

Annual Report



2019

Report from the Chair of the Board

*We are committed to advocacy for social change
and the prevention of sexual violence*

This year's focus is on *closure*, HEALING, *finding inner peace*
and LOVING OURSELVES

for all that we *have been through, worked hard for*
to find the love within ourselves and accept who we are,
which includes our experiences we have lived through, those cracks that we have within us
should not be hidden but highlighted.

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Kintsukuroi 金繕い

is a Japanese art form, which means “golden mend”, mending broken pottery using lacquer resin laced with gold or silver. The mended flaws become part of the object’s design, which creates an even more beautiful object having gone through the process of being broken and repaired. This is also true in our own lives. The cracks that we have do not need to be hidden but filled in and illuminated. You will find examples of Kintsukuroi throughout this report.

In the words of my favourite poet, Leonard Cohen:

“Ring the bells that can still ring.
Forget your perfect offering.
There is a crack in everything.
That is how the light gets in.”

Thank you to our supporters, donors, and volunteers for inspiring us to continue to be passionate, collaborative and determined to grow and persevere. Your generosity allows us to continue our programs, which means survival to the people we support. 2019’s Disco Ball was a great success, please watch for our upcoming 2020 Retro Ball, much thanks to our Disco Ball Chair & Committee for bringing back “THE BALL”.

This being my last year of Board Chair at The Niagara Sexual Assault Center, I want to thank our staff for their love, dedication, sweat, and tears they have put into building and growing the Niagara Sexual Assault Center and to all of our board members that are so dedicated and passionate. It has been an honor working with strong, compassionate women who will not give up, take no for an answer and keep believing and knowing together we will make a change.

Respectfully submitted, Lee Vanderlaan Board Chair



Thank you to our volunteers

“Helping others to heal has always been the best way to ‘get out of myself’ and derive meaning and purpose from the challenges I have faced.

Because I know that healing is possible, offering hope to others as they navigate their healing journey is a great way to share strength.” -CARSA volunteer.

In Memory of Shelley

(Crisis Line Responder, Peer Support, Advocate)

July, 2019 - We lost a highly dedicated volunteer. Shelley was with CARSA for 15 years. She volunteered on the crisis line and provided individual peer support to clients. Shelley was a special person with a generous and kind heart. She touched many other lives. We will all miss her dearly. Much love to her family and friends.

Volunteers are the heart of this centre. They contribute their time supporting and advocating for recent sexual assault victims and adult survivors of childhood sexual abuse trauma. This year we asked CARSA volunteers to share how this work impacts their life and how it feels to be a part of someone’s healing journey.

“I think the most impactful part of volunteering is being able to get the immediate feedback of how much you have helped the caller. Such immediate feedback is also what makes me as a person feel like I have accomplished something meaningful and although it’s only a small amount of time out of my day, I was able to positively impact another person’s whole perspective.”

Public Education

Adverse Childhood Experiences (ACE) such as childhood sexual abuse are strongly correlated with health concerns in adulthood such as high-risk behaviours, poor mental and physical health, poverty, addictions, additional adverse life experiences / abuse in adulthood and shortened lifespan.[1][2][3]

We at the Niagara Sexual Assault Centre believe that students should receive education regarding their basic right to safety so that they can have the opportunity to grow and thrive. We hope to protect our young community members from the impact of trauma in their futures.

The Niagara Sexual Assault Centre is proud to provide the following public education programs:

Elementary Schools

1. Child Assault Prevention (CAP) program for grades 1-6
2. Youth issues for grades 7-8
3. For grade 8's only

Post-secondary and High Schools

1. Sexual harassment
2. Legal issues
3. Dating violence/sexual assault
4. The Undetected Rapist
5. Girls' and boys' grade 9 programs



"This is exactly the strong, positive message that needs to be communicated to our children to prevent the tragedy of abuse... Too often we try to scare children into being safe."

