



Centre de liaison sur l'intervention  
et la prévention psychosociales

## Vigie psychosociale Psychosocial Intelligence

Bulletin de veille / Newsletter  
Septembre 2008 / September 2008



Ce bulletin est envoyé chaque mois par le Service de gestion d'information et des connaissances (SEGIC) du CLIPP. Son contenu provient de plusieurs centaines de sites Web répertoriés par le SEGIC. Notre but est de vous faire parvenir directement et rapidement de l'information actuelle et pertinente dans le domaine du psychosocial. Pour un accès amélioré, les informations sont regroupées par thématique, événements importants, sites web intéressants et article scientifique du mois.

*Le Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP) est un organisme de coordination et d'expertise en transfert des connaissances.. Ses activités concernent exclusivement les problématiques psychosociales. À vocation interuniversitaire et intersectorielle, le CLIPP assure la liaison entre le réseau de la recherche psychosociale, les milieux d'intervention et de prévention, les décideurs et les médias.*

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The *Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP)* is a coordination and expertise centre in knowledge transfer. The CLIPP's activities are exclusively related to psychosocial issues. By its interuniversity and intersectorial vocation, the CLIPP assures the transfer of knowledge between psychosocial research networks, the field of intervention and prevention, political deciders and the media.

*This Newsletter is sent each month by the CLIPP's Knowledge and Information Management Service. Its content brings together information from several hundred websites indexed by the CLIPP. Our objective is to provide you with relevant and updated information in the psychosocial field. For easier access, information is divided accordingly : subject index, important events, websites and scientific articles of the month.*

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## Événements dumoais / Events of the month

**1 au 4 septembre 2008**

[3e Conférence internationale sur les facteurs psychosociaux au travail : « Les facteurs psychosociaux au travail : de la connaissance à l'action ».](#)

Québec, Québec  
Hotel Loews Le Concorde

Cette conférence 2008 est organisée par la Commission internationale de la santé au travail abordera quatre thèmes principaux : les interventions préventives; la gestion des incapacités et le retour au travail; le harcèlement psychologique au travail; et les politiques publiques sur la santé mentale au travail. Les présentations incluront les problèmes de santé mentale, cardiovasculaires et musculosquelettiques ainsi que des méthodologies quantitatives et qualitatives de recherche.

**5 septembre 2008**

[3e colloque sur la santé mentale et la toxicomanie en milieu de travail.](#)

Québec, Québec  
Hotel Loews Le Concorde

Ce colloque est une occasion unique pour rassembler les intervenants en entreprises et les chercheurs canadiens afin d'échanger leurs expertises et leur point de vue sur la prévention du stress au travail. Pour faire suite au colloque de Vancouver et celui de Toronto, la Chaire en gestion de la santé et de la sécurité du travail de l'Université Laval est heureuse de vous accueillir à Québec. Au cours de cette journée nous aborderons les thèmes suivants : Les évidences scientifiques en matière d'interventions sur le stress au travail; Les initiatives canadiennes en prévention du stress au travail; L'établissement de standards canadiens sur le stress au travail.

**4 au 7 septembre 2008**

[9th Global Conference on Ageing - Health, Participation and Security through an Enabling Environment.](#)

Montréal, Québec  
Palais des congrès

This double event will combine the ninth installation of IFA's flagship global conference series on ageing with the international debut of our new exposition series on ageing and design, together in one location for the first time. The IFA mission is to "inform, educate and promote policies, programs and practices that improve the quality of life of older persons around the world." To achieve this mission, we act as a voice for older people globally. It is responsible for building, facilitating and strengthening bridges between government, non-government and corporate sectors with interest in ageing issues. The IFA further works to strengthen those non-government organizations through collaboration on a common goal. Finally, the IFA works through improving understanding of ageing policies and practices and developing a base of information toward the goal of promoting change that positively affects the lives of older people in the present and into the future.

