



# VIVA VOCE

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WINTER 1997/98

A NATIONAL NEWSLETTER ABOUT CHILD VICTIMS AND WITNESSES

## STRESS AND VICARIOUS TRAUMA - A CROWN ATTORNEY'S PERSPECTIVE

*Paul Bailey, Crown Attorney, Chatham ON*

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**Some of us cope by  
converting covert sorrow  
into overt rage.  
I believe this is because  
some hardened  
prosecutors find rage a  
sign of strength but sorrow  
a sign of weakness.**

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with natural feelings of empathetic sorrow. In our prosecutors' subculture, we may be embarrassed to disclose our sorrow. This is especially so for those of us who are senior personnel. Some of us cope by converting covert sorrow into overt rage. I believe this is because some hardened prosecutors find rage a sign of strength but sorrow a sign of weakness.

The hardening process is sometimes fostered by forces external to our prosecutors' subculture. The public, the police and even the press can have a powerful influence in this regard. As a young prosecutor, I came to know a lovely 6 year-old child during a lengthy trial. Her sister Chelsea had been killed by a drunken driver. After the trial but before sentencing she wrote a victim impact statement in the form of a letter. It had been hand printed in crayon. It began with the words, "Chelsea was the

very best friend a sister could ever have." I simply filed this letter as an exhibit during the sentencing process. I explained to the judge that I did not have the emotional stamina to read it into the record aloud. A short time later the local newspaper printed an article about the victim impact statements and beneath my photograph, in bold type, the caption read: "Bailey does not have the emotional stamina to read them." I found this entire experience to be profoundly stressful. I never discussed it with anyone and resolved to toughen up.

The mechanism for effectively assisting others to cope with the emotional turmoil of stress and vicarious trauma is usually

CONTINUED ON PAGE 2

### INSIDE THIS ISSUE

- Stress & Vicarious Trauma - A Crown Attorney's Perspective
- Vicarious Trauma
- Vicarious Trauma: Recommended Reading
- Closed-Circuit Television
- S.C.C. Judgement: Videotaped Evidence
- Websites
- Events & Conferences
- Subscription

I am a senior prosecutor. As I write this article, Christmas is approaching. There are times that I feel like Jacob Marley, the ghostly former partner of Ebenezer Scrooge. The chain which pulls me down is forged of recurring images of death, cruelty and suffering. Such feelings are not atypical for prosecutors of my tenure. What follows is an account of how I arrived at this state and what I hope to do about it.

Prosecutors routinely come in contact with victims who are suffering profoundly. It is necessary for prosecutors to comprehend this suffering so they can honestly communicate it to the jury. In my opinion, a truly effective prosecutor must carefully protect the capacity to make certain clinical decisions in connection with the case while at the same time allowing herself/himself to become sufficiently empathetic to truly feel some of the victims' pain. This is indeed a difficult and dangerous balancing act. The inevitable result is that to some extent, prosecutors themselves become vicariously traumatized by the crime.

The validity of vicarious pain is all too easily denied. As prosecutors, we are not the true victims. We may feel that we are trivializing the horror of the real victims by the acting as if we are entitled to share their pain. We may feel uncomfortable

CONTINUED FROM PAGE 1

counter intuitive to a seasoned barrister. I have discovered that this point is not easily understood by social workers to whom listening and validating feelings is second nature. An illustration is in order.

Recently, my wife Laura was driving to work and happened to pass by the scene of a crime where a man had been stabbed in the throat. He was lying on the sidewalk bleeding and being attended to by others as she drove by. Upon arriving at work she immediately telephoned me and with voice quivering described how she had seen blood spurting from the wound. I stopped her mid-sentence and advised her that spurting blood was a sign of arterial bleeding. I then queried whether she had stopped at the scene and had applied direct pressure to the wound. She informed me that she had not and with voice now cracking queried whether or not I thought the victim would live.

When I tell this true story to social workers it immediately provokes groans of disapproval. They recognize the obvious. Laura did not call for a retrospective critique of her first aid skills.