-Parent

- 1) Anda RF; Felitti VJ (April 2003). "Origins and Essence of the Study" (PDF). ACE Reporter. Retrieved 25 March 2014.
- 2) Felitti, Vincent J; Anda, Robert F; et al. (May 1998). "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study". American Journal of Preventive Medicine. 14 (4): 245–258. doi:10.1016/S0749-3797(98)00017-8. PMID 9635069.
- 3) Middlebrooks, J.S.; Audage, N.C. (2008). The Effects of Childhood Stress on Health Across the Lifespan (PDF). Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Archived from the original (PDF) on 2016-02-05. Retrieved 2016-01-29.

Therapeutic Approaches

“I would like to stay thank you very much for this service that has helped me not feel scared about my past and help me to find my voice. Thank you so much to my therapist. The services provided by CARSA have changed my life.”

-Former CARSA client

Our centre provides a three-phase model of trauma recovery. Twenty eight individual sessions are made available to clients over the course of the phases. In addition, clients may also receive 14 sessions of group therapy.

The Niagara Sexual Assault Centre’s 3 phases of trauma therapy are adapted from the work of Judith Herman. Phase 1: Safety and Stabilization: Overcoming Dysregulation. The goal of this stage is to create a safe and stable life in the present so that clients can safely remember the trauma, rather than continue to relive it. Phase 2: Coming to Terms with Traumatic Memories. At this stage, the focus is to overcome the fear of traumatic memories so they can be integrated, allowing appreciation for the person the client has become. The goal is to come to terms with the traumatic past. Phase 3: Integration. Clients work to develop a greater capacity for healthy attachment, and taking up personal and professional goals that reflect post-traumatic growth. Overcoming fears of normal life, healthy challenge and change, and intimacy become the focus of the work. As life becomes reconsolidated around a healthy present and a healed self, the trauma feels farther away, part of an integrated understanding of self but no longer a daily focus.

Our therapists engage clients with the following approaches and interventions:

FEMINIST THERAPY

Feminist therapy is an integrative approach to psychotherapy that addresses the particular challenges and stressors that individuals face as a result of bias, stereotyping, oppression, discrimination, and other factors that affect their mental health. The therapeutic relationship, based on an authentic connection and equality between the therapist and the client, helps empower clients to understand the social factors that contribute to their issues, discover and claim their unique identity, and build on personal strengths to better their own lives and those of others.

NARRATIVE THERAPY

Narrative therapy strives to separate a person from their problems, which provides clients the opportunity to distance themselves from them and explore their impact. Client “narrations” of traumatic stories seek to empower clients to make changes in their lives through “re-authoring” conversations that take into account important values, skills, knowledge and abilities. Therapists encourage clients to rely upon these resources to make desired changes in their lives.

INTERNAL FAMILY SYSTEMS

The Internal Family Systems Model (IFS) is an integrative approach to individual psychotherapy that combines systems theory with the concept that the human consciousness is composed of a central self with relatively discrete subpersonalities or part. Each individual part has its own perspective, interests, memories, and viewpoint. A core tenet of IFS is that every part has a positive intent for the person, even if its actions or effects are counterproductive or cause dysfunction. The IFS method promotes internal connection and harmony.

STRUCTURAL DISSOCIATION

Therapists utilize this theory to help clients develop an understanding of the dissociation between the emotional personality (EP) and the apparently normal personality (ANP) as a result of complex trauma. Clients are guided to make sense of internal conflict and perceptions while

interpreting their emotions, behavior, and physical reactions as information about the effects of trauma.

EMDR

Eye movement desensitization and reprocessing (EMDR) is a form of psychotherapy developed to address post-traumatic stress disorder (PTSD). During an EMDR session a client is asked to recall distressing memories related to the traumatic event; the therapist then directs the client in a type of bilateral (left/right) sensory input, such as side-to-side eye movements, tactile or audio stimulation allowing the brain to process and reframe negative self-perceptions associated with the trauma.

