

Interconnectedness Initiative Research Report: Stakeholder Strengths & Opportunities

Prepared by Quintero, M., Zaidalkilani, M., Moreno, A.

February 2025



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www.vcst.ca | info@vcst.ca

[VCST.CA/499.1312](https://vcst.ca/499.1312)

February 2025

This project is funded by the Victoria Foundation



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Land Acknowledgement & Positionality Statement

The Victoria Coalition for Survivors of Torture (VCST) is a volunteer-run non-profit organization that operates predominantly from the unceded territory of the ɫəkʷəŋən-speaking people, today known as the Songhees and Esquimalt First Nations, and the W̱SÁNEĆ First Nations (the Tsartlip and Tseycum nations). Our board members contribute to VCST from across the land we now call Canada, including the Anishinabe Algonquin Nation and the xʷməθkʷəyəm (Musqueam), Sḵwx̱wú7mesh (Squamish), and səliwətał (Tseil-Waututh) territories. We come from many cultures and backgrounds, from North and Central America, Europe, Africa, and West Asia.

As an organization concerned about torture throughout the world, we recognize that torture is deeply connected to the brutality of colonization. Torture is one of many colonial tools used to dispossess the ɫəkʷəŋən and W̱SÁNEĆ Peoples from their land, language and culture, along with the Indian Hospitals, Residential Schools and the Indian Act of 1876. Many newcomer survivors of torture living in our communities also come from countries that have experienced colonization. By acknowledging land and territory, we commit to understanding the unmeasurable ways that colonization shows up in our daily lives and in the communities we serve. We honour the Songhees and Esquimalt First Nations, the W̱SÁNEĆ First Nations, and all the nations where we do our work, as these Nations have directly experienced colonization – both past and present – on these lands where we now have the privilege to reside.

Introduction

This research comprises a major component of the Interconnectedness Initiative (I.I.) of VCST. As a coalition of agencies and individuals responding to the needs of survivors of torture and their families, VCST works to increase public awareness of survivors in our communities. Partnerships across agencies enable consistent, high-quality support for survivors and help standardize practices (Aroche & Coello, 2022; Torture Journal, 2022). Our work is to collaborate with various stakeholders that survivors may encounter, such as settlement, counselling and crisis support agencies. We offer training, capacity building and networking opportunities among these agencies to foster a more collaborative service sector for the well-being of survivors.

The Vancouver Association for Survivors of Torture (VAST) and VCST are sister organizations. Together, we are the only agencies in British Columbia dedicated exclusively to serving survivors of torture, along with their families and communities. VAST is the principal torture treatment organization in BC, working directly with survivors, while VCST plays a coordination and facilitation role across the sector to improve services for survivors. Our long-standing collaboration is deeply rooted, with some of VCST's founders also being among VAST's founders. To further strengthen coordination, we presently have board members from each organization serve on the board of the other. Together, we work to enhance the capacity of settlement agencies and stakeholder organizations by developing specialized training and resources focused on supporting survivors.

VCST's Interconnectedness Initiative is multi-faceted. In the summer of 2023, during the previous stage of this project, we conducted two round-table discussions with our stakeholders. From these consultations, it was evident that there are several significant gaps in the collective support system for survivors of torture in our community. These gaps were consistently highlighted by the participating agencies. Our report *Interconnectedness*

Initiative: Strengthening the Collective Support of Torture Survivors and Their Families in British Columbia discusses our findings from these discussions and is [available on our website](#).

To address these gaps, the current stage of the I.I. supports the creation of **training** and **workshops** about torture and torture survivors for stakeholder agencies on Vancouver Island and the Lower Mainland. The project also facilitates up to three **case conferences** or networking events per year for stakeholders to learn from each other's experiences and best practices.

Finally, the Initiative conducts **research** about our stakeholders' strengths and opportunities. This research is shared among our stakeholders to encourage dialogue about working with survivors across the sector. VCST also develops strategies for improving services for survivors of torture using research insights.

The Interconnectedness Initiative is a multi-year project funded by the Victoria Foundation.

Methodology

The I.I. research aims to identify the most successful and common practices and therapeutic approaches used by service providers working with survivors of torture and identify stakeholder strengths and opportunities. With this information, we aim to develop a strategy for promoting the accessibility of services to survivors of torture and their families in our community.

