

***ONTARIO***  
**COMMISSION OF INQUIRY**

**THE CORNWALL PUBLIC INQUIRY**

**CITIZENS FOR COMMUNITY RENEWAL  
PHASE 2 SUBMISSIONS  
HEALING AND RECONCILIATION**

February 20, 2009

Peter Wardle, Helen Daley, Wardle Daley Bernstein LLP

**ONTARIO  
COMMISSION OF INQUIRY**

**THE CORNWALL PUBLIC INQUIRY  
(Commission)**

**CITIZENS FOR COMMUNITY RENEWAL  
(CCR)**

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Citizens for Community Renewal

**EXECUTIVE SUMMARY  
SUMMARY OF RECOMMENDATIONS  
WRITTEN SUBMISSIONS**

**Proposals for Recommendation by the Commission**

1. These submissions are in support of CCR recommendations for inclusion as recommendations in the Commission's final report. The Executive Summary, Summary of Recommendations, and main Submissions are combined herein. References to specific Phase 1 exhibits and transcripts are listed in Schedule/Appendix A. References to documents on the Commission's website that are not exhibits are listed in Schedule/Appendix B.

**Community Healing and Reconciliation**

2. The *Order in Council (April 14, 2005)* establishing the Commission states:

*Preamble (part)*. Community members have indicated that a public inquiry will encourage individual and community healing.

3. The Commission shall inquire into and report on processes, services or programs that would encourage community healing and reconciliation in Cornwall.

3. The *Commission Rules of Practice and Procedure (Amended September 29, 2006)* state:

*Rule 1 (part).* In Part II [Phase 2], of the inquiry, the Commission will focus on processes, services or programs that will encourage community healing and reconciliation in Cornwall.

4. What is indicated here is for the Commission to report on processes, services or programs that would encourage, in total, unmodified (i.e. general) community-wide healing and reconciliation – it is to be inclusive of everyone.

5. The *Canadian Oxford Dictionary Second Edition (2004)* states:

**heal**...(of a wound or injury) become sound or healthy again...cause (a wound, disease, or person) to heal or be cured, or be made sound again...repair, correct (an undesirable condition, esp. a breach of relations); put right (differences etc....alleviate (sorrow, etc.)...[...related to WHOLE]

**reconcile**...make friendly again after an estrangement...settle (a quarrel etc.)...harmonize; make compatible

6. Both words “healing” and “reconciliation,” indicate a situation that needs repair, harmonization, rebuilding, to be made whole or to improve.

7. CCR's recommendations to the Commission are organized under the CCR objectives for the Commission's healing and reconciliation mandate. Our objectives are:

**1. Improving the protection of children and young people.**

Phase 2: healing and reconciliation

**2. Improving institutions: preparedness and accountability**

Phase 1: institutional response

**3. Reparations for survivors and their families**

Phase 2: healing and reconciliation

**4. Clearing the air: the extent and nature of past events**

Phase 1: institutional response

**5. Community renewal**

Phase 2: healing and reconciliation

**Improving the Protection of Children and Young People**

8. *The Laidlaw Foundation, Perspectives on Social Inclusion, 2002* states:

Children have risen to the top of government agendas at various times over the past decade, only to fall again whenever there is an economic downturn, a budget deficit, a federal-provincial relations crisis or, most recently, a concern over terrorism and national security. While there have been important achievements in public policy in the past 5 to 10 years, there has not been a sustained government commitment to children nor a significant improvement in the well-being of children and families. In fact, in many areas, children and families have lost ground and social exclusion is emerging as a major issue in Canada.

## **Recommendation No. 1**

### **Child Advocacy Centre**

**CCR recommends that a child advocacy centre be set up in Cornwall. This centre would be a safe haven where multidisciplinary teams of police, children's aid personnel, forensic interviewers, Crown prosecutors, and advocacy personnel investigate allegations of child sexual and serious physical abuse. The centre would generally advocate for children and be charged with implementing the United Nations Convention on the Rights of the Child.**

9. *Peter Jaffe, Outline of Evidence* states:

Preamble: The purpose of this evidence is to examine ways in which sexual abuse can be prevented in communities. The framework is a public health model based on primary prevention (universal programs), secondary prevention (programs for at risk children & adolescents) and tertiary prevention (treatment of victims and offenders, preventing re-victimization after disclosure). The public health model is important because it is understandable that you can't prevent a problem by only treating the consequences. In the case of sexual abuse the consequences are far-reaching (inter-generational) and are often described as a "silent, violent epidemic" that is a leading cause of death in adults. (Felitti et al 1998)

## **Recommendation No. 2**

### **Public Health**

**CCR recommends that, as sexual abuse is a public health issue, the public health unit be mandated a central role in its prevention, including public, professional, and duty to report awareness.**

### **Reparations for Survivors and Their Families**

10. There are two recommendations that would empower survivors and require legislation: confidentiality agreements and apologies. These were dealt with extensively in Phase 2: [www.cornwallinquiry.ca](http://www.cornwallinquiry.ca), *Phase 2 Workshop, Confidentiality Agreements in Civil Settlements* and [www.cornwallinquiry.ca](http://www.cornwallinquiry.ca), *Phase 2 Research, Apologies, January 17, April 22, 2008*.

## **Recommendation No. 3**

### **Confidentiality Agreements Legislation**

**CCR recommends that legislation be enacted giving the plaintiff in a sexual or other abuse case the sole option as to whether or not to make public the terms of a civil settlement.**

#### **Recommendation No. 4**

##### **Apologies Legislation**

**CCR recommends that legislation be enacted allowing apologies to take place without establishing liability.**

11. Survivors are concerned about the continuation of the level of counseling obtained with the help of the Commission.

#### **Recommendation No. 5**

##### **Counseling**

**CCR recommends that the level of counseling for survivors, obtained with the help of the Commission, be maintained.**

12. The Safe House concept was identified by survivors of sexual abuse and supported by members of the community as a needed project for Cornwall and the Counties of Stormont, Dundas & Glengarry. One of the main premises for the creation of a safe house is based on the gap in existing services for historical and present-day male survivors of sexual and other types of physical abuse.

#### **Recommendation No. 6**

##### **Safe House**

**CCR recommends, in conjunction with the Project Safe House Committee, that a safe house be established for Cornwall and area. See Appendix C for details.**

13. The following two recommendations concern symbolic reparations to survivors and their families, and are acknowledgement to survivors and other citizens that something was and is in need of repair.

14. Survivors and other citizens have seen the need for a continuing public symbol where the community acknowledges survivors and what they went through. It is an item of inclusion, the community reaching out and recognizing a group of individuals within its midst.

#### **Recommendation No. 7**

##### **Survivor's Memorial**

**CCR recommends that a memorial to all survivors be established in Cornwall and area. See Appendix D.**

15. [www.cornwallinquiry.ca](http://www.cornwallinquiry.ca), *Leslie H. Macleod, A Time for Apologies: The Legal and Ethical Implications of Apologies in Civil Cases, April 12, 2008* states:

...scarcely a day has gone by without the subject of apologies figuring prominently in the Canadian media and involving high profile individuals such as the torture victim Mahar Arar, the falsely convicted Steven Truscott, the errant Ontario coroner Dr. Charles Smith, and the Polish immigrant Robert Dziekanski. In every case, not only the apology but also the adequacy of the apology, was the subject of the news.