She had been emotionally traumatized and needed support. Yet when I tell this story to senior prosecutors I often receive nods of approval. I had, after all, proposed a solution to the crisis. What else should be expected of me?

It is important to realize that those who are most vulnerable to the effects of stress and vicarious trauma are the senior people within our organizations. It is this genre of prosecutor who possess a

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professional assistance.**

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repertoire of horrific memories. The most innocuous occurrence often triggers the recall of specific horrors. I can't drive by a certain park without recalling the photographs of the 7 year-old, his lifeless blue eyes staring at me from a beaten and bloody face. I can't drive by certain intersections without recalling the post mortem photographs of innocent victims, often children, who were killed there. I can't look at an unfinished basement without visualizing a small hungry boy looking out from between the bars of a locked dog cage. These intrusive thoughts substantially diminish my capacity to experience the joy of life and family.

That it is the senior people in our organization who are most at risk, is often not obvious to those same people. Many have put their faith in their own hardness and sometimes flaunt it as if it were a badge of honour within our subculture. I believe that this hardening process necessarily entails risks and costs that are seldom discussed openly. These costs may entail decreased capacity to love and be loved and the decreased ability to honestly

communicate the suffering of the victim to a jury in any form other than anger.

I believe that senior prosecutors must scrupulously avoid forcing younger prosecutors to blindly accept the risks and costs of the hardening process. We must avoid engaging in the subtle put-downs of counselling junior prosecutors in emotional distress that they only lack experience. Such advice implies that they are currently weak and will become stronger when they are exposed to even more pain. Those of us with enough experience know that this is a lie.

As a former police officer I saw my share of death, cruelty and agony. As a former police diver I have spent many work days on the bottom of rivers, groping in the black for the bodies of drowning victims. As a pilot who has flown for twenty-eight years and who possesses a commercial license with multi engine and instrument ratings, I have seen my share of in-flight emergencies. I am a veteran of numerous homicide prosecutions. Surely I am entitled to call myself seasoned. Not once have I ever let fear, sorrow or anxiety prevent me from performing my duty. Surely I am entitled to call myself strong. Nevertheless the hardening process proved inadequate as a coping mechanism. I realize that it was necessary for me to make dramatic readjustments.

That realization came with the death of a loved one. Just as no loving person can insulate themselves entirely from tragedy, no loving person can control the amount of stress to which they are subjected. There comes a point when the pressure within the hardened vessel exceeds the strength of the vessel. The literature is replete with anecdotes similar to my own.

All of my adult life, I had equated the credo of "duty first," to an endorsement of the hardening ethic. For me, a reevaluation of the worth of a hardening ethic has been a lengthy and difficult process. At times progress has seemed painfully slow.

CONTINUED ON PAGE 3

## VIVA VOCE

A National Newsletter About  
Child Victims and Witnesses

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I now accept that doing one's duty must not necessarily entail a denial of the validity of openly sharing the pain of others. At a recent conference, I tried to explain this to a group of senior prosecutors. Although one prosecutor participated in the presentation by expressing the concern that he might be labeled mentally ill should he acknowledge being affected by vicarious trauma, most others responded with stone faced silence. I came away from this presentation emotionally traumatized. I lay awake that night believing that I had made a complete and utter fool of myself. Later, individually and privately, a number of these same prosecutors provided me with some extremely positive feedback. Some went so far as to share some of their own grief with me. Perhaps there is room for a ray of hope.