**19 septembre 2008**

[Colloque de l'Association de médiation familiale du Québec.](#)

Montréal, Québec  
ProBanquet, maison de la congrégation

Fidèle à la mission de l'Association de médiation familiale du Québec (AMFQ) de promouvoir la médiation et de fournir des occasions d'échange sur le développement des connaissances de pointe dans la pratique de la médiation familiale. Quels que soient votre formation professionnelle de base ou encore vos intérêts professionnels, les sessions de formation vous offrent un éventail de possibilités d'apprentissage. Elles vous permettront, entre autres, d'approfondir vos connaissances dans des problématiques telles que la médiation avec les situations difficiles, la médiation familiale à distance et internationale, la parole de l'enfant et les questions fiscales et financières.

## Santé psychologique au travail / Psychological Health at Work

### Risques psychosociaux : les femmes, les employés et les ouvriers sont particulièrement touchés

Source : Réseau de recherche en santé et en sécurité du travail du Québec (RRSSTQ)

Les femmes, les employés et les ouvriers sont les principaux concernés par les risques psychosociaux. C'est ce que révèle la DARES au travers de l'enquête Sumer 2003 (Surveillance médicale des risques) grâce au modèle de Karasek. Les données sont issues d'un questionnaire qui permet d'évaluer pour chaque salarié l'intensité de la demande psychologique à laquelle il est soumis, la latitude décisionnelle dont il dispose, et le soutien social qu'il reçoit sur son lieu de travail. Ce document présente une première synthèse des résultats de l'étude.

## Dépendances / Addictions

### **Parental Supervision and Alcohol Use in Adolescence: Developmentally Specific Interactions.**

Clark, Duncan B.; Kirisci, Levent; Mezzich, Ada; Chung, Tammy

Source : *Journal of Developmental & Behavioral Pediatrics*. 29(4):285-292, August 2008.

**Objective:** While parental supervision has been demonstrated to predict adolescent alcohol involvement, there has been little focus on the influence of adolescent characteristics, such as personality and alcohol use, on the effectiveness of parental supervisory practices. This study examined the interaction of parental supervision and adolescent alcohol use from late childhood through middle adolescence.

**Method:** Families were recruited through fathers with substance use disorders or fathers representing reference groups identified as having a biological child age 10 to 12 years. These children (N = 773) were assessed and follow-up visits conducted in early adolescence (ages 12-14) and middle adolescence (age 16). Parental supervision and alcohol use were determined at each visit. In the context of demographic variables and childhood psychological dysregulation, the statistical model examined global and developmental stage-specific relationships between supervision and alcohol use.

**Results:** Consistent with interactional hypotheses, childhood psychological dysregulation and early adolescent alcohol use predicted less effective parental supervision.

**Conclusions:** While the study design limited the extent to which predictive associations could be interpreted as indicating causal relationships, adolescents with psychological dysregulation and higher levels of alcohol use may resist parental supervision. The challenges to parents presented by difficult adolescents need to be taken into consideration in developing preventive and treatment interventions.

## Violence familiale et conjugale / Domestic Violence

### **A Study In Mothering And Violence**

Source : *Medical News Today*

The traumatic effect of watching a parent suffer abuse has been well-documented. Children can be psychologically, physically, and emotionally damaged. Whether they witness it or experience it themselves, children growing up with violence in the home are more likely to develop psychological or behavioral disorders.

However, documentation of cases of families with intimate partner violence is largely based on the retrospective eye of children who experienced incidents of it at an older age. A new study funded by the Canadian Institutes of Health

Research (CIHR) being conducted by researchers from UNB, Dalhousie, UPEI and CBU is looking at the effects of intimate partner violence on small infants and their mothers, focusing on the interaction between them.

"Most of what we know about family violence we know from those who recall the experience much later often years following the experience," says Jean Hughes, Associate Professor at the Dalhousie School of Nursing and one of the investigators involved in the study. Prof. Hughes notes while many children feel the effects of violence very strongly, others appear less affected as if they rise above it.

"The Mothering Study" aims to create a new understanding of what behaviors and services help the mother to protect her young child or children from these lasting psychological and behavioral effects. Researchers want to learn how to better help women in abusive relationships, especially those with infants.