It is evident that although apologies have always been a part of social discourse, over the past two decades apologies have gained prominence. World leaders, corporations, and politicians offer apologies for various wrongs. In criminal proceedings and civil dispute resolution apologies have emerged as effective tools. Not only do we live in a time of apologies but, increasingly, we live in a time for apologies.

Apologies are provided for a wide variety of wrongs from minor infractions, for which there is no legal remedy; to torts or breaches of contract to which civil damages may apply; and to serious harm, such as physical or sexual abuse, which may attract both civil and criminal actions.

In order to ensure that an apology satisfies both the needs of victims and wrongdoers, this Paper proposes that parties engage in an “apology process” that involves four fundamental steps:

- determine the needs and expectations of the victim in relation to an apology;
- determine the needs and expectations of the apologizer;
- mediate the apology between the parties; and
- support the delivery of the apology.

## **Recommendations No. 8**

### **Apologies**

**CCR recommends that the Premier of the Province, the Mayor of Cornwall, and the Bishop of Alexandria-Cornwall apologise to survivors and other citizens of the Cornwall area on the basis of an “apology process” that determines the needs and expectations of survivors and other citizens, and the apologizer. These apologies should be made in Cornwall on neutral ground and open to all survivors and other citizens being present.**

### **Community Renewal**

16. To reiterate paragraph 4 hereof: What is indicated here is for the Commission to report on processes, services or programs that would encourage, in total, unmodified (i.e. general) community-wide healing and reconciliation – it is to be inclusive of everyone. **What does general inclusiveness within a community have to do with specific issue of the abuse of children?**

17. *The Laidlaw Foundation, Perspectives on Social Inclusion, 2002* states:

...there has not been a sustained government commitment to children nor a significant improvement in the well-being of children and families. In fact, in many areas, children and families have lost ground and social exclusion is emerging as a major issue in Canada.

...Whether the source of exclusion is poverty, racism, fear of differences or lack of political clout, the consequences are the same: a lack of recognition and acceptance; powerlessness and 'voicelessness'; economic vulnerability; and, diminished life experiences and limited life prospects. For society as a whole, the social exclusion of individuals and groups can become a major threat to social cohesion and economic prosperity.

...Diversity and difference, whether on the basis of race, disability, religion, culture or gender, must be recognized and valued.

...Public policy must be more closely linked to the lived experiences of children and families, both in terms of the actual programs and in terms of the process for arriving at those policies and programs. This is one of the reasons for the growing focus on cities and communities, as places where inclusion and exclusion happen.

Universal programs and policies that serve all children and families generally provide a stronger foundation for improving well-being than residual, targeted or segregated approaches.

...Social inclusion is about making sure that all children and adults are able to participate as valued, respected and contributing members of society.

...Social inclusion reflects a proactive, human development approach to social well-being that calls for...investments and action to bring about the conditions for inclusion....

...The importance of cities and communities is becoming increasingly recognized because the well-being of children and families is closely tied to where they live, the quality of their neighbourhoods and cities, and the 'social commons' where people interact and share experiences.

...The...vision of a socially inclusive society is grounded in an international movement that aims to advance the well-being of people by improving the health of cities and communities. Realizing this vision is a long-term project to ensure that all members of society participate as equally valued and respected citizens. It is an agenda based on the premise that for our society to be just, healthy and secure, it requires the inclusion of all.

18. There are those that opposed and oppose an inquiry for Cornwall saying that it deflects from the image of Cornwall and by extension its economic prospects. The same reasoning is used in respect of establishing a memorial to survivors, that it draws attention to a negative aspect of Cornwall and therefore is counterproductive to the city's development and growth. The same might be said about apologies, that they reflect on a bad side of Cornwall. To oppose an inquiry or a memorial or apologies is seen as a positive affirmation of Cornwall's image. Clearly, however, these attitudes have not led the city to develop and grow. For example, we have wanted our population to grow to 50,000, but that hasn't happened. We have remained stagnant. So these attitudes haven't accomplished their stated aims.

19. David L. Cooperrider, *Positive Image, Positive Action: The Affirmative of Organizing, Appreciative Management and Leadership: The Power of Positive Thought and Action in Organizations*, 1990, states:

...the system is being given a clear signal of the inadequacy of its “firm” affirmative projections. ...our positive images are no doubt the best we have, but the best is often not responsive to changing needs and opportunities. The real challenge, therefore, is to discover the processes through which a system’s best affirmations can be left behind and better ones developed. For if we could not be saved from our best affirmative projections, “we would be lost indeed.”

20. Terry Bergdall, *Reflections on the Catalytic Role of an Outsider in 'Asset Based Community Development' (ABCD)* states:

Behaviour, the way people act individually or within a group, is based on the way they see themselves in the world. It's a matter of self-perception, self-story, self-image – which are all ways of saying the same thing.

...Radical change occurs when an established image is replaced by a totally new self-understanding. When images change, behaviour changes. This understanding about change can be summarised in five points: 1) people live out their images, 2) images control behaviour, 3) images are created by messages, 4) images can change, and 5) when images change, behaviour changes.

The desired change in my work has been to shift community self-understanding from *passivity* (e.g., waiting as 'clients' to receive services; self-images of being 'victims') to becoming *active agents* of their own development.

21. Bergdall goes on to explain how this might be accomplished:

Effective catalysts from outside of the community don't do anything directly *for* people. They encourage people to do things on their own. ABCD emphasizes that one leads best by stepping back. Communities drive their own development; catalysts facilitate the process. This implies a number of practical activities that are far easier to talk about than to do.

Catalysts enable a community to look realistically at itself. They hold up a mirror so residents can see themselves as they really are. Because people have been well conditioned to focus on their problems, facilitators emphasize analytic tools and exercises that help community residents to *identify and recognize strengths and capacities*.

...Catalysts *connect* with people with each other and their existing resources. In doing so, they emphasize inclusiveness. Everyone in a community has something to contribute, be they at the centre of the community or on its margins. Facilitators, therefore, are leery of working only with small representational groups of 'leaders.' This often requires catalysts to play a role of 'provocateurs' because small cliques of leaders are typically quite content to assume responsibility themselves on behalf of the community at large.

...Catalysts facilitate the community to *affirm its real situation* without illusion or false hopes.

...Having identified its assets, catalysts facilitate people to build *practical plans of action* for mobilizing their resources and accomplishing realistic objectives. Local development plans thus become a symbol of consensus and a rallying point for inclusive action. ...In my experience, people learn best by doing and then *reflecting upon the experience*. ...Key, of course, is local residents being the primary implements of their own plans.

22. ABCD stands for Asset Based Community Development which is practiced by an institute of the same name established by the Community Development Program at Northwestern University's Institute for Policy Research. A *Terry Bergdall email sent to CCR (January 22, 2009)* states that his “references to “image change” [in his paper referred to above] ...was based on work that originally occurred in North America. So, in brief, yes, I think that it is applicable to your situation. Actually, I think it is applicable to ANY situation!” The ABCD approach is one of a number of processes that could work in Cornwall. When the inquiry leaves town we hope that it will usher in a substantial renewal of our community and we believe that the inquiry's findings and recommendations, especially a recommendation like Recommendation No. 9 below, will be a major factor in securing that renewal.