Currently in Ontario, there is no infrastructure to support prosecutors who require debriefing, emotional support or confidential professional assistance. No literature has yet been distributed concerning vicarious trauma. Where we go from here I am not certain but I have been authorized to study, consult and propose a plan of action to the highest level of management within the Criminal Law Division of the Ministry of the Attorney General. That ray of hope may be brightening into a sunbeam. ☞

## Trauma and Post-traumatic Stress

*Canadian Traumatic Stress Network*  
[http://play.psych.mun.ca/~dhart/trauma\\_net](http://play.psych.mun.ca/~dhart/trauma_net)

*David Baldwin's Trauma Info Pages*  
<http://gladstone.uoregon.edu/~dvd/trauma.htm>

*Psych Trauma Pages: Department of Psychology, University of Queensland, Australia*  
 (good source of links)  
<http://psy.uq.edu.au/PTSD>

*International Society for Traumatic Stress Studies*  
<http://www.istss.com>

# VICARIOUS TRAUMA

*T. Edward Bober, M.S.W., C.S.W., Brampton ON*

Since the 1970's professionals have increasingly heard their clients speak of traumatic experiences related to violence, abuse and assaults. These trauma events are not only painful but they also destroy a sense of faith in oneself and one's community (Herman, 1992).

Although many trauma survivors were willing to risk telling their stories, the professional community may not have been prepared or trained for the impact of those trauma stories. Over time professionals have reported that thoughts and images of these trauma stories have intruded into their everyday life outside of the office. Some professionals have wondered whether they were 'cut out' for the work or were they 'losing it'.

McCann and Pearlman (1990) explored the impact of trauma stories on therapists and coined the phrase vicarious traumatization. Vicarious traumatization occurs as a result of empathetic engagement with a client's trauma stories. The therapist may develop parallel symptoms of distress, including a change in his/her system of beliefs. Professionals working with trauma related stories are susceptible to cognitive, psychological, behavioural and interpersonal effects. Research has found that the more trauma stories a professional heard, the more likely the professional experienced disruptions in his/hers life (see Munroe et.al 1995, Pearlman & Saakvitne, 1995). Professionals as well as volunteers working with traumatized clients have reported a range of disruptions and distresses (see Figure 1).

Interestingly, research found that a professional's years of experience or

**FIGURE 1**  
**Vicarious Trauma Signs**

- Increasing thoughts of client's trauma
- Feeling numb
- Diminishing sense of trust/safety
- Less tolerance of a range of emotions
- Decreasing sense of competency
- Cynicism
- Questioning personal values
- Isolating oneself
- Difficulty managing usual stress reactions

professional degree did not prevent the vicarious trauma effects. The 'rookie' staff as well as the "old pros" are equally as likely to experience signs of distress. The most important finding is that vicarious trauma is normal response to listening and working empathetically with trauma material of clients.

Sometimes the issue of vicarious trauma has led to confusion with other terms such as secondary trauma, compassion fatigue or burnout. A key distinction is that vicarious trauma is an outcome of trauma related work. Burnout is related to emotional exhaustion, usually the culmination of years of job demands and expectations that exceed the staff's abilities and resources.

With an increased recognition of vicarious trauma there has been attention paid to strategies to prevent or minimize the distress of trauma work. Research is only beginning to understand effective strategies for resilience and recovery. Strategies to cope with vicarious trauma include a range of actions by the individual professional (see Figure 2).

# CLOSED CIRCUIT TELEVISION

Karen Bellehumeur,  
Assistant Crown Attorney, London ON

On February 3, 1998 London had its first application for closed circuit television allowed for an adult with a mental disability under section 486(2.1). The complainant in this case was a 37 year old developmentally challenged woman with an I.Q. in the 45-50 range. She also suffered from epilepsy which tended to be aggravated by stress. The case involved an allegation of sexual touching that occurred at a community centre for mentally disabled adults.

During the hearing, conducted to determine whether closed circuit television could be used, evidence was presented to the court about the complainant's condition and her ability to testify in open court. It was indicated that the complainant was experiencing a very high level of anxiety and stress concerning her upcoming testimony. Further, at times, her distress about testifying interfered with her daily functioning. She was specifically fearful of the accused, not withstanding the absence of any allegation of threats or violence. During a number of courthouse visits, in preparation for testifying, she had expressed her concern about seeing the accused and her fear of being harmed by him. Despite all of this she was adamant about proceeding with the charge.