DRAMA THERAPY

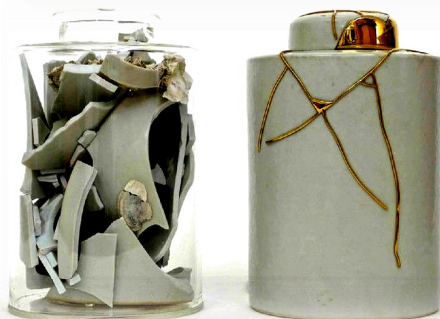
Drama therapy is the intentional use of drama and/or theater processes to achieve therapeutic goals. Drama therapy is an embodied practice that is active and experiential. This approach can provide the context for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis.

ART THERAPY

Art Therapy uses the creative process to help clients increase insight, cope with stress, work through traumatic experiences, increase cognitive, memory and neurosensory abilities, improve interpersonal relationships and achieve greater self-fulfillment. It stimulates the senses, helps to process memories and encourages interpersonal connection.

SENSORIMOTOR PSYCHOTHERAPY

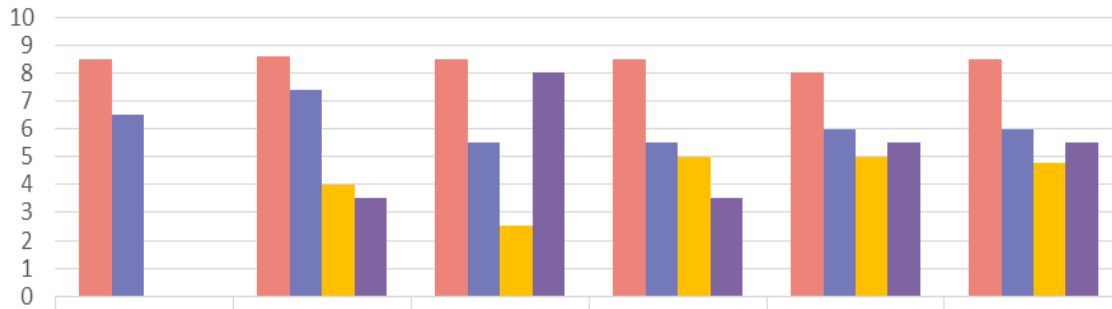
This form of trauma therapy addresses physical symptoms, especially those of a dissociative nature such as bodily anesthesia or motor inhibitions, which can cause difficulties in emotion regulation, cognitions, and daily functioning. When words are not enough to help a client heal, a somatic approach to trauma treatment can be effective. Traditional psychotherapy focuses on the cognitive or emotional aspects of the individual while Sensorimotor psychotherapy joins cognitive and somatic techniques.



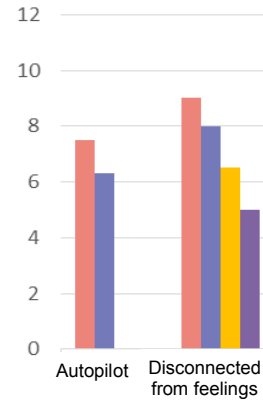
These events shape us. Impact us. Affect us. But they are not the totality of us. Parts of us are whole and the parts that aren't we can mend with compassion, joy and respect.