### **Recommendation No. 9**

#### **Outside Catalyst**

**CCR recommends that a short- to medium-term inclusive process of community development be established in Cornwall, facilitated by an outside catalyst, to begin the longer term renewal of our community.**

23. A community development corporation should facilitate and coordinate the various local projects to be established in the Cornwall area as a result of the Commission's work.

### **Recommendation No. 10**

#### **Community Development Corporation**

**CCR recommends that a community development corporation be set up and funded by the province to facilitate and coordinate the various local projects to be established in the Cornwall area as a result of the Commission's work. Initially no one on the Board should be identified with the local area nor with the Commission. At some point in the future the corporation should be handed over to the community along with viable funding.**

**SCHEDULE / APPENDIX A**

**Citizens for Community Renewal  
Phase 2 of the Cornwall Public Inquiry**

**Phase 1 Exhibits Referred to in CCR's Phase 2 Submissions**

Referred to in Paragraph 9

*Peter Jaffe, Outline of Evidence, Preamble*

## **SCHEDULE / APPENDIX B**

### **Citizens for Community Renewal Phase 2 of the Cornwall Public Inquiry**

#### **Inquiry Website Documents Referred to in CCR's Phase 2 Submissions**

Referred to in Paragraph 10

[www.cornwallinquiry.ca](http://www.cornwallinquiry.ca), *Phase 2 Workshop, Confidentiality Agreements in Civil Settlements, December 4, 2008.*

[www.cornwallinquiry.ca](http://www.cornwallinquiry.ca), *Phase 2 Research, Apologies, January 17, Workshop April 22, 2008.*

Referred to in Paragraph 15

[www.cornwallinquiry.ca](http://www.cornwallinquiry.ca), *Leslie H. Macleod, A Time for Apologies: The Legal and Ethical Implications of Apologies in Civil Cases, April 12, 2008.*

## **APPENDIX C**

### **Project Safe House Committee & Citizens for Community Renewal Phase 2 of the Cornwall Public Inquiry**

#### **Project Safe House**

##### **Introduction**

The Project Safe House concept was identified by survivors of sexual abuse and supported by members of the community as a needed project for Cornwall and the Counties of Stormont, Dundas & Glengarry. One of the main premises for the creation of a safe house is based on the gap in existing services for historical and present-day male survivors of sexual and other types of physical abuse. For example, it was found in our community engagement process that there was a need, as well, to include adult male victims of domestic violence. Provision is made for other categories of safe house clientele.

Consideration was given to:

- The Process
- Framework
- Clientele for the project
- Service components
- Governance
- Staffing & volunteers
- Physical Plant
- Possible funding sources
- Implementation time line
- Start-Up Budget
- Operational Budget

##### **The Process**

As important as the production of this Project Safe House report is the process followed to produce this report, in keeping with the true spirit of community healing and reconciliation – means and ends are the same. Survivors and other citizens were involved as equals, as were community leadership and institutions. There was broad community agreement on the need for this facility and, most importantly, its accompanying programming. It wasn't an easy process, but it was, in the end, a successful process - hopefully a forerunner of what we can do as a community to build our community together in the future.

The safe house concept was proposed by Kenneth-Keith Ouellette (see Proposal for the House for Men appended hereto). Chairpersons of the Project Safe House Committee were Jamie Marsolais and Mehroon Kassam. There were many other survivors and other community members taking part in the process of the committee including: Marc Carriere, Melicka Cherif, Judy Grant, Richard Kaley, Ruth Lang, Mark MacDonald, Holly Matt, Kenneth-Keith Ouellette, Steve Parisien, Adrienne Payette, Paul Scott, Jeff Van der aa, and Melissa Wells. Many thanks to The Cornwall Public Inquiry, PrévAction and Claire Winchester.

The members of the Project Safe House Committee conducted active research, including soliciting input from all the groups deemed to have an interest in the development and creation of a safe house for this region. Visioning and planning sessions concerning the creation of a safe house were held for Cornwall and counties service providers (See Community Leaders Consultation Forums appended hereto).

On January 24, 2008, the Project Safe House Committee members invited survivors and their families and supporters, to attend a discussion session facilitated by Mike Balkwill of Balkwill and Associates, Mississauga. The purpose of the discussion was to gauge the interest of the survivors of sexual abuse to attend a visioning day in February to create a draft plan for the safe house. The January 24<sup>th</sup> discussions revealed that the survivors were indeed interested in the safe house project, but that their need to be listened to and to speak of their experiences was fundamentally important.

On February 21, 2008, the visioning day was held with survivors and their families and supporters, facilitated by Mike Balkwill and by Dave Hasbury, the latter of Cocreation, Peterborough. What emerged from the discussion of survivor needs included: connecting with each other; public forum activities led and conducted by survivors for the purpose of informing the public of the survivors' experience of sexual abuse; accessing an anonymous phone line; and having a space to meet that would include a greenhouse, healing garden and a monument consecrated to the survivors of sexual abuse, all of which could be accommodated under the auspices of a safe house.

Up to this point, the Project Safe House Committee came under the funding umbrella of PrévAction, a committee of community leaders organized to carry out community research projects through funding from Phase 2 of the Cornwall Public Inquiry. PrévAction decided that they didn't want to continue with the discussion and visioning sessions being carried out by the Project Safe House Committee, because it was felt that they belonged outside of their mandate.

The Project Safe House Committee also looked into a number of possible locations for the safe house.

Eventually, the Project Safe House Committee went on its own and developed the more concrete plans given here, and submitted to the Cornwall Public Inquiry through Citizens for Community Renewal as part of their Phase 2 submissions.

## **Framework**

- Serving the City of Cornwall and the surrounding Counties of Stormont, Dundas & Glengarry
- Services would be offered in the two official languages, French and English
- Staff would accommodate the cultural diversity of clients accessing safe house programs
- The essential and critical safe house programs would operate 24 hours a day and 7 days a week

- Establishment of key partnerships with community social service agencies, police, hospital and others through protocols and agreed standards of interaction including dealing with crisis situations
- Key component: Establishment of safety and security measures for clientele, staff, volunteers, “contracted” service personnel, visitors, and others, including addressing liability concerns
- This is to be a made-in-Cornwall solution, organized and managed locally, like the successful example of the Children's Treatment Centre
- This report is based on a unique array of services which are not available elsewhere and therefore research information was scarce
- There is a dearth of local statistical information in respect of the need for this facility, however, this was one project inspired by the Cornwall Public Inquiry that agencies, community leaders, survivors and other citizens were in general agreement of the need
- The location of the safe house would have to be reasonably central within Cornwall to be in close proximity to ancillary services and to be within zoning requirements.
- The safe house project could be accomplished in conjunction with the memorial project proposed elsewhere
- This project has the support of Cornwall's MP, MPP, and Mayor.

### **Clientele:**

- Adult male survivors of recent and historical sexual abuse
- Adult male survivors of domestic violence
- In the future the safe house could evolve to include services for women as well as family members of survivors as needed
- During the course of the research it was deemed that the safe house could not safely and feasibly accommodate young offenders and perpetrators

Note: Initially, the proposal concentrates on men because of the need and the gap in services. However, it is envisioned that the process be inclusive of women from the beginning in such areas as the community support group, board membership, and “out” services (e.g. mentor and leadership education) as opposed to “in” services (e.g. emergency and short-term accommodation). Eventually the Project Safe House Committee sees the inclusion of women in the project on an equal basis.