In order to do this, they are interviewing mothers, videotaping interactions between mother and child, and talking to service providers who help mothers in (or formerly in) abusive relationships. This includes talking to formal providers, such as doctors, as well as community providers such as shelters and support groups. Prof. Hughes stresses there is complete confidentiality for all who participate.

Though researchers have interviewed women from across the Maritimes and from all different socio-economic backgrounds, the victims have a lot in common. "By and large, they're all telling us the same kinds of stories," says Prof. Hughes. She adds the mothers interviewed articulated that it felt good to tell their stories, especially if it would make a difference for other mothers.

Nevertheless, recruitment for participants in the study is slow. "It takes a lot of gumption to pick up a phone and say, I've been in an abusive relationship," affirms Prof. Hughes. This is especially true for the group they're looking to interview women with young children in abusive relationships often have a hard time acknowledging that they are in them, or struggle with leaving. The mothers "worry there may not be a change for the better." They are fearful of the consequences financial, emotional, psychological or physical that could come with ending the relationship.

So what should family members and friends of women in abusive relationships do? Jean Hughes thinks the most important thing is to be supportive, and make sure they know that they are loved unconditionally. Offering ultimatums is not the way to help, as hard as it is to watch a loved one get hurt. Instead, start by convincing them to commit important phone numbers to memory, so when they are in need of help or ready to reach out for support, they know where to turn.

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### **Maternal Blame : Battered Women and Abused Children**

Cheryl Terrance, Karyn Plumm, Betsi Little

*Source : Violence Against Women, Vol. 14, No. 8, 870-885 (2008)*

Participants (N = 126) read one of four scenarios depicting an incident of child physical abuse inflicted by the father. Scenarios varied history of wife abuse (present vs. absent) and severity of child abuse (battering vs. death). Overall, the father was held highly responsible. Greater maternal culpability was assigned when a history of wife abuse was present. The degree to which the mother should have been able to predict the incident of child abuse and maternal responsibility were mitigated when the abuse resulted in the death of her child. Perceptions of maternal psychological stability were jeopardized as a function of the presence of wife abuse. Implications are discussed.

## **Maltraitance envers les enfants / Child Abuse**

### **Storying Childhood Sexual Abuse**

Claire Burke Draucker, Donna s. Martsof

*Source : Qualitative Health Research, Vol. 18, No. 8, 1034-1048 (2008)*

A theoretical framework that explains how survivors of childhood sexual abuse tell others about their abuse experiences is presented. Data are drawn from open-ended interviews conducted with 74 individuals who

experienced ongoing childhood sexual abuse by a family member or close acquaintance. Grounded theory methods were used to develop the framework. The psychosocial problem shared by the participants is that childhood sexual abuse both demands and defies explanation. The core psychosocial process used in response to this problem is storying childhood sexual abuse. The framework includes five processes, and the stories associated with each process vary in their nature and function. The processes and associated stories are (a) starting the story: the story-not-yet-told, (b) coming out with the story: the story-first-told, (c) shielding the story: the story-as-secret, (d) revising the story: the story-as-account, and (e) sharing the story: the story-as-message. Clinical applications of the framework are discussed.

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### **A Meta-Analysis of Parent-Involved Treatment for Child Sexual Abuse**

Jacqueline Corcoran and Vijayan Pillai

*Source : Research on Social Work Practice 2008;18 453-464*

Sexual abuse in children not only occurs with alarming frequency, it also potentially leads to deleterious consequences for victims. Previous narrative reviews have touted the benefits of including the nonoffending caregiver in child sexual treatment. Objective: A meta-analysis is conducted to determine the effects of parent-involved treatment in four major child symptom areas: internalizing, externalizing, sexualized behaviors, and posttraumatic stress. Method: Only comparison/control group studies are included. Participant, treatment, and methodological characteristics of studies are coded, as well as information to calculate effect sizes. An overall effect size is calculated, though the small number of studies precluded moderator analysis. Results: Seven studies are located that met the inclusion criteria. At posttest, treatment had small effects in the four outcome domains over alternative interventions and was reduced still further at follow-up. Conclusion: Parent-involved treatment confers some advantage over comparison conditions (typically child-only treatment).