To reach these goals, we have used a mixed-methods approach, combining qualitative interviews with quantitative data analysis of stakeholder website content. We wrote a survey asking respondents about their organization's services and programs available to survivors of torture. We also asked our stakeholders about organizational strengths and weaknesses.

Three respondents completed the survey themselves while seven were interviewed over the phone. The interviews allowed for a more conversational format, resulting in richer quantitative results from these respondents.

We then collected information from the organizations' websites about their programs and services. This information populates a spreadsheet catalogue of the respondents' offerings. Using Maslow's Hierarchy of Needs as a framework, we sort the data according to how it fits within the framework, giving us an integral perspective on how the services available for survivors of torture and their families meet their needs.

Interview & Survey Results



Image: Word cloud showing the top 23 words in our interviews and survey responses.

Interviews solicited: 13

Interviews conducted/surveys completed: 10. 7 interviews; 3 survey responses

Number of participating organizations: 8; 5 settlement agencies; 3 counselling services; 2 organizations had 2 respondents.

The roles of participants interviewed ranged from executive directors to frontline settlement staff and case managers. The organizations' local reach spanned from as far up Vancouver Island as Port Alberni and Nanaimo to southern Vancouver Island and the Lower Mainland – with additional outreach into the Fraser Valley, Squamish and even as far north as Prince George. Some organizations can offer support services to people outside these geographic areas, and connect local clients with nationwide resources thanks to hybrid work models. The primary example is Central Vancouver Island Multicultural Society (CVIMS) connecting clients with a national network of counselors/therapists called [No Fear Counselling](#).

The five settlement organizations support immigrants and refugees across a diverse spectrum of immigration statuses, including permanent, temporary, and precarious statuses. However, the scope of services and the communities they can serve are significantly influenced by government funding allocations.

Similarly, the three counselling organizations have clearly defined mandates to support individuals with specific types of trauma or mental health needs. The Victoria Sexual Assault Centre (VSAC) focuses on supporting women and transgender individuals who have experienced sexualized trauma, while the Men's Therapy Centre (MTC) provides services tailored to men and male-identifying individuals. The Vancouver Island Counselling Centre for Immigrants and Refugees (VICCIR) specializes in offering trauma and torture recovery counselling services to the newcomer community in Victoria.

Interview Limitations

Some interviewees expressed that they were not in the position to answer some of the questions on behalf of their organization. They recommended involving higher-level managers who could provide a broader perspective on the issues discussed. This explains why some organizations had two respondents. This also highlights that some responses might not fully capture the views of the entire organization.

We did not include VAST in our interviews because it is unique as BC's torture treatment organization, making it an outlier among our stakeholders. To keep the goal of this research focused on collective stakeholder strengths and opportunities, we chose to set VAST aside to avoid skewing the results toward discussion of how VAST works with survivors. We did include VAST in our website content analysis, later in this report.

Qualitative questions were left largely open ended. Phone interviews provided for rich conversation about these questions, which revealed complex answers. Written survey responses did not elicit the same quality of responses. Hence, there is likely some nuance missing from written responses.

As is typical with qualitative interviews, the responses generated more questions for research and opportunities for learning.

Trauma-Informed Care & Practices

Our research shows that all the organizations interviewed are implementing trauma-informed care (TIC) into their work. This is a major **strength** within the sector.

TIC is an organizational framework which prioritizes the physical, emotional and psychological well-being of anyone who comes into contact with the organization. Though this approach is highly relevant to a healthcare setting, where caregivers come into frequent contact with trauma survivors (Fleishman, et al, 2019), the advocacy organization Trauma Informed emphasizes that TIC is applicable to any organizational structure (Trauma-Informed Care, n.d.).

Fleishman, et al (2019) cites the U.S. Substance Abuse and Mental Health Administration's (2014) definition of TIC principles as:

- "Safety (physical and emotional)
- Trustworthiness and transparency

- Empowerment, voice, choice
- Use of peer support
- Cultural, historical, and gender responsiveness”.