The trial judge held that the evidence concerning the complainant's condition warranted the use of closed circuit television.

## FIGURE 2 Lifestyle Choices

- Balance diet
- Moderate caffeine/alcohol use
- Exercise
- Participate in leisure activities
- Maintain a social support network
- Talk about distress you experience
- Give yourself rest
- Value your efforts as well as your successes

Just as it is essential not to blame the trauma victim for the trauma, it is also vital not to blame the professional or volunteer for vicarious trauma. The workplace environment is a key factor in maintaining the well-being of staff. Accountability for dealing with the risk of trauma related work problems needs to be shared by the entire organization. Vicarious trauma is an occupational health issue and must be addressed by the workplace as a whole (see Figure 3).

Although trauma work has its risks, it also exposes the professional to stories of courage and determination. These stories can restore and renew the sense of faith in the client, the caregiver and their community. A healthy workplace is an important step as professionals help clients and communities regain their sense of faith and well-being.

## FIGURE 3 Workplace Health Strategies

- High level of safety and trust
- Recognition of stressful conditions
- Absence of violence (emotional verbal/physical threat)
- Stress reduction achieved without addiction/abuse (e.g. to alcohol, caffeine, or work)
- Equal management and staff accountability for the employee's well-being (e.g. time to assess staff needs and training)
- Respectful resource utilization (time for work... for rest)

## References

- Herman, J.L. (1992) *Trauma and Recovery* New York: Basic.
- Munroe, J.F. and others (1995) Preventing traumatized therapist: A team treatment model. in C.R. Figley (ED) *Compassion Fatigue*. New York: Brunner/Mazel.
- Pearlman L.A. and Saakvitne, K. (1995) *Trauma and the Therapist*. New York: Norton.

*Edward Bober is a therapist and consultant who works with clients and organizations. Since 1990 his work has focused trauma, resiliency and recovery.*

## Vicarious Trauma: Recommended Reading

- Chemiss, Cary (1995). *Beyond Burnout*. New York: Routledge
- Figley, C.R. (1995). *Compassion Fatigue, Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York: Brunner/Mazel Publishers
- Hanh, Thich Nhat (1991). *Peace is Every Step. The Path of Mindfulness in Everyday Life*. New York: Bantam
- Herman, Judith Lewis (1992). *Trauma and Recovery. The Aftermath a Violence - from Domestic Abuse to Political Terror*. Basic Books
- Maslach, Christina (1982). *Burnout - The Cost of Caring*. Spectrum Books, Prentice-Hall.
- Noer, D.M. (1993). *Healing the Wounds, Overcoming the Trauma of Layoffs and Revitalizing Downsized Organizations*. California: Jossey-Bass Inc., Publishers.
- Pearlman, I.A. & Saakvitne (1995). *Trauma and the Therapist*. New York: W.W. Norton & Co.
- St. James, Elaine (1996). *Living the Simple Life*. New York: Hyperion.
- Wilson, J.P. & Lindy, J.D. (Ed.) (1994). *Countertransference and the Treatment of PTSD*. New York: The Guilford Press.

List compiled by: Deborah Sinclair, M.S.W.  
Toronto ON

# SUPREME COURT OF CANADA JUDGEMENT: VIDEOTAPED EVIDENCE

Indexed as: R. v. F.(C.C.)

Reasons delivered: December 18, 1997

Present: Sopinka, Cory, McLachlin, Iacobucci and Major JJ

on appeal from the court of appeal for Ontario

*Criminal law - Videotape evidence - Children - Videotape made of child-complainant's testimony shortly after alleged crime and admitted into evidence on adoption by child - Requirements for the admissibility of a videotaped statement under s.715.1 of the Criminal Code - Whether voir dire necessary - Effect of inconsistencies between child's viva voce evidence and videotaped statement - Criminal Code, R.S.C., 1985, c. C-46, s. 715.1.*

