



Interconnectedness Initiative

First Case Conference Report December 2023

Introduction

During the previous year of the VCST's Interconnectivity Initiative, "Case Conferencing" was identified as an essential tool to address sensitive cases among survivors of torture in the region, and to bring forward the experiences of the project's stakeholders in addressing those cases.

The project, funded by the [Victoria Foundation](#), has undertaken a comprehensive approach to address the needs of survivors of torture in our community. Eight mental health, settlement and integration organizations in the BC Capital Region and Metro Vancouver accepted our invitation to participate.

You can read all about this project [here](#).

One of the activities of the project is "Case Conferencing". The objectives of this activity are:

1. To enhance the capacity of staff members to support survivors of torture.
2. To foster the coordination and collaboration of professional services provided for the survivors of torture.
3. To share best practices and protocols among stakeholders.

The first of three case conferences took place December 7, 2023, with the participation of 14 people from 6 organizations on Vancouver Island: VCST, VICCIR, ICA, VIRCS, UVic Social Justice Program in Victoria, and CVIMS in Nanaimo.

Ana Pavon, Staff Counsellor with the Vancouver Island Counselling Centre for Immigrants and Refugees (VICCIR) presented the case of a former child soldier from Africa who has been living in Canada for more than 10 years.

Due to the sensitive nature of this topic, participants who responded to our invitation were asked to accept a **confidentiality pledge**. Once participants accepted the pledge, a confidential link to the Zoom event was sent to them. No personal or private information about the person in this case was disclosed during the conference.

The following background was shared with all participants before the event.

Child Soldiers in Africa - A Brief Background

The recruitment and use of children, typically under the age of 18, as soldiers is a complex and troubling phenomenon. This issue has been prevalent in several African countries and has been associated for many years with various armed groups and militias.

Children are often [forcibly recruited](#) into armed groups through abduction, coercion, or manipulation. Poverty, lack of education, and unstable family environments contribute to the vulnerability of children to recruitment.

Child soldiers are typically involved in frontline combat, acting as soldiers, porters, or even suicide bombers. They may also be used for [non-combat roles](#) such as cooks, messengers, and spies.

The international community widely condemns the use of child soldiers, and efforts have been made to address the issue. The United Nations has established mechanisms, such as the [Optional Protocol to the Convention on the Rights of the Child](#) on the involvement of children in armed conflict, to prevent the recruitment and use of child soldiers.

In [2008](#), it was estimated that 40 percent of child soldiers worldwide were in Africa, and the use of child soldiers in armed conflict was increasing faster than in any other continent—additionally, the average age of children recruited as soldiers appeared to be decreasing.

Child soldiers face severe physical and psychological consequences due to exposure to violence, forced participation in brutal acts, and the loss of their childhood. Their reintegration into society can be challenging, as these children often carry trauma and stigmatization.

Furthermore, children exposed to war and conflict face severe emotional stress that can result in lifelong mental health and psychosocial [issues](#), which often go undetected for years.

Some progress has been made in the demobilization and reintegration of former child soldiers. Still, long-term success requires sustained efforts in addressing the systemic [causes](#) of armed conflicts and wars, such as poverty, lack of education, and colonialism.

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Lessons Learned and Best Practices

- When helping survivors of war, political violence, and torture, such as former child soldiers, the approach should be holistic and interdisciplinary to tackle the multidimensionality of torture and the uniqueness of each individual. There are no “cookie cuts” or universal recipes.
- Our vision must address in detail the full range of needs of the survivor. Maintain a culture- and gender-sensitive lens, empowering and facilitating survivors’ strengths, well-being, and social functioning. We must uphold the dignity of survivors and ensure the security and safety of survivors and their family members.
- Working with survivors requires a thorough assessment, including the client's strengths (e.g., the role of spirituality, culture, and values) and ensuring SAFETY for all.
- Connection and trauma work doesn’t need to be face-to-face. Once respect, trust and connection are established (Who is this counsellor for the client? How do we let them define what is guiding the process?), sessions can be done online or by phone. This is the result of the power of a relationship based on an attitude of positive regard, respect, compassion, trust, and connection, combined with a variety of therapeutic approaches.
- Flexibility regarding, for instance, approaches and times is needed to tackle all the angles at any time, as we cannot rush the individual's process.
- A professional team must be set up (trained volunteers and staff members come together as a team) to conduct weekly consulting and supervision meetings.
- Therapy and advocacy work is intrinsic to this process. This is done through various channels, starting with the ongoing assessment of client needs, their impact on mental health, and the rehabilitation/recovery process (networking phone calls, meetings, emails, case consultations with other professionals involved, etc.).
- An advocacy strategy must be adopted to overcome barriers to identifying and accessing services. **ADVOCACY IS AT THE CORE!**
- Openness to creativity is required when tailoring support services while taking care of the ethical aspects of working with survivors of torture, war, and political violence – such as confidentiality, privacy, respect, and building trust, among other elements.
- “Go the extra mile”. In other words, be aware that we must go above and beyond what is expected, make a more significant effort than is required, and exert unique energy to accomplish the goals set when working with torture survivors.
- Finally, ensure you have resources for self-care and supervision for all the professionals and staff involved, including translators, to prevent the potential for vicarious trauma, re-traumatization, and burnout.

Challenges – Human and System Oriented

- Identifying and accessing survivors (denial, falling through the cracks...) and making our services available for them.
- Limited availability of specialized and professional resources.
- It takes an awful lot of time, which goes beyond a simple, ten-session model. We are dealing with PTSD, sometimes in comorbidity with other mental issues, and the effect of moral injury, while working in a parallel process of building trust and fostering engagement and commitment to therapy and healing.
- Understanding the multi-dimensional impact of torture, which is biopsychosocial and existential. Altogether, it converges with aspects such as gender, age, ethnicity, long-term disability, and negative coping strategies, among other considerations.
- Risk for exclusion and marginalization due to the impact of mistrust, fear and symptoms of complex trauma affecting the formation and cohesion of social bonds.
- Ensuring safety for the client, therapist, volunteers, and other staff supporting clients. Organizations, agencies, mental health professionals and other staff must provide a safe and welcoming environment.
- Managing intense feelings of anger, guilt, shame, and intrusive memories during sessions.
- Dealing with ambiguous loss and uncertainty about family. War, exile, separation, refuge, and migration affect family relations profoundly. Understanding the impact of family loss is very important.
- Managing environmental-social triggers: e.g., administrative issues with governmental agencies, insurance companies, non-profits, healthcare providers, etc. Advocacy is needed since abuse and stigma, racism and microaggressions, health issues, and lack of community support and understanding of the situation are not unusual.
- Barriers to recovery include lack of access to healthcare, specialized mental health services, legal aid, lack of security, housing, and other basic needs. Language can be a significant barrier as it could be accessing translators trained to work in clinical settings.
- Coordination, cooperation, and communication with other professionals involved.
- Building a structured path and collaborative model of coordinated recovery services, including proper referrals.

Some Conclusions

We are just learning how to address collectively the complexity of torture, political violence and trauma using a case conference format. There are many lessons to learn.

The importance of coordination, cooperation, and communication with other professionals involved in helping survivors of torture was stressed several times.

A more operational definition of Torture is needed. VCST is looking into forming a board committee to initiate this process.

The stigma associated with trauma and torture is an important barrier that we need to learn how to address.

Self-care came across as an important element to keep in mind constantly.

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The case was presented by Ana Pavon and moderated by Álvaro Moreno.
This report was written by Ana Pavon and Álvaro Moreno.*