TIC’s emphasis on safety, trustworthiness, and cultural responsiveness is crucial for working with torture survivors (Aroche & Coello, 2022; Torture Journal, 2022). This presents an **opportunity** for stakeholders to engage in discussions about the relevance and application of TIC in the sector. As the research will show, all the respondent organizations are already incorporating certain elements of TIC into their practices.

Seven of the 10 respondents identified their organization as explicitly working with clients who have experienced any form of trauma. The nuance here is that some of the settlement agencies do not assume their clients have experienced trauma, whereas the counselling agencies have the mandate to work with people who have.

Nine of the 10 respondents stated that their organization works with survivors of torture. The remaining respondent mentioned that they could not say for certain, though they suspected there were survivors amongst their clientele. Another respondent took a different approach, saying that because their broad range of clientele comes from around the world, the organization assumes that survivors of torture are among them even though the respondent was not aware of a specific case.

Our research reveals that none of these organizations have **specific** mechanisms to identify survivors of torture among their clients. This is a possible opportunity for identifying survivors within our community. However, explicitly identifying survivors – perhaps by asking them directly or including a question on intake forms – can be seen as contradictory to the first three TIC principles outlined above.

Documenting incidences of torture among immigrants and refugees has many ethical considerations. For example, documentation creates a paper trail which can be subject to subpoena which can be risky for the client (Clark-Kazak, 2017), while language and cultural

barriers may not adequately convey the purpose of disclosure, whether for legal or therapeutic reasons (Dehghan & Wilson, 2018). Survivors often show reluctance to disclose their experiences of torture due to fear, mistrust, or cultural stigmas. Concerns about confidentiality, fear of retaliation, or being judged can hinder their willingness to share their stories (Duffy & Kelly, 2015). To the point, many of our research respondents take a TIC approach by noting that it would be unethical to ask about torture experiences explicitly, as disclosure risks retraumatizing the person. Furthermore, uncertainty and fear of authority figures may exacerbate this reluctance and increase hesitation toward self-disclosure in the process of seeking asylum or navigating legal systems (Duffy & Kelly, 2015). In our research, respondents noted that it is not a settlement agency's responsibility to identify why someone is a refugee or immigrant.

Taken together, these ethical issues point to the general difficulty of defining the community of survivors of torture (Dehghan & Wilson, 2018; Eisenman, et al, 2000). As a result, we are unable to determine how many survivors of torture are currently working with any of these organizations. The United Nations High Commissioner for Refugees (UNHCR) estimates that in Canada "in 2019, 30% of resettled refugees were survivors of torture or violence" (UNHCR, n.d.). One survey respondent estimated that the large majority of all their organization's clients that use counselling services are survivors. Immigration, Refugees and Citizens Canada (IRCC) does inform settlement agencies prior to the arrival of some government-assisted refugees (GARs) whether someone is a survivor. Settlement agencies can use this information to guide how they work with the client. Extracting and anonymizing this data is a potential **opportunity** to gain insight into the size and make-up of the survivor community. However, the GAR population is only a fraction of the clients that agencies work with and would not accurately represent the entire survivor community.

The majority of our research respondents describe two pathways toward identifying survivors among the majority of their client base:

- 1: **The client self-identifies** at any point in the process of working with the organization. This could be at the intake interview, during settlement work, during counselling, etc.
- 2: **The organization watches for indicators** of a history of torture while working with the client and adjusts their work with the person accordingly. Staff are trained in recognizing these indicators. This could be noted during intake, settlement work, counselling, etc.

This approach is a sector **strength** that aligns with the principles of TIC. Organizational awareness of indicators of trauma and client self-disclosure of torture can result in a client's case transitioning to more high-needs, high-touch services. These services may include external referrals for counselling (e.g., to VAST or VICCIR), comprehensive case management (such as ICA referring high-needs clients to VIRCS), extended counselling sessions, or adapting counselling modalities to better suit the client's needs.