### **Service Components**

The vision and mission of the safe house would include service components with the provision of a safe environment supporting the following:

- Reporting of cases of sexual abuse
- Delivering first-step management of crisis situations
  - Availability of an 800 number on-call telephone line
  - Crisis intervention available 24 hours a day and seven days a week
  - Ultimately an 8-bed crisis unit for short-term accommodation; initially 4 beds
  - Case management system
  - Survivor advocate services and assistance
  - Referring clients to other appropriate partnering community agencies
- Horticultural therapy based on elements of Homewood in Guelph

- Other therapeutic programs: alternative, art, cooking, equine, energy, music, recreational, sports, yoga
- Self-healing and self-empowerment of survivors
  - Healthy lifestyles and responsible living
  - Mentoring
  - Group support and cohesiveness
- Empowerment, leadership
- Reconciliation & community inclusiveness
  - Key involvement in Survivor's Memorial, community apologies, other reconciliation and service provider projects, and survivor training of professionals
  - Launching educational prevention and information programs
  - Community consultation and inclusiveness of the community in the work of the safe house and in survivor issues
  - Enhancing the community; e.g. flowers and plants from the healing garden can be planted in city and county parks in appreciation of municipal contributions to the project, and bakery items from cooking therapies (and eventually food) can be given to the Agape Centre
- Employment of survivors
- Training in construction and landscaping – e.g. Habitat for Humanity

Note: To avoid duplication of services, the Project Safe House Committee members availed themselves of the Social Planning Council's itemized listing of services that are presently being offered in Cornwall and S.D. & G. Key partnerships will be forged with community agencies offering additional, more specialized complimentary services to which clients would be referred on a continuing basis. Further, other appropriate compatible groups could rent space in the safe house or provide services to the safe house.

### **Governance:**

The Project Safe House Committee wants, as a key component of the safe house, to be as inclusive as possible of survivors in the governance of the safe house, and to increase that inclusiveness (in the safe house and in the community) over time through the programs of the safe house. It was survivors, along with other citizens that lobbied for and obtained a public inquiry for our community. It was working together as equals, no one group being in control, for the betterment of the community at large. That is the model the committee wishes to use for the governance of the safe house.

There must be a broad consensus amongst survivors and other citizens interested in the project as to who should be the first corporate directors of the safe house. The equality issue, that between survivors and other citizens, can be handled through specific objects and by-laws, approval of each member of the safe house by the board of directors, an advisory committee of survivors with special powers, decision-making by consensus, and so on. Hopefully, in addition, there can be a community support group for the safe house, one drawn from the citizenry at large.

The problem of too many boards and too few members to draw from is minimized under this arrangement because the safe house board has a very specific community to draw from: survivors and other citizens interested in survivor issues. It has a very specific interest and its makeup is a crucial one. The Project Safe House Committee did look at one board controlling one or two other projects, but this may require the additional position and extra expense of a general manager to which an executive director or administrator for each project would report to.

## **Staffing & Volunteers**

### **Administrator**

- One, full-time
- Administrative qualifications and experience
- Ideally facilitation, advocacy and fund-raising skills
- Ideally, clinical experience and related education

### **Coordinators**

- Three, part-time
- These would be survivors assigned as needed by them to the running and maintaining of the safe house
- Eligible to train for other positions in the safe house

### **Counselor**

- One, full-time
- Counseling, and case management

### **Custodial Staff**

- Equivalent of 5, full-time and part-time
- Admit and supervise clients mainly evenings, nights and weekends

### **Fund-raising & Clerical**

- One, full-time
- Accounting and assisting in fund-raising

### **Volunteers**

- A network of screened and appropriately trained volunteers would assist survivors and the qualified staff in the delivery of services
- A program for retaining volunteers

## **Physical Plant**

- Resource and information centre
- Informal space for socializing and interactivity
- Meeting and presentation room
- Administrator's office
- Coordinators' office
- Counselor's office
- Custodial (intake) and clerical office
- Common areas, kitchenette, toilets
- External: Healing Garden

Note: Survivors want the Safe House not only as a social enterprise when complete, but also want to be intimately involved in its construction and maintenance as part of the healing process.

## **Possible Funding Sources**

- Ministry of the Attorney-General
- Ministry of Health
- Ministry of the Environment
- Ministry of Agriculture
- Ministry of Community & Social Services
- City of Cornwall Social & Housing Services
- County Councils of Stormont, Dundas & Glengarry\*
- Private foundations
- Corporate and individual donations
- Mission for Men
- Self-financing like the Children's Treatment Centre
- Donated building materials, goods, plants and services
- "Sweat equity"
- Trust funds and bequests
- Community Development Foundation (proposed)

## **Implementation Time Line**

### Year One:

- Governance model accepted
- Coordinator search and hiring
- Establishment of the Terms of Reference
- Policies & procedures
- Bylaws
- Incorporation
- Evaluation framework established
- Budget & capital investments
- Start-up activities i.e. location, equipment, office furnishings, telephone/fax line, website, etc.
- Key partnerships with other community organizations established
- Temporary location

### Year Two:

- Staffing
- Training staff
- Opening of Centre

### Year Three:

- On-going services
- Community partner evaluations
- Statistical compilation and analysis
- Evaluation – quantitative and qualitative

**Start-Up Budget**

Lease: first and last month's rent	\$ 6,000
Renovations	40,000
Security System	30,000
Furniture & equipment	100,000
Legal	2,000
Other	<u>5,000</u>
	\$183,000

**Operational Budget**

Personnel (including fringe benefits where applicable)	
Administrator	\$ 60,000
Coordinators	33,000
Counselor	48,000
Custodial	200,000
Clerical	37,000
Rent	36,000
Supplies	50,000
Utilities, telephone, cable	6,000
Insurance	7,000
Food	10,000
Other	<u>8,000</u>
	\$495,000

# COMMUNITY LEADERS CONSULTATION FORUMS SYNTHESIS

**“Love that the invitation from PrévAction was launched to service providers.  
Important to *ask* people what they think.” Forum Participant**