The respondent was convicted of touching his six-year-old daughter for a sexual purpose. The police investigated the complaint the evening it was made and videotaped the complainant's statement describing the incident. At trial, the complainant was shown the videotape following her examination-in-chief. She identified herself in the videotape, confirmed that she made the statements on the videotape and that they were true. The trial judge ruled that the complainant had adopted the videotaped statement and admitted it as evidence pursuant to s. 715.1 of the Criminal Code. On cross-examination the complainant made statements which contradicted in part the videotaped statements. The Ontario Court of Appeal overturned the conviction and directed a new trial at the discretion of

the Crown. At issue here were the requirements for the admissibility of a videotaped statement under s.715.1 and the effect of an inconsistency between the child's viva voce evidence and her videotaped statement. Also at issue was whether a voir dire should have been held with respect to the admissibility of the complainant's videotaped statement.

An adopted videotaped statement should, together with the viva voce evidence given at trial, comprise the whole of the evidence-in-chief of the complainant. Any questions which arise concerning the circumstances in which the video was made, the veracity of the witnesses' statements, or the overall reliability of the evidence, are matter for the trier of fact to consider in determining how much weight the videotaped statement should be given.

A voir direct must be held in order to review the contents of the tape to ensure that the statements within it conform to the rules of evidence. At this stage, the trial judge may exercise his or her discretion to exclude the videotaped statement if prejudice from its admission would outweigh its probative value.

No substantial wrong resulted from the failure to hold a voir dire. Since the complainant adopted the videotape's contents and absent evidence that the trial judge would or should have exercised the residual discretion to exclude the evidence because of unfairly prejudicial effects its admission would have on the respondent, the videotaped statement was properly admitted.

Authors Cited:

Bala, Nicholas and Hilary McCormack. "Accommodating the Criminal Process to Child Witnesses: *L. (D.O.) and Levogiannis*" (1994), 25 C.R. (4th) 341.

Flin, Rhona and J.R. Spencer. "Do Children Forget Faster?", [1991] *Crim L.R.* 189.

Lathi, Diana B. "Sex Abuse, Accusations of Lies, and Videotaped Testimony: A Proposal for a Federal Hearsay Exception in Child Sexual Abuse Cases" (1997), 68 *U. Colo L. Rev.* 507.

McGrath, Mike and Carolyn Clemens. "The Child victim as a Witness in Sexual Abuse Cases" (1985), 46 *Mont. L. Rev.* 229.

Perry, Nancy Walker and Bradley D. McAuliff, "The Use of Videotaped Child Testimony: Public Policy Implications" (1993) 7 *Notre Dame J.L. Ethics & Pub. Pol'y* 387.

## Excerpts from the Reasons for Judgement


It can thus be seen that the primary goal of the section is to create a record of what is probably the best recollection of the event that will be of inestimable assistance in ascertaining the truth. The video record may indeed be the only means of presenting a child's evidence. For example, a child assaulted at the age

of three or four years may have very little real recollection of the events a year or two later when the child is attempting to testify at trial. Justice L'Heureux-Dubé in her minority reasons in *L. (D.O.)*, supra, noted the fundamental importance of having the videotape before the court. At p.450 she stated:

Section 715.1 ensures that the child's story will be brought before the court regardless of whether the young victim is able to accomplish this unenviable task.

The test of adoption should not be the final determination of reliability but rather a means of ascertaining whether the videotape meets the threshold degree of reliability required to admit it for the truth of its contents. The adoption of the videotape renders the evidence admissible pursuant to s.715.1. Once the trial judge rules that the statement has been adopted, the video becomes the evidence of the events described as if the child were giving the statements on the videotape in open court (*L. (D.O.)*, supra at p. 458). An adopted videotaped statement should, together with the viva voce evidence given at trial, comprise the whole of the evidence-in-chief of the complainant.

After the videotaped evidence has been admitted, any questions which arise concerning the circumstances in which the video was made, the veracity of the witness= statements, or the overall reliability of the evidence, will be matters for the trier of fact to consider in determining how much weight the videotaped statement should be given.