Disclosure is more likely in environments where survivors feel safe and supported in a trusting and non-judgmental atmosphere (Duffy & Kelly, 2015). Six respondents describe a TIC approach to talking about torture with clients. This is a **strength** among the respondents. Our respondents cite the following trauma-informed methods for identifying survivors of torture in their client communities:

- Creating a supportive, empathetic, and culturally sensitive environment for all clients (as described in Duffy & Kelly, 2015);
- Building trust with clients to foster an environment for self-disclosure (as described in Duffy & Kelly, 2015);
- Pairing client with language interpreter for the long-term, thereby fostering trust;
- Avoiding assumptions about anyone's immigrant/refugee experience;
- Staff awareness that some clients may have experienced torture even if they do not disclose it;
- Staff awareness of the emotional toll of recounting traumatic events and potential for re-traumatization (as described in Duffy & Kelly, 2015);

- Staff awareness that it is inappropriate to ask people why they are refugees in the first place;
- Staff awareness of internal resources (ie: group therapy, counselling, referrals to outside counselling, etc) to match clients with the right programs;
- Staff awareness of internal/external counselling resources and modalities to craft a plan to address clients' mental wellness needs.

In line with the collective policy of not explicitly identifying survivors of torture among their clients, none of the respondents offer programs specifically designed for the unique needs of survivors of torture. This can also be seen in the website content data. VAST and VICCIR use the word "torture" in their mission statements, while "trauma" only appears on the counselling websites. The Men's Therapy Centre's motto is "Supporting Survivors of Trauma". Two respondents did mention that they refer clients to VAST, which offers counselling and group support for survivors.

As the service organizations do not have specific programs for survivors, these clients are generally receiving the same services as other clients within these organizations. When TIC principles are applied within any organization a survivor might interact with (regardless of whether or not that organization is specifically mandated to work with people who have experienced trauma of any kind), they still receive TIC. This aligns with the healthcare principle of "universal trauma precaution" which posits that TIC "can benefit all patients and staff" (Fleishman, et al, 2019).

Only one respondent mentioned that staff is specifically trained and informed about how to work with survivors of torture. This is an **opportunity**. This respondent described an organizational response to disclosure as collaboration with managers to develop a response and extensive follow up with the client and their family, including checking in on any of their children in schools and supporting parents in caring for children. The respondent reported that some of this training is coming from the Affiliation of Multicultural Societies and Service Agencies of BC (AMSSA).

What We Do Best

Our research included an opportunity for respondents to describe their top programs and services.

Broadly, the settlement agencies report pride in how their services fill gaps and needs for immigrants and refugees. This is a sector **strength**. Survivors face systemic challenges such as language barriers, legal hurdles, and limited access to mental health services (Torture Journal, 2022). Functional offerings which address some of these barriers range from Language Instruction for Newcomers to Canada (LINC) classes, to info sessions on Canadian healthcare and the job market, as well as housing support.

Agencies also place importance on the social aspect of settlement, touting their programs that build connections among clients and the larger community, which contributes to greater social cohesion and reduced isolation for newcomers (Mitchell & Correa-Velez, 2009). Social programs and opportunities are also a **strength**, reflecting the last two TIC principles. Examples of such programs include:

- 8-week youth group that combines volunteer experience with job resource development (ie. resume writing/building, skills training, etc), for which participants receive a living wage (ICA);
- Peer-support and leadership training groups for women, youth and seniors (ISS of BC);
- Group therapy, including art and crafting (CVIMS).

Two of the counselling agencies cited their counselling service as a top program. VSAC also noted their free services for victims of sexual assault (including support navigating the criminal justice system and completing forensic reports). The Men's Therapy Centre noted their group programs offer a chance for clients to get together for peer connection and support. The third agency (VICCIR) cited its unique organizational approach to counselling, which is discussed [below \(page 17\)](#).

We asked our respondents how they define and track success for their clients. Six respondents took a client-focused approach to the question, describing “success” as individual. This is a TIC **strength**. For example, transferring a professional certification to Canada could be a major success for one client, while attending LINC class and learning to write would be a major win for another client who may be illiterate in their first language.

These six respondents also mention a personal awareness of their individual clients’ journeys. Respondents observed how people change over their time working with the organization: Clients grow from being stressed and isolated, to becoming confident and connected to the community. As one respondent said, “client success is measured individually.” Some respondents mention that client engagement with their services and resources is also an indicator of success. For example, those organizations that have peer leadership training programs incorporate peer outreach. This means the program participants recruit the next groups of participants and also lead future groups. This creates a circle of engagement and momentum for the groups.