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### **Child Abuse in Sweden**

by Joan E. Durrant, Ph.D.

*Source : The Natural Child Project*

For a number of years, various media have carried reports stating that child abuse has increased in Sweden since the passage of the 1979 corporal punishment ban. This statement, which was recently given new life in the Canadian Charter Challenge to Section 43 of the Criminal Code, is completely erroneous. All available evidence indicates that Sweden has been extremely successful in reducing rates of child physical abuse over the past few decades and that reduction has been maintained since the passage of the corporal punishment ban. The purpose of this brief report is to disseminate accurate information on this issue.

#### **1. Reporting Rates vs. Rates of Actual Abuse**

The claim that child abuse has increased in Sweden is primarily based on misinterpretation of assault report statistics. It is the case that reporting of child physical assault has increased in Sweden since the 1970s - as it has in every nation that has raised awareness of the issue of child abuse. Reporting rates are by no means equivalent to rates of actual abuse. They are sharp reflections of, and strongly tied to shifts in public awareness.

For example, in the early 1960s, it was estimated that about 300 children were being maltreated in the U.S. By 1990, the U.S. Advisory Board on Child Abuse and Neglect had officially recorded 2.4 million reported cases. By 1993, they had recorded almost 3 million cases. It is highly unlikely that actual child maltreatment increased by a factor of 10,000 in that period. It is also highly unlikely that only 300 children were maltreated in the U.S. in the early 1960s.

It is a well-known fact that when mandatory reporting laws, public education campaigns, and other measures are implemented to increase awareness, reporting will increase. This is the goal of such measures. The Swedish reporting figures have been cited as if they are actual rates of abuse, which they are not.

The Swedish National Crime Prevention Council examined 434 cases of assaults on young children within the family that were reported to the police in 1990 (all cases) and 1997 (every other case). It was found that the proportion of cases involving serious injuries sustained by children in this age range had decreased substantially. The majority of reported assaults result in minor injuries or no injuries at all. On the basis of an extensive analysis of the data, the

National Crime Prevention Council concluded that there has been an increase in the propensity to report cases of assault on young children, and that it is this increase that is responsible for most, if not all, of the rise in the number of such offenses reported to the police. (Nilsson, 2000, p. 68).

## 2. Prevalence of Child Physical Assault Across Time

Studies conducted at various points in time demonstrate that the prevalence, frequency and harshness of assaults against children have declined dramatically in Sweden over the last two generations. Substantial proportions of women who became mothers in the 1950s struck their children at least weekly (e.g., 55% of mothers of 4-year-old daughters; 20% of mothers of 8-year-old sons). (Stattin et al., 1995). Among 3- to 5-year-old children of that generation, implements were used by 13% of mothers (Stattin et al., 1995).

In contrast, 86% of youth who were born in the 1980s report never having been physically punished (Janson, 2001). Of those who were, the vast majority experienced it no more than once or twice in their childhoods (SCB, 1996). Virtually no children are hit with implements in Sweden today.

It is important to note that legislative reform began many decades ago in Sweden. The corporal punishment ban was the end, not the beginning, of legal changes in that country. Most notably, the provision excusing parents who caused minor injuries to their children through physical punishment was repealed from the Swedish Penal Code in 1957. The explicit ban on physical punishment was implemented 22 years later.

## 3. Child Abuse Fatalities

The incidence of homicides of children under the age of 5 can provide an estimate of child abuse mortality, as it is these children who are most vulnerable to fatal injury and the contribution of other forms of external violence is minimized among this age group. Between 1975 and 2000, the average annual number of homicides of children aged 0 to 4 in Sweden was 4. The average incidence between 1995 and 2000 (2.8) was lower than that between 1975 and 1980 (4.0) - despite population growth.

The World Health Organization (2002) provides homicide incidence figures for children aged 0 to 4 in Sweden (1996), Canada (1997) and the United States (1998).<sup>1</sup> These figures are:

Sweden: 3; Canada: 24; United States: 723

(Canada's population is approximately 3 times larger than Sweden's. The U.S. population is approximately 20 times larger than Sweden's.)