The Path to Healing

Hyper-arousal

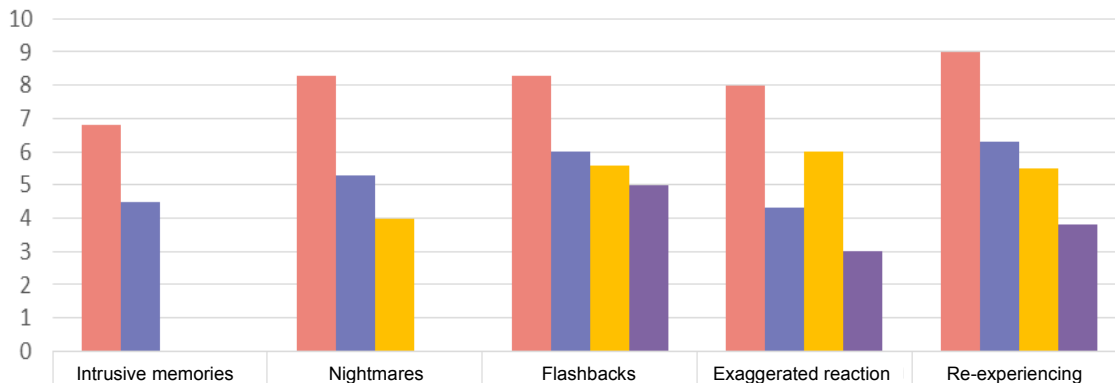


	Difficulty sleeping	Difficulty concentrating	Easily startled	Anger / agitation / irritability	Hypervigilance	Anxiety
Pre	8.5	8.6	8.5	8.5	8	8.5
Post 1	6.5	7.4	5.5	5.5	6	6
Post 2		4	2.5	5	5	4.8
Post 3		3.5	8	3.5	5.5	5.5

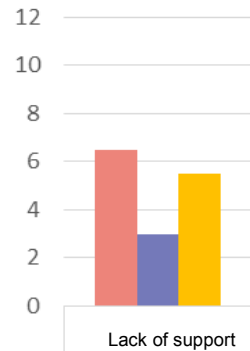


	Autopilot	Disconnected from feelings
Pre	7.5	9
Post 1	6.3	8
Post 2		6.5
Post 3		5

Re-experiencing

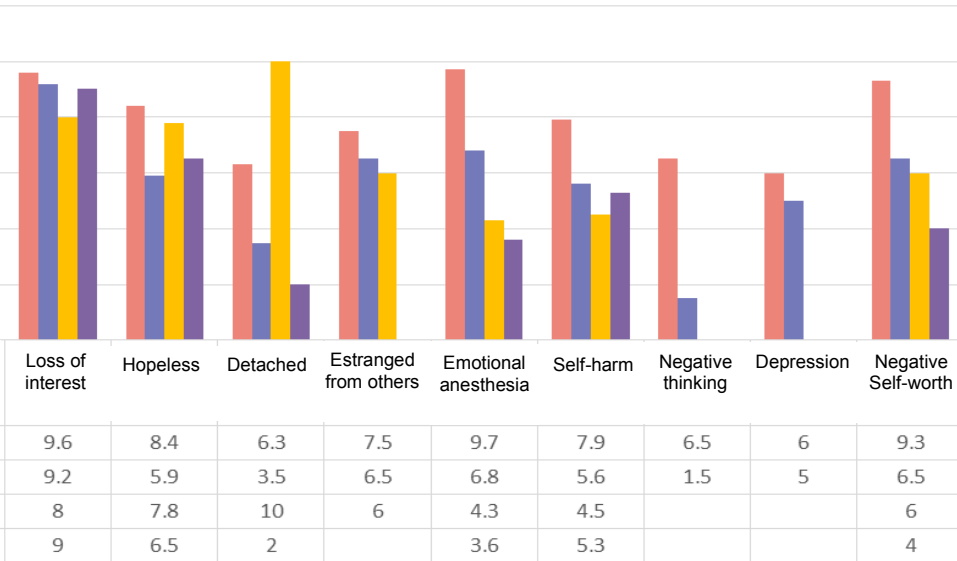


	Intrusive memories	Nightmares	Flashbacks	Exaggerated reaction	Re-experiencing
Pre	6.8	8.3	8.3	8	9
Post 1	4.5	5.3	6	4.3	6.3
Post 2		4	5.6	6	5.5
Post 3			5	3	3.8