## CARING – MEN’S SAFE HOUSE

<b>1. Need for a Men's Safe House</b>	<ul style="list-style-type: none"><li>- Considering our population, we may have a small percentage of people requiring intensive support and help but this small percentage needs to be dealt with.</li><li>- Definitely a need for a Safe House for Men; must expect that it will grow slowly and that it will take time to establish trust; there is a need in our community for such and would parallel present service offered to women survivors of sexual abuse</li><li>- Short-term crisis intervention is ideal</li><li>- Need to have a drop-in centre for survivors is understood and welcomed</li><li>- Survivors need a “homey” place not in an institutional setting where they can heal</li><li>- Why have one setting to respond to needs of survivors of sexual abuse?</li><li>- What about anonymity? This “safe house” may not be “safe” at all because it would identify the victims of abuse</li><li>- Excellent idea to have a gathering place for men – there are more shelters for women</li><li>- Service for men are required and needed</li><li>- A shelter that provides a roof and a meal is doable and has a better chance of success than a crisis intervention centre</li><li>- Men’s Safe House may not be able to play two distinct roles: gathering place and residential place</li><li>- This community needs a shelter for men</li><li>- Men need services</li><li>- It usually follows that reaching out to more people and informing them of services increases the need for services</li><li>- We need services for men who, for personal circumstances and choices, have nowhere to turn. They deal with destructive behaviours, addictions, depression, loneliness, despair, etc. Existing services as they are presently seem incapable of answering all the needs of men in crisis</li><li>- One organization/location to fill all gaps may not be possible</li><li>- Should have a specific analysis of men’s needs, gaps in service, duplication of services, and study involving type of services required</li><li>- Valuable and required exercise to put together a community plan that would include all issues; needs assessment; partners and their roles and responsibilities; duplication of services; gaps in service.</li><li>- There is a difference between the reactions of men and women to crisis. Men need a nurturing and very safe non-institutional environment to disclose.</li><li>- Long overdue</li><li>- If survivors need these services and they deem them important and essential, then the services should be honoured</li></ul>
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	<ul style="list-style-type: none"> <li>- The Children’s Treatment Centre has shown us that there is a need for services for victims of sexual abuse.</li> <li>- This is a tangible project that touches the survivors</li> <li>- <u>Issue of lack of services for men:</u> There are no services for historical survivors of sexual abuse. These male survivors predate the Children’s Treatment Center; they did not receive prompt expert treatment. Historical survivors experience myriad psychological, interpersonal, and emotional effects because of not having received prompt counseling.</li> <li>- In the minds of survivors, they need a “safe” place because they deem themselves as not being in a “safe” place.</li> <li>- Men who want to speak out have no one to speak to. A men’s safe house would answer that need.</li> <li>- A shelter is needed for men; there are not many places where men can go for help</li> <li>- Historical abuse cannot be compared to present domestic violence – is there a need for this or rather more health care programs</li> <li>- Need for a permanent mental health facility to deal with victims of sexual abuse <ul style="list-style-type: none"> <li>- Assure that the Men’s Safe House does not duplicate or recreate existing community service</li> </ul> </li> </ul>
<p><b>2. Qualified Staff</b></p>	<ul style="list-style-type: none"> <li>- Clients need sustainable support once disclosures have been made</li> <li>- To have any member of the public proceed with own investigation without or with minimal inclusion from specialized staff and services would be detrimental</li> <li>- Important to have qualified staff</li> <li>- More information needed about the qualification of staff and the number of volunteers required to run a Safe House</li> </ul>
<p><b>3. Partnerships/ Brokerage of Services and Referrals</b></p>	<ul style="list-style-type: none"> <li>- Very important to have included partnerships and brokering of services in the model</li> <li>- Very important to be a link to CMHA for mental health issues that are often products of abuse</li> <li>- Important to be an advocate for the client and to refer to appropriate community agencies according to expertise and service</li> <li>- Encourage close links with community addiction services</li> <li>- The creation of viable working partnerships with and the brokering of services to existing community organizations</li> <li>- The development of a Safe House project could assist Mental Health Crisis team that is presently overloaded</li> <li>- Positive to involve a multi-disciplinary approach as exists in smaller northern Ontario communities. Includes brokerage of expert services and establishment of viable working partnerships through an integrated process</li> <li>- Cornwall Community Hospital is an essential partner -- offers expert services in triage, assessment, and referrals. Has lots of resources including the rotation of staff – sharing of expertise.</li> <li>- Mental Health Crisis team would be an active partner; has capability of</li> </ul>

	<p>responding to all crisis within 5 minutes and intervenes/refers appropriately</p> <ul style="list-style-type: none"> <li>- More appropriate to create partnerships – gives broader service and matches more resources</li> <li>- Rooms/office in a safe house type environment could be made available to service providers</li> </ul>
<b>4. Location</b>	<ul style="list-style-type: none"> <li>- Critical to look at geography, i.e. location of a Safe House. Need to consider accessibility, appropriate zoning (institutional)</li> <li>- Rather than investing in new housing initiatives, we should look at what already exists in the community</li> <li>- Could men be served at our women’s shelters? Could the women’s shelter mandate be expanded to include men and children?</li> <li>- South Tahoe Women’s Services includes on their website a page on male victims</li> </ul>
<b>5. Programs</b>	<ul style="list-style-type: none"> <li>- The Safe House would include peer self-help groups</li> <li>- Should not become a residential treatment centre</li> <li>- Define what is meant by “therapeutic” and “clinical” services</li> <li>- What therapeutic services would be available; who would provide these services (outside agencies?); for how long?</li> <li>- Inclusion of therapeutic programs such as art therapy, horticulture is very positive</li> <li>- The Quinte/Kingston area has recently secured funding for a male and female residential treatment centre for sexual assault survivors. It offers counseling, i.e. holistic approach that includes such as art, horticulture therapy, etc.</li> </ul>
<b>6. Statistical Information</b>	<ul style="list-style-type: none"> <li>- Will there be enough men requiring the use of a safe house? Are there stats to indicate the need?</li> <li>- Encompassing statistics may be impossible to collect. Local counseling services keep stats but do not include stats for men who have not stepped forward to seek treatment. Many abused men seek services in Ottawa.</li> <li>- Dealing only with stats relating to sexual abuse is tricky. To be comprehensive and inclusive, stats need to include other related conditions such as addictions, mental health issues, etc., that are often linked to issues of sexual abuse</li> <li>- Not enough hard data/statistical information collected by service providers and <i>available to public</i> to support the creation of a men’s safe house</li> <li>- Data collection/maintenance of stats very important to reflect needs and to secure funding for community projects. Needs further study? Needs and umbrella organization?</li> <li>- Collecting statistics and needs analyses are a problem. We could end up making a big commitment with services for only a small number of people</li> </ul>

<b>7. Screening</b>	<ul style="list-style-type: none"> <li>- Screening would be required to identify sex offenders</li> <li>- Must ask what is doable – for example, cannot accept everyone i.e. victims and perpetrators – screening is essential</li> <li>- Important to develop an acuity chart and to have pre-screening before the admittance of at-risk people to a men’s gathering place.</li> <li>- Also important to identify the type and kind of shelter suitable to individual needs</li> <li>- Even if service is available, a person needs to be receptive to service. Not all persons in need of services are receptive to receiving them.</li> </ul>
<b>8. Crisis Intervention</b>	<ul style="list-style-type: none"> <li>- How would a Men’s Safe House identify crisis? Would crisis include physical, domiciliary, mental health?</li> <li>- Do not have a stand-alone crisis telephone line; it is too expensive. Instead have an ‘add-on’ line linked to an existing crisis line such as the mental health crisis line.</li> <li>- Not all who require shelter are in crisis</li> </ul>
<b>9. Population</b>	<ul style="list-style-type: none"> <li>- Investigate a French crisis centre for men</li> <li>- Could be created as a shelter with 2 independent wings or bldgs, i.e. for 16 to 18 yr olds and the other for 19 to 64 yr olds. There are services for 65+ yr olds</li> <li>- Not generally good to mix age groups, i.e. 16 to 18 year olds with adult men.</li> <li>- Why not consider including 13 to 16 year olds?</li> <li>- For women and men?</li> <li>- Should include intimate partner violence as well as victims of sexual abuse. Men have no place to go for partner violence</li> <li>- There should be one place with continuous service for all individuals and their families involved with abuse that takes into account their social (place to live, supports, etc.), economic (jobs, pensions, etc.), spiritual, counseling (individual, group, marital, family), and medical needs could come from Phase 2.</li> <li>- Valley Oasis Shelter in Lancaster, CA is located on a large piece of land w/several bldgs, allowing male and female residents to have separate sleeping quarters but communal eating and meeting areas. Activities include group and family counseling. This co-ed arrangement has had zero negative incidents over the past 20 yrs. Has male and female staff.</li> <li>- Word of mouth and time would increase clientele</li> <li>- Men who are their children’s caregivers have nowhere to go to seek shelter</li> <li>- There are no shelters for boys – women’s shelters do not offer services to sons of abused women. Boys are often sent to such places as Laurencrest, Maison de mon père, that serves young offenders</li> <li>- There is an increase in the number of female abusers. The closest place for men to go for help is Six Nations and Ottawa</li> </ul>