Other methods for defining and tracking success include feedback forms and exit interviews for programs, tracking client ability to access services independently, client check-ins about progress through the settlement and case management process, and counselling recalibration halfway through the allotted number of sessions. Regular evaluation ensures programs remain effective and responsive to survivors’ needs, while participatory evaluation also fosters empowerment and accountability (Mitchell & Correa-Velez, 2009). More research is needed to learn how stakeholders collect and analyze this feedback for implementation into future programming. Further tracking of client progress in quantifiable means could be an **opportunity**.

How We Do It

The respondent organizations with counselling services offer a range of therapies and modalities for their clients. Five respondents mentioned how their organization tailors the counselling to the client's needs, adjusting the services offered throughout the client's journey, and that there is no "one-size-fits-all solution". Opportunities for social interaction and growing community are also mentioned here as essential components of a holistic/wraparound approach to wellness.

The wide variety of therapeutic options to meet the needs of many different people is a sector **strength**. Approaches mentioned include: eye movement desensitization and reprocessing (EMDR), emotionally focused therapy (EFT), cognitive behavioural therapy (CBT), narrative exposure therapy (NET), trauma release therapy, art/play/dance therapy, somatic work, crisis counselling, group therapy, and talking circles.

This finding is in lock step with the Mental Health Commission of Canada's (MHCC) document *Supporting the Mental Health of Refugees to Canada* (Agić, et al., 2016, p 10) which says "Promising models for working with refugees include narrative exposure therapy (NET), cognitive behavioural therapy (CBT) separately and in combination with medication, and eye movement desensitization and reprocessing exposure therapy (EMDR)."

The therapies offered by our respondents also align with the findings of the Turrini, et al (2025) meta-analysis of research about common therapeutic modalities for refugees and asylum seekers around the world. This analysis attempts to determine the efficacy of these therapeutic interventions compared to each other. Results show that while therapies such as EMDR, counselling, NET, and creative expression were generally effective in treating post-traumatic stress disorder (PTSD), there is scant evidence to suggest that any particular therapy is more effective than the others.

Supporting our research finding is O'Brien and Charura's (2024) study about practitioners working with refugees and asylum seekers in the U.K. This study identified a perception among counsellors that "no single therapy works", hence the need for a "holistic constellation of care". This constellation could include multiple therapeutic modalities, as well as a support team of interpreters, legal navigation for immigration, social workers and so forth working together for the individual client.

Among the respondents, VICCIR is unique for articulating its own approach to counselling which echoes O'Brien and Charura's (2024) study. Though VICCIR offers counselling in a multitude of modalities such as those listed above, the organization does so from within its own methodological approach which is similar to the idea of the "holistic constellation of care". Two survey respondents were from VICCIR and both described the organization's holistic model as a primary feature.

VICCIR's mission is to "Assist refugees and immigrants who suffer from the effects of trauma and torture...[and] Train professional counsellors in the treatment of trauma and torture". Thus, VICCIR is the only organization in Victoria with a mandate that includes survivors of torture, as well as provides training on working with this population.

The [VICCIR website](#) describes its counselling model as being "client-centered", prioritizing client safety through language interpretation, therapeutic matching and fluidity, and a team-building perspective. This model emphasizes the individualized nature of counselling, suggesting that clients can shift between modalities and counselors, from individual to group to family therapy, over an extended relationship with VICCIR. It is worth noting that the success story on the website discusses a family where the father figure is a survivor of torture. The success story emphasizes VICCIR's long-term, multi-faceted approach that incorporated support for the entire family of multiple ages. VICCIR proudly points out that this aligns with the same MHCC 2016 report (Agic, et al., p 10) cited above which proposes a multidisciplinary approach to refugee mental wellness.

Settlement agencies also mentioned an awareness of mental and emotional challenges that immigrants and refugees face, such as culture shock, homesickness and stress. ISS of BC mentions that their case management services include a “well-being” aspect, where the case managers talk with clients about these issues. Further integrating this awareness into non-clinical settlement work represents an **opportunity**.