Child homicides attributable specifically to physical abuse (excluding homicide-suicides, neonaticide and postnatal depression) are virtually non-existent in Sweden. Between 1976 and 2003 a total of 4 children died in Sweden as a result of physical abuse.

## Summary

There is no evidence to support the claim that child abuse has increased in Sweden since corporal punishment was banned there in 1979. In fact, Sweden has maintained a very low rate of child abuse for more than 25 years.

## Three Important Points

1. It is important to note that Sweden's law was intended to affirm children's rights; it was not expected to end all abuse of children for all time. North American assault laws have not eliminated assaults against adults, yet we recognize their importance in setting a standard of non-violence for the society, sending a clear message, and affording protection to those who have been harmed. This was the fundamental intent of Sweden's corporal punishment ban.

2. Legislative reform in Sweden began in 1928, when corporal punishment was forbidden in secondary schools. It was 1957 when the legal defense of reasonable correction was repealed from Sweden's Penal Code. The ban must be viewed within its historical context to be understood.

3. Since Sweden passed its ban on corporal punishment in 1979, 22 other nations have followed:

1979: Sweden; 1983: Finland; 1987: Norway; 1989: Austria; 1994: Cyprus; 1997: Denmark; 1998: Latvia; 1999: Croatia, Israel; 2000: Germany, Bulgaria; 2003: Iceland; 2004: Romania, Ukraine, Hungary; 2006: Greece; 2007: Chile, Netherlands, New Zealand, Portugal, Spain, Uruguay, Venezuela

(In addition, the Supreme Courts of Italy and Nepal have ruled that corporal punishment is unlawful.) The purpose of these bans is to explicitly recognize children's rights to protection under the law - the same rights that adults take for granted.

1 Rates per population are not available for Sweden and Canada due to their low incidence. Incidence rates are presented here for the most recent years for which data were available in the WHO World Report on Violence and Health (2002).

#### References:

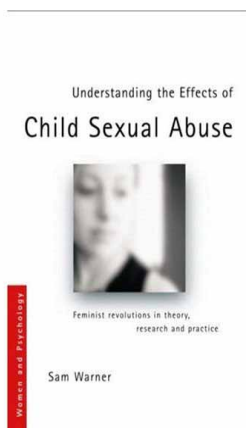
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SCB (1996). Spanking and Other Forms of Physical Punishment: Study of Adults and Middle School Students. Opinions, Experience, and Knowledge. Demografiska Rapporter, 1.2.

Stattin, H., Janson, H., Klackenborg-Larsson, I., & Magnusson, D. (1995). Corporal punishment in everyday life: An intergenerational perspective. (J. McCord, ed.) 315-347. Cambridge University Press; Cambridge.

World Health Organization (2002). World Report on Violence and Health. Geneva.



### **Women and Child Sexual Abuse: Theory, Research and Practice** by S. Warner (Author)

*Source : Amazon.com*

Paperback: 256 pages

Publisher: Psychology Press; 1 edition (**Dec 4 2008**)

Child sexual abuse is a global problem that negatively affects many women and girls. As such, it has long been of concern to feminists, and more recently mental health activists. *Women and Child Sexual Abuse* draws on this revolutionary legacy to re-evaluate mainstream and feminist approaches to understanding women and child sexual abuse. The book aims to contribute to the ongoing development of a knowledge-base for working with abused women and girls. *Women and Child Sexual Abuse* draws on feminism and post-structuralism to critically examine current perceptions of women, girls and child sexual abuse in psychology, psychiatry and the mass media. The book demonstrates the need to question the use of formulaic methods in working with abused women and girls, and calls for an explicit concern with politics, principles and ethics in the related areas of theory, research and practice. Using research into women who have been sexually abused in childhood, and who are detained in maximum security mental health care, Sam Warner explores and identifies key principles for practice. A social recovery model of intervention is developed, and case study examples are used to demonstrate its applicability in a range of practice areas. These include abuse psychotherapy; expert witness reports in child protection; with mothers of abused girls; and with women and girls in secure care contexts. This thorough investigation of this emotive issue provides a clear theoretical and practical framework for understanding and coping with child sexual abuse. This book will be of interest to anyone who works with children and adults who have been sexually abused. This includes clinical psychologists, therapists and other professionals that work in mental health, psychotherapy and social services; and legal settings within both community and secure care contexts. It should also be essential reading for students and academics in this area.