<p><b>10. Crisis Beds</b></p>	<ul style="list-style-type: none"> <li>- The Mental Health Crisis Team provides shelter for crisis cases at local hotels and at Riverview Manor (A centre/shelter for mental health and handicapped persons). There are supervision issues.</li> <li>- 3 to 4 bed crisis housing for 24 to 72 hours is needed in our community, especially for men 19 to 65.</li> <li>- The crisis bed unit should not exceed three</li> <li>- Riverview Manor has available crisis beds but the assessment for accessing the crisis beds is difficult and may take time to identify crisis as a sexual abuse crisis</li> <li>- Survivors of sexual abuse have indicated that Riverview Manor is not an ideal short-term solution for survivors of sexual abuse</li> <li>- The Coordinated Access Committee for 16 to 18 yr olds recognizes that there is a gap in service and a need for crisis beds. This recognition should be included in the report to the Commissioner.</li> <li>- Laurencrest has beds for 12 to 18 yr olds and CAS purchases beds for their children in care</li> <li>- Crisis bed shelters are fraught with difficulties</li> </ul> <p>There are gaps in service for 16 to 18 yr olds especially when considering shelter accommodations</p> <ul style="list-style-type: none"> <li>- Shelter beds are only one of many types of services that victims need</li> <li>- Screening and trained supervision is very important for the 24/72 hr crisis beds; the identification of problems by expert staff is necessary</li> <li>- Use of 24/72 crisis beds could involve liability issues</li> </ul>
<p><b>11. Sustainable Funding/Research Funds</b></p>	<ul style="list-style-type: none"> <li>- Sustainable funding would be imperative. The Cornwall Public Inquiry will prove to be a positive exercise for our community and will bring benefits to us. Our discussions about the needs in our community are imperative to assist us in healing and moving on.</li> <li>- Research money should be secured to help analyze how institutions can become more friendly and welcoming to clients.</li> <li>- Accessing long-term funding i.e. operational and capital could be a huge undertaking and become problematic</li> <li>- What about permanency and long term stability? It is reckless to raise the survivors' expectations</li> </ul>