Wherever evidence is tendered for admission under s.715.1 of the Code, a formal voir dire must be held to determine whether the requirements of the section are met and to ensure that the videotape conforms with the rules of evidence. 

## Some interesting and useful web sites

### Victim Assistance and Victims of Crime

*Victim-Assistance Online* (A Comprehensive Resource Center)  
<http://www.mnsi.net/~rmccall/homepage.html>

*Child Witness Project*, London Family Court Clinic  
<http://www.lfcc.on.ca/cwp.htm>

*Victims of Crime Links Page*, London Family Court Clinic  
<http://www.lfcc.on.ca/viclinks.htm>

*National Crime Victims' Research and Treatment Center*  
<http://www.musc.edu/cvc>

*Information On Compensation for Victims of Crime*: Law Society of Upper Canada  
[http://www.lsuc.on.ca/public/public\\_law\\_criminal\\_260\\_ent.shtml](http://www.lsuc.on.ca/public/public_law_criminal_260_ent.shtml)

*Victims of Violence*  
[http://www.childcybersearch.org/v\\_of\\_v](http://www.childcybersearch.org/v_of_v)

*Metro Action Committee on Public Violence Against Women and Children (METRAC)*  
<http://www.metrac.org>

*Access to Justice Network*: Offering legal information & educational resources  
<http://www.acjnet.org>

*National Institute of Justice (U.S.)*: Publications & products re: victims  
<http://www.ojp.usdoj.gov/nij/victdocs.htm>

*The Centre for Research on Violence Against Women and Children*  
<http://www.uwo.ca/violence>

*Childfind*: By clicking on "Safety" and choosing the "Just in Case" series, you can get to useful guidelines for parents whose children have to testify in court, etc.  
<http://www.childfind.ca>

Canadian Society for the Investigation of Child Abuse  
<http://www.csica.zener.com>

*Canadian Criminal Justice: A Primer*: A good source for links and recent legal decisions and publications. Go to Chapter 3 on victims and the criminal justice system.  
<http://www.cjprimer.com>

*The Victims of Crime Handbook for the Northwest Territories*  
<http://www.acjnet.org/docs/victmap.html>

*The National Children's Advocacy Center*: A good source of bibliographies & other information  
<http://hiwaay.net/~ncacadm/index.html>

*CAVEAT*  
<http://www.caveat.org>

### Governments, Courts and Laws

*Parliamentary Internet (Canada)*  
<http://www.parl.gc.ca>

*Supreme Court of Canada*  
[http://xinfo.ic.gc.ca/opengov/supreme.court/sc\\_home.html](http://xinfo.ic.gc.ca/opengov/supreme.court/sc_home.html)

*Department of Justice Canada*: Linking to Canadian laws  
[http://canada.justice.gc.ca/index\\_en.html](http://canada.justice.gc.ca/index_en.html)

*Institute for Law and Justice (U.S.)*  
<http://www.ilj.org>

### Professional Journals and Articles and Publishers

*American Psychological Association: Psychnet*  
<http://www.apa.org/psychnet> (pubs, etc.)

*American Journal of Psychiatry*: Provides abstracts of journal articles  
<http://www.appi.org>

*Publications & Products re: Victims*: National Institute of Justice (U.S.):  
<http://www.ojp.usdoj.gov/nij/victdocs.htm>

*Sage Publications*: Gives abstracts & ordering information on current & past publications  
<http://www.sagepub.com>

If your organization has a web site, or if you have suggestions of useful web sites that should be included in future issues of *Viva Voce*, please let us know by e-mailing Samantha Poisson ([sam@lfcc.on.ca](mailto:sam@lfcc.on.ca)).