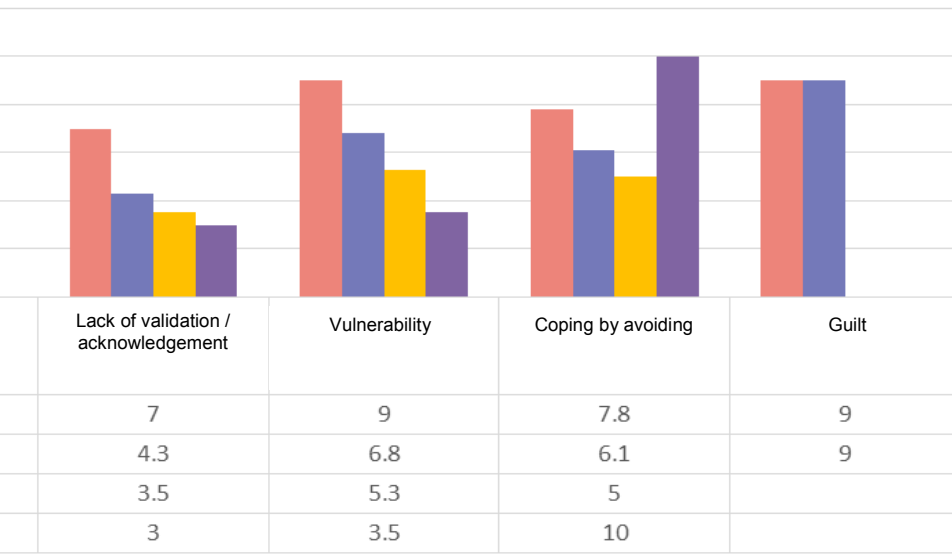


	Lack of support
Pre	6.5
Post 1	3
Post 2	5.5
Post 3	

Numbing/Avoidance



Risk Factors for PTSD



Symptoms of trauma are represented here in 4 categories and reflect the healing process of our clients. This information was collected from files closed in 2018.

The numbers represent the self-assessed intensity of symptoms throughout therapy using a Subjective Units of Distress Scale (SUDS). The SUDS is a scale of 0 (no disturbance) to 10 (most disturbance possible) .

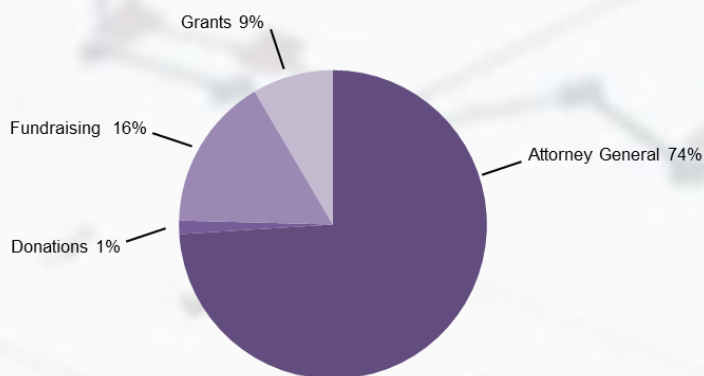
Our therapists invite clients to identify their SUDs at the beginning and the end of each of the 3 phases of therapy.

There are four categories, each with their own cluster of symptoms. These SUDs allow both the client and the therapist to reflect upon and evaluate the progress of therapy throughout the phase work.

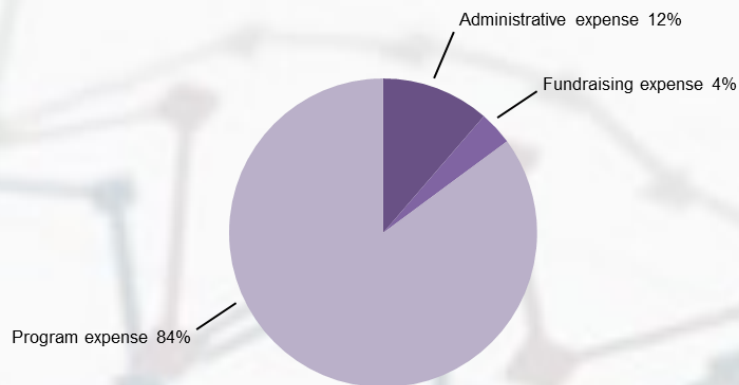
Financial Highlights For the Year End March 31, 2019