# PROPOSAL FOR THE HOUSE FOR MEN

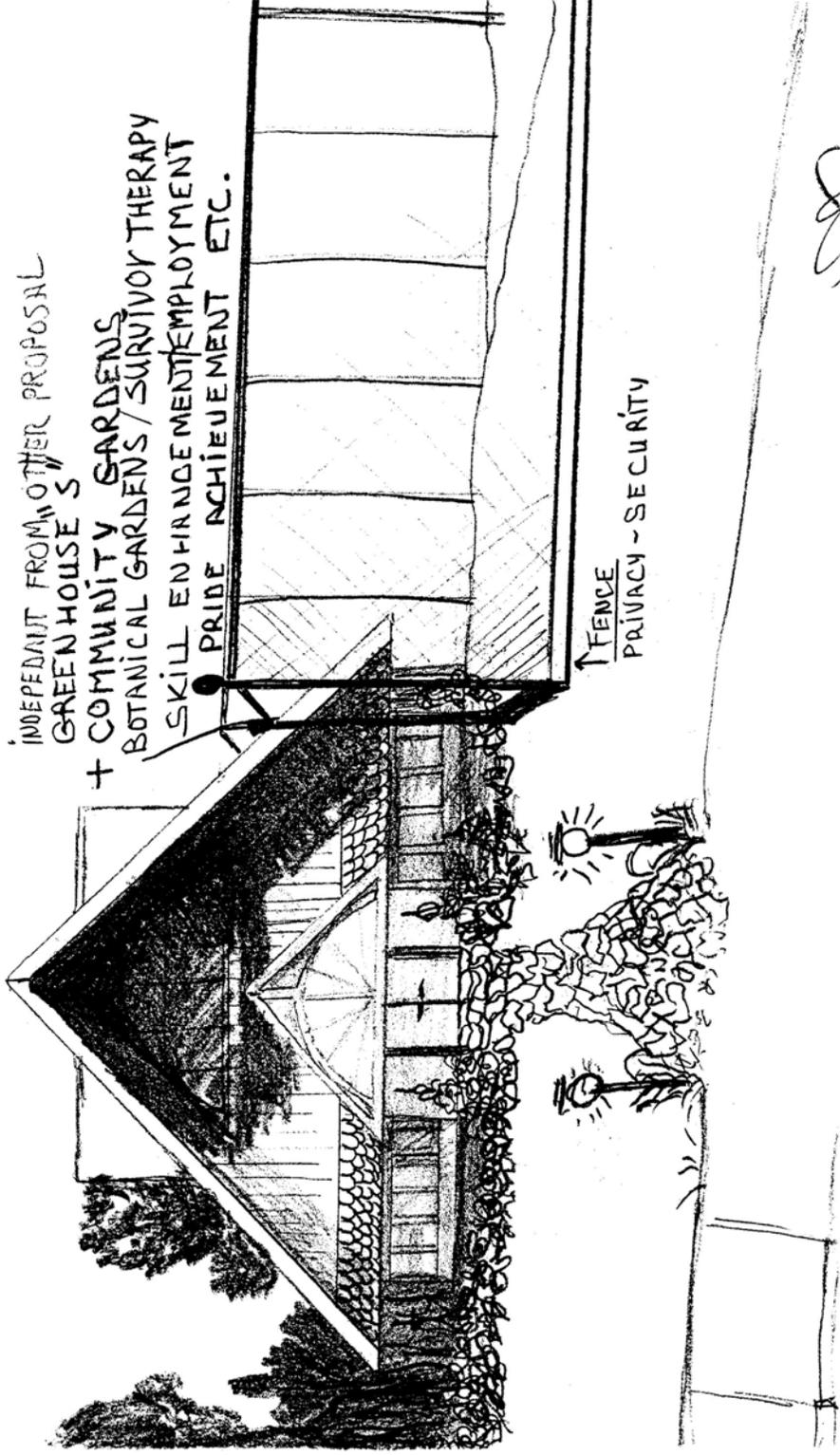
BY  
KENNETH-KEITH OUELLETTE

- **Fills a gap in existing services** for male survivors of abuse
- Gives community and province the chance to act on long-existing problems and assume their responsibilities for fixing what happened
- **Provides Men's Hotline** (24/7) 2-3 volunteers to provide advice/crisis services
- **10-bed "Safe-House"** with short-term accommodations for men
- Intervention **staff composed of survivor volunteers** and some professionals
- **Self-empowerment** leading to more confidence and possible employment
- **Provides place for self-healing**
- **Survivors helping themselves** and other survivors deal with trauma and abuse, offering each other strength in numbers
- **Referrals** made to other service providers as appropriate
- **Prevention and vocational education** workshops also offered (horticulture, plumbing, carpentry, art, music, etc.
- A setting of peers offering help to address personal issues (sexual abuse, PTSD, avoiding alienation/social isolation, stop substance abuse/domestic violence, etc.
- **All inclusive** – no exceptions
- Horticultural activities to provide plants for **Community Botanical Gardens** for the City of Cornwall
- **Occupational counseling** related to arts, horticulture, landscaping, etc.
- **Social functions** to reintegrate with the community
- Re-establishing a sense of achievement and participation amongst survivors
- Offers of distraction from painful memories
- **Encourages self-reliance**, provides a place to vent and get respite
- Survivors work hand-in-hand with other agencies to provide a full spectrum assistance to those at-risk
- Re-directs anger, stress, fear to rest, confidence and support
- Treats survivors of abuse with dignity and respect, instead of unnecessary mental health hospitalization, incarceration, and other degrading experiences
- Reduces stigma of blame/shame/guilt
- Provides people with tangible, local assistance to strengthen trust among those who have been betrayed
- Public education and awareness programs
- Builds bridges between survivors and the community with services the community did not provide previously
- Provides a centralized locale for service delivery
- Makes community agencies aware of survivor needs and priorities
- Ensures that survivors get needed assistance from police and other agencies
- Helps develop a rape/assault assessment for men at the hospital
- Advocates for men when they feel unable to do so for themselves
- Provides a shortcut through bureaucratic red tape

Note: Attached are three drawings that were presented with the original concept.

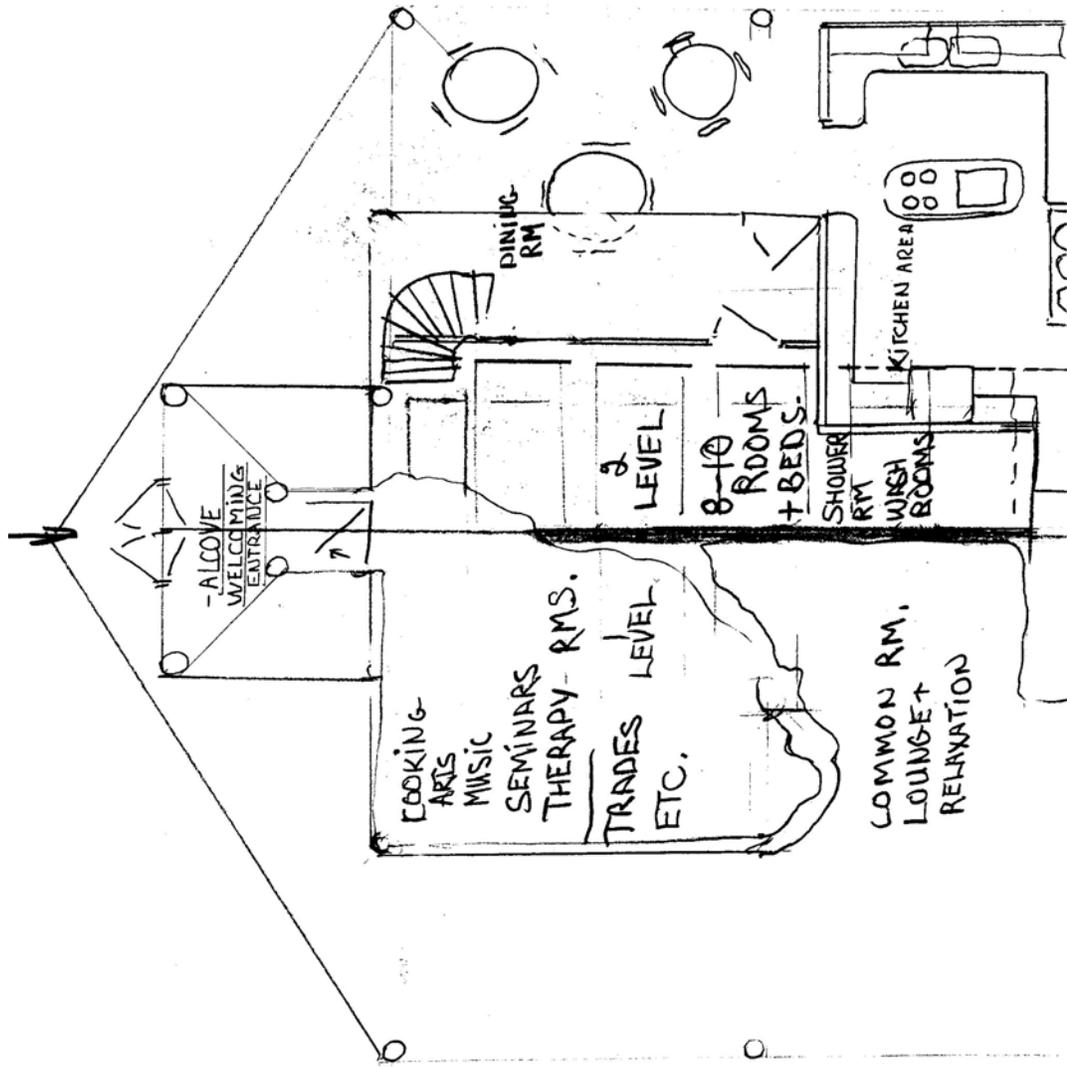
FRONT VIEW

INDEPENDANT FROM OTHER PROPOSAL  
GREEN HOUSE S  
+ COMMUNITY GARDENS  
BOTANICAL GARDENS / SURVIVOR THERAPY  
SKILL ENHANCEMENT / EMPLOYMENT  
PRIDE ACHIEVEMENT ETC.