## Transfert des connaissances / Knowledge Transfer

### Rôle des intermédiaires dans l'utilisation des données probantes dans les politiques et les pratiques : leçons tirées d'un examen des relations entre les experts-conseils et leur clientèle

*Source : Fondation canadienne de la recherche sur les services de santé*

Les courtiers de connaissances, ces personnes qui comblent le fossé entre les créateurs et les utilisateurs des connaissances, sont bien connus pour leur rôle d'intermédiaires dans l'application des conclusions de recherche dans les politiques et les pratiques. À ce jour, les travaux réalisés sur le courtage de connaissances ont surtout porté sur leur rôle en tant qu'experts-conseils auprès de l'administration publique. Pourtant, il est possible de tirer des leçons importantes de l'expérience du secteur privé. Dans l'article publié en 2008 dans *Evidence & Policy: A Journal of Research, Debate and Practice*, Chih Hoong Sin définit cinq approches d'expertise-conseil, qu'il nomme la pollinisation croisée, le jumelage, l'interprétation et le traitement, les modes de diffusion multiples ainsi que l'énonciation du point de vue de l'utilisateur.

#### Cinq rôles d'intermédiaires

La pollinisation croisée consiste à créer des liens avec de nombreux secteurs afin de cerner les possibilités d'échanges d'information utile. Toutefois, ce type de courtage comporte certains obstacles : les nouvelles connaissances tendent à demeurer dans le milieu où elles ont été découvertes, ce qui signifie qu'il peut être difficile pour l'expert-conseil de déterminer les parcelles de savoir susceptibles d'être pertinentes pour un autre secteur.

Comme pour la pollinisation croisée, le jumelage vise à regrouper créateurs et utilisateurs de connaissances. Les courtiers qui adoptent cette approche sont souvent priés d'animer des ateliers multisectoriels qui favoriseront l'entente et la compréhension mutuelles. Ils contribuent également à l'établissement de relations utiles et solides entre partenaires. Si cette méthode peut s'avérer très avantageuse, elle comporte également des risques : il arrive qu'un expert-conseil éparpille ses efforts entre un trop grand nombre de clients ou concentre ses énergies sur une trop petite clientèle, limitant ainsi ses sources de nouvelles connaissances.

L'interprétation et le traitement visent l'explication et l'adaptation d'information émanant d'un secteur de façon à la rendre limpide et pertinente pour un autre. Il s'agit cependant d'un travail ardu : plus les différences sont marquées entre deux secteurs, plus il est difficile de convertir les renseignements sans leur faire perdre leur importance.

Les courtiers qui recourent à des modes de diffusion multiples adoptent diverses stratégies. Ils ne se limitent donc pas à la documentation écrite pour veiller à la mise en pratique de nouvelles connaissances.

Enfin, les courtiers qui se spécialisent dans l'énonciation du point de vue de l'utilisateur ne se contentent pas de communiquer les nouvelles connaissances : ils transmettent également de l'information sur les besoins des utilisateurs et aident ces derniers à déterminer les renseignements recherchés.

#### Courtage : prudence

Malgré le bien-fondé du courtage de connaissances, Chih Hoong estime qu'il faut tenir compte d'autres facteurs dans l'utilisation de nouvelles connaissances. En dépendant trop des courtiers pour la transmission des connaissances, les chercheurs peuvent rencontrer des problèmes, puisque ces experts conseils n'ont pas tous les mêmes compétences et aptitudes pour interpréter les conclusions de travaux et que chacun a forcément des objectifs et des intérêts propres lorsque vient le moment d'appliquer les nouvelles connaissances.

## COMMENTAIRES/INFORMATIONS POUR L'ABONNEMENT AU BULLETIN

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