	2019	2018	2017
Attorney General	\$441,538	\$441,538	\$441,538
Donations	\$8,412	\$5,773	\$6,492
Fundraising	\$96,036	\$67,537	\$120,485
Grants	\$50,630	\$60,837	\$63,948
Administrative expense	\$67,801	\$67,770	\$64,740
Fundraising expense	\$23,360	\$21,036	\$70,566
Program expense	\$495,253	\$507,608	\$528,374

Source of Revenue



Allocation of Resource



United Way

Donor/Sponsorship Recognition, In Kind

Donations

Chantal Barrett
Beatties
Joan Bradnam
James Bradley
Cupe, Local 1287
Cupe, Local 4207
Credit Bureau Services
DiBattista Family Fund
Fenwick Lioness Club
Joanne Egoroff
Elementary Teachers Federation of Ontario
C. Fursey
Marian Gibbons
Grantham Lioness
Geraldine Hawken
Nancy Howes
Kinsmen Club of Niagara-on-the-Lake
Marilyn Johnson
May Court Club of St. Catharines
Joan E. Marlow Memorial Fund
Catherine McMurtry
Niagara Region Police Association
Patrick Meek
Prevent Challenge Foundation of Niagara
RE/MAX Niagara Realty
Ridgeway Lions Club – Welfare

Rotary Club of Niagara Falls Sunshine
Royal Canadian Legion #612
Scoop Group Inc.
Shoppers Drug Mart – Life Foundation
Elena Slingerland
P. Smith
Rosaline Sollmen
Sorooptimist International
St. Davids & District Lioness Club
Stamford Lioness
Town of Fort Erie
United Ways – Designated Funds
Gerda Vanderkloet
Welland Optimist
Frances Young
Zonta Club – Niagara Falls
Zonta Club – Fort Erie
Zonta Club – St. Catharines

Sponsorship

Brock Ford Sales
Corporate Facilities
First Ontario
Gales Gas Bars Limited
Gary Alderson -photographer (In Kind)
Henley Honda
Laanko Holdings
2441397 Ontario Limited

St. Catharines Professional Firefighters

Sarah Hummel-Greathouse

Gregory Stone

Unifor

In-Kind Donations

Steadman Jewelers

G3 Photography and Video

Gotcha Covered

ColourShock Media Inc.

Style with Sarina

FantasticalFlare.ca (Copeland DJ.ca)

Holiday Inn

We extend our sincere gratitude to all donors – including those not listed and who wish to remain anonymous. Every effort has been made to ensure the accuracy and completeness of these very important lists. If you discover an omission or error, please accept our apologies and notify the centre. We will ensure that this is rectified in the 2020 Annual Report.

Contact Information - 905 682 7258

Cheri Huys
Volunteer Coordinator, Hospital Response
Program, CAP Facilitator – 33 years of service
Ext. 202

Donna Christie BA
Public Education Coordinator - 38 years of
service Ext. 213

Hana Pinthus Rotchild RSW DTATI
Therapist - 4 years of service Ext. 204

Kim Rock MEd MACP
Therapist , Case Manager - 28 years of service
Ext. 206

Lisa Berketo MEd
Administrative Coordinator - 24 years of service
Ext. 207

Lyndsay Simmons MA CCC RP (qualifying)
Therapist Ext. 210

Stella Bird MACP RP
Therapist - 3 years of service Ext. 205

Suzanne Mason BJ
Public Education Coordinator - 17 years of
service Ext. 208

Vera Krasovec MSW RSW
Clinical Supervisor - 16 years of service Ext. 203



Funding for this program is provided by
the Government of Ontario

