenses for fire and extended insurance

Yearly expense estimates:

- \$7200 land tax
- \$ 700 water tax
- \$ 500 snow removal
- \$ 800 electrical
- \$1400 gas
- 10,600 Utilities

+ 24,000 Lease

34,600/year x 5 = 173,000

**2. Purchased Building: Basic Cost: \$ 189,000.00 excluding purchase expenses and utilities per year****Downtown, Cornwall**

This unique 2800 sq ft. building known for its warmth & energy boasts character. Plenty of space in this 3 level home turned professional office space. The front yard is maintenance free with landscaping & interlocking brick walkway completed. The unique carpentry work adds period character. This deep lot provides plenty of parking for 10 vehicles. It is situated nicely on a residential street just around the corner from all of the City's main attractions and the downtown business core. This building has always been associated with professional services.

**Main floor:** separate security system & gas furnace/central air for main level

Porch/mud room 7 x 5

Reception area: hardwood floors/cushioned floor bathroom seating area 24 x 9

Office#1: Boardroom/Meeting Room: hardwood floors, french doors, large windows/natural light, fireplace 18 x 12

Office #2: hardwood, french doors, large windows with natural light. area. 10 x 10

Washroom: 2 pc located in waiting area

Split staircase with Landing leading to separate/private entrance on east side of building.

**Second Floor:** separate security system & gas furnace/central air for 2<sup>nd</sup> & 3<sup>rd</sup> level

Reception area: hardwood floors & large windows providing natural sunlight; wood railing

Office#1: 12 x 12

Office#2: 12 x 14 (with large closet/storage area & sink)

Office#3: 12 x 8 (with sink & second room attached 10 x 5)

Washroom: 3 pc

**Third Floor:**

Large, open area - hardwood floors, 2 skylights, windows, 16 x 24

**Basement:** is open dry, gas furnace for main floor, custom storage shelving, laundry tub/sink, windows

3. **Build From Scratch : The cost of this quote will be \$157,000.00 plus GST Excluding: septic and well (\$20,000.00), any fill required would be an extra, no lot included.**

This is a quote for a building 30' x 50' slab on grade. This is a quote that will consist of the following:

- Warranty
- plans included
- excavation for frost wall
- frost wall and footing
- backfill of frost wall and compact
- 4" concrete slab with 2" foam under
- 2" x 6" exterior wall with 3/4" RX 10' high
- vinyl exterior siding
- install pre-engineered trusses
- 1" x 4" at 16 O/C with tin roof
- insulation R20 batts in wall, R40 in attic
- all electrical
- all plumbing
- 2" drywall finish and painted one colour
- all interior door colonial
- all exterior doors and windows
- all floating floor
- all trim colonial and painted
- at exterior concrete walkways
- asphalt driveway 10" wide x 40"
- sod on front and sides
- cupboard area for kitchen