# EVENTS AND CONFERENCES CALENDAR

**MARCH 4-6, 1998**

**Philadelphia PA**

*Traumatic Grief: The Synergism of Trauma & Grief: Exploring a New Paradigm of Service Delivery.*

**MARCH 17-20, 1998**

**Huntsville AL**

*14th National Symposium on Child Sexual Abuse.*

National Children's Advocacy Center, Symposium Office at 205-534-1328; fax 205-534-6883

**APRIL 6-7, 1998**

**Toronto ON**

*Therapy with Children: 1998 International Conference Series.*

Play Therapy International at 613-384-2795; fax 613-634-0866; e-mail: cplayti@limestone.kosone.com

**MAY 2-6, 1998**

**Toronto ON**

*Traumatic Stress: Let's Get Practical: CTSN 1998 Forum*

The Canadian Traumatic Stress Network at 416-665-3889; fax 416-661-5701

**MAY 26-29, 1998**

**Denver CO**

*Are We Caring for America's Children While We Are Managing Care: 26th Annual Child Abuse and Neglect Symposium.*

C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect (Fran Dollard) at 303-321-3963

**JUNE 7-9, 1998**

**Winnipeg MB**

*Stemming the Tide: Expanding Approaches to Risk Reduction for Sexually Abusive Youth/14th Annual Conference.*

National Adolescent Perpetrator Network (NAPN)

**AUGUST 8, 1998**

**London ON**

*Child Abuse Prevention & Awareness Day*

(special motorcycle ride from Toronto, Barrie, Hamilton and Windsor. All proceeds to Child Abuse Prevention Charities).

Invest In Kids Foundation at 416-974-4453 fax 416-974-4454

The CAPPY Club presents  
The James G. Carnegie Memorial  
5th Annual Ontario  
**Child Abuse  
Prevention  
& Awareness Day**  
Saturday  
August 8th, 1998  
8:30 a.m. to 5:00 p.m.  
Special motorcycle ride  
from Toronto, Skyline, Barrie,  
Hamilton, and Windsor  
Supported by  
The Association of Chiefs of Police  
Rotary Clubs  
Blue & Red Knights  
Invest In Kids  
Foundation

**SEPTEMBER 6-10, 1998**

**Auckland, New Zealand**

*Protecting Children: Innovation and Inspiration/12th International Congress on Child Abuse and Neglect.*

International Society for Prevention of Child Abuse and Neglect (ISPCAN) Building 43, Auckland Hospital, Private Bag 92024, Auckland, New Zealand, +64-9-379-7440, ext. 6788; fax: +64-9-307-0599.

**SEPTEMBER 8-11, 1998**

**New Delhi, India**

*World Conference on Family Violence*  
People to People Ambassador Programs, Dwight D. Eisenhower Building, 110 South Ferral Street, Spokane WA 99202-4800, 509-534-0430; fax: 509-534-5245

**NOVEMBER 16-21, 1998**

**Cincinnati OH**

*Twelfth National Conference on Child Abuse and Neglect*

Twelfth International Conference on Child Abuse and Neglect, 8484 Georgia Avenue, Suite 1000, Silver Spring MD 20910-5604, 301-589-8242; fax: 301-589-8246.

**Publications and Audiotapes  
NOW AVAILABLE**

**Trauma & Controversy, ISTSS 12th Annual Meeting (October 1997).**  
Professional Programs Audio Cassettes, 805-255-7774; fax 805-254-4774

**Project "Guardian": The Sexual Exploitation of Male Youth in London, Ontario (1997).**  
London Family Court Clinic, 519-679-7250 (Ext. 104); fax 519-675-7772





Ann

**Submissions Invited:  
Soumissions invités :**

Send to:

**Ann Farnsworth**  
by May 1, 1998

*Opinions, Commentaries and  
Letters to the Editor are welcomed.*



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- Attending a national tele-conference in my community.  
*Topic of interest* \_\_\_\_\_
- Learning more about facilitating a national tele-conference in my community

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City: \_\_\_\_\_ Province: \_\_\_\_\_ P. Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## VIVA VOCE

**London Family Court Clinic Inc.**  
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