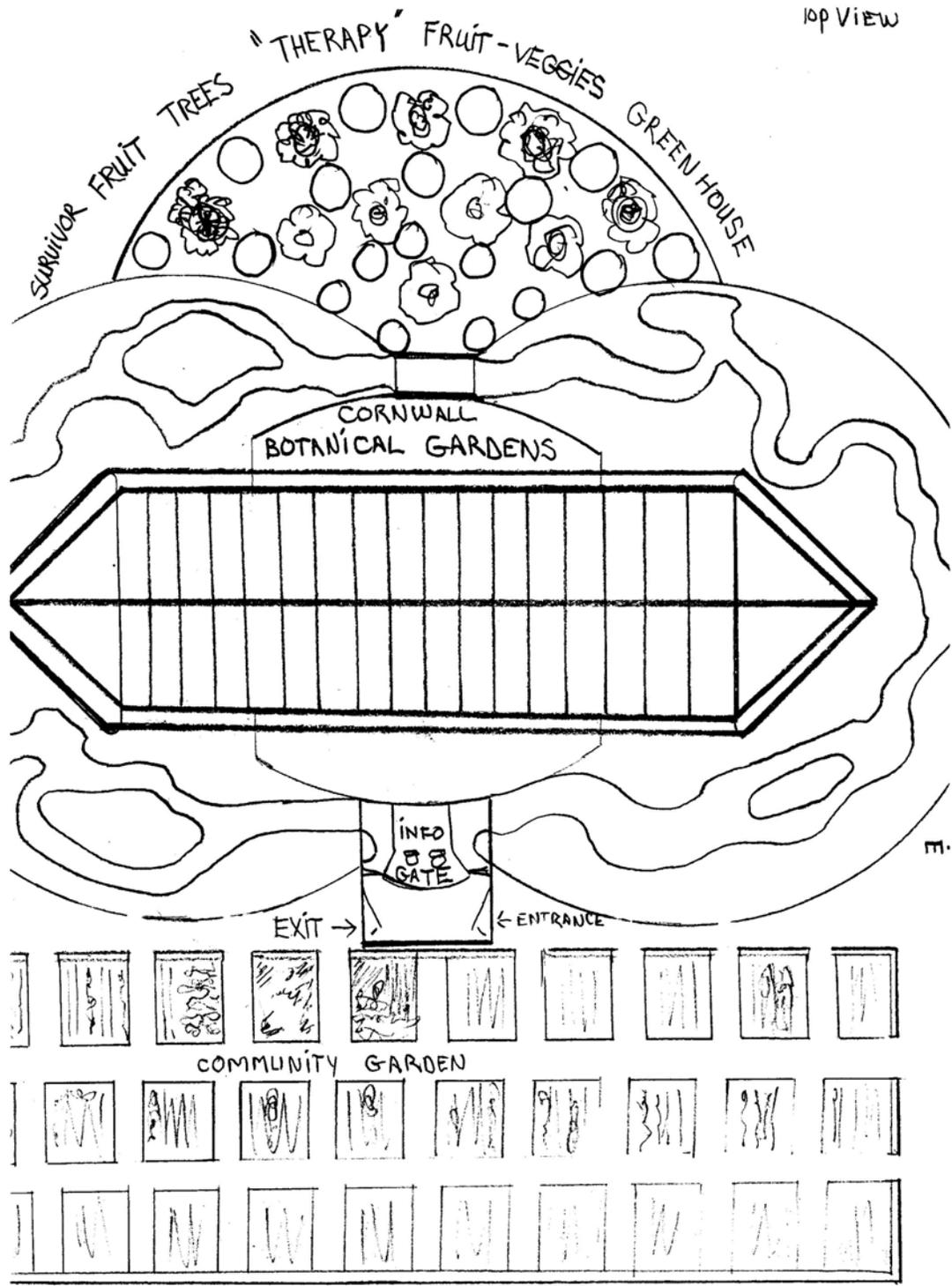


FENCE  
PRIVACY - SECURITY

100



TOP VIEW



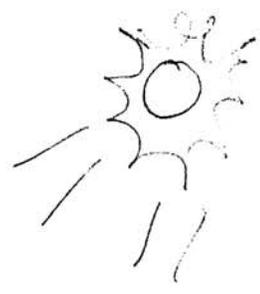
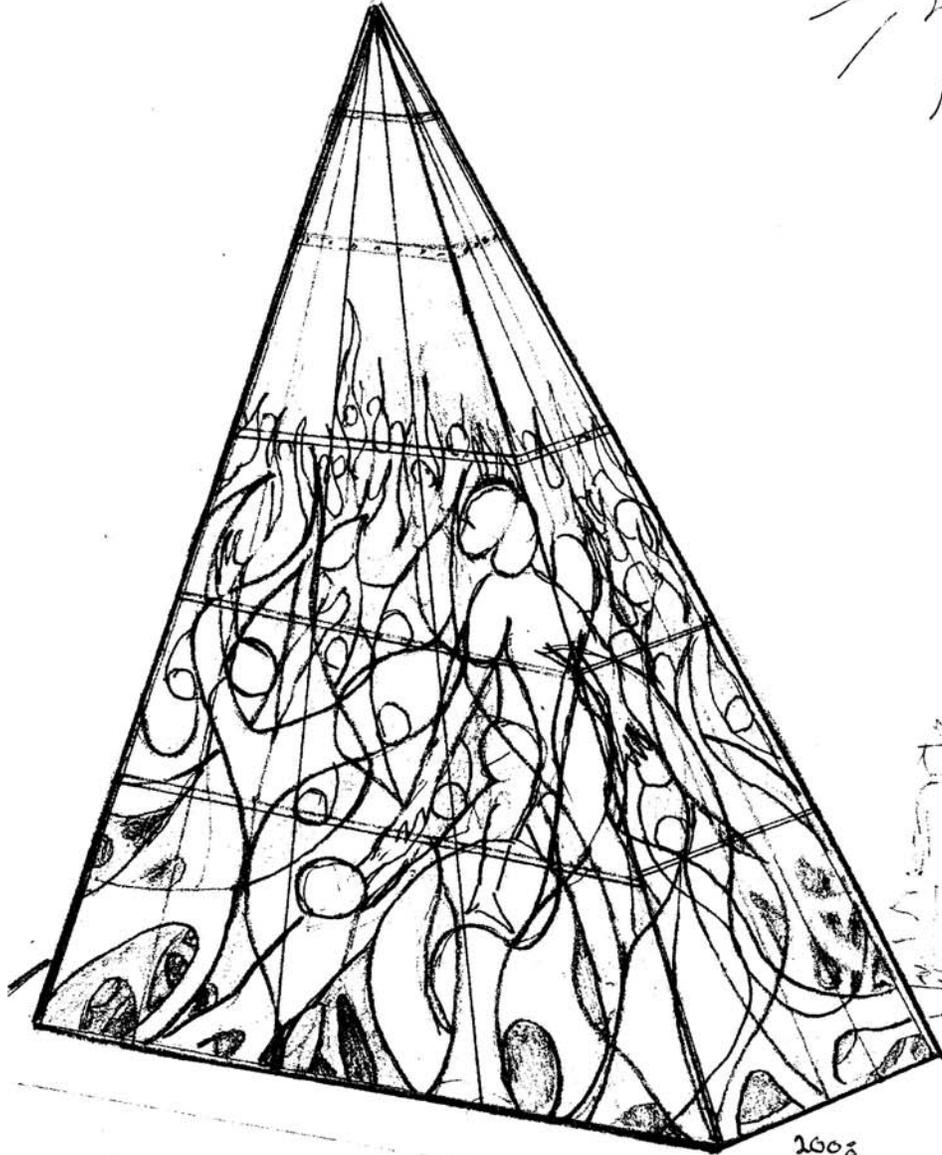
## **APPENDIX D**

### **Citizens for Community Renewal Phase 2 of the Cornwall Public Inquiry**

#### **Survivor's Memorial**

The proposal for a memorial for the abused was suggested by survivors and other community members as way to acknowledge in a public way, and also in an uplifting way, the suffering, the hopes and the aspirations of survivors, not only locally, but for all survivors everywhere. As important as the memorial structure itself, is the symbol it represents, a community acknowledging that an important problem exists that needs to be addressed. The memorial is for those who perished, those who survived, those who struggle still...never to be forgotten, and for survivors' courageous efforts to come forward and stand and say the truth. There would be a promise and a pledge to stop abuse. The Survivor's Memorial could be established in conjunction with the Safe House Project.

One possible memorial (put forward by Kenneth-Keith Ouellette – see attached rendering) is a stained glass tetrahedron or pyramid on top of a typical stained glass structure into which people can enter and view the pyramidal atrium formed above. The structure at ground level will be used as a place for plants, artwork, music and contemplation. The stained glass throughout has individual human figures reaching out and up from the abyss of pain and denial at the bottom, through struggle and then reaching up to the light at the top. Faces will range from ghostly to blank. The memorial presents a symbolic picture of survivors rising above and helping each other with hopes of a better future. The whole structure will be lit at night. As well, the shadow of the pointed structure will act as a pointer to the roman numerals on a sundial's face on the ground to the north of the structure.



2008  
MEMORIAL PROPOSAL  
STAINED GLASS

JKO 2008