When asked about operational resources which contribute most to their organizations’ success, nine of the 10 respondents cited staff cohesion and training as a key **strength**. Respondents noted that staff, including counselors/clinicians:

- Create a welcoming environment, where clients can have a cup of tea;
- Foster a family-like bond between themselves and clients;
- Have lived experience of the immigration/refugee process;
- Come from a multitude of backgrounds and speak many different languages;
- Receive on-going training, supervision and support;
- Work in hybrid models and offer hybrid services, with staff working from home a few days a week.

Staff training reported by respondents includes: trauma-informed support, anti-oppressive, anti-racism and decolonial practices, personal and professional boundaries, HIV myth-busting, and housing support. This could be an **opportunity** to promote training about working with survivors of torture.

When we asked the respondents what their organization does best, all touted their organization’s client-focused culture. This is a clear **strength** in the sector. Respondents described their organizations as “taking a humble approach” to “normalize accessing services”, working in an “inclusive” and “judgement-free” environment in a “trauma-informed way” where “people are able to be themselves”, creating a “safe and open space for the newcomer community”, and providing “a sense that people belong to a community”.

Three respondents cited their organization's connections to other service providers in the community and their collaboration as essential as well. Collaborating with other service organizations helps settlement and case workers better connect clients with the larger community to meet their needs. This also pushes against the competitive funding atmosphere that many respondents cited below. Inter-organizational collaboration represents an **opportunity** for the sector.

Similarly, when asked what each person was most proud of within their organization, nine of 10 people said their team. One response said simply: "Our people. Absolutely." Again, it is clear that the people working within the sector comprise one of the sector's greatest **strengths**.

Identifying Gaps

We asked our participants to tell us about what their organization needs to work even better with their clients.

Six respondents cited funding as a major sticking point and **opportunity** for improvement. Sustainable funding models are critical to the longevity and success of trauma rehabilitation programs (Mitchell & Correa-Velez, 2009; Aroche & Coello, 2022). Interview responses ranged from a clear need for more funding, to frustration about competition with similar organizations for the same government funding/grants, to wanting an easier way to learn about funding and grants. These responses also included a sense that if only there was more funding, the organization would be able to work with more people.

One respondent noted that it is unethical to stop counselling/therapy with a client because funding runs out and yet funding restrictions put limits on the amount of counselling some organizations can provide. Another expressed a desire for counselling to be covered by MSP, thereby removing the stigma of accessing services and the financial barrier.

After funding, staff training and capacity building were other important **opportunities**, mentioned by four respondents. Some responses noted that high staff turnover results in repetitive training and imbalances in who has received what training.

There was also discussion about staff well-being, boundaries and engagement with clients. As many settlement agencies hire newcomers, sometimes this brings up cross-cultural expectations around staff-client boundaries. Respondents describe staff as having lots of passion to help, but sometimes overextending themselves. One respondent expressed frustration that a settlement worker cannot change systemic barriers, while another mentioned “compassion fatigue” or burnout. Furthermore, many settlement workers and interpreters supporting refugees and newcomers also have the added challenge of being survivors of similar stressors themselves. As a result, their clients' experiences can sometimes retraumatize them, compounding the emotional toll of their work. Staff burnout is a concern among these stakeholders and could represent an **opportunity** to develop resources to support staff who may experience vicarious trauma through their work with survivors.

We also heard from one respondent wanting more recognition for settlement workers and even the development of a code of conduct (similar to what social workers have), to provide more cohesion to the profession.

Working with Survivors of Torture

We closed our survey by asking respondents what they thought about working with survivors of torture. Their answers were self-reflective and inspiring.

Three people spoke candidly about their compassionate desire to work with this population mixed with their concern about not being properly equipped to do so. On the one hand was fear that someone could retrigger or retraumatize a survivor unknowingly; on the

other was inspired interest in fostering the trust necessary for people to disclose their survivor story.

Respondents shared their personal stories of immigration, family histories, and passion for helping people on their settlement and wellness journeys. One respondent told us that working with survivors of torture aligns with his personal core values, while another cited her intention to use her privilege of being born in Canada to navigate the Canadian system with and for her clients. There was a sense among respondents that it is an honour to be trusted with people's stories and to accompany newcomers on their journey.

Website Content Data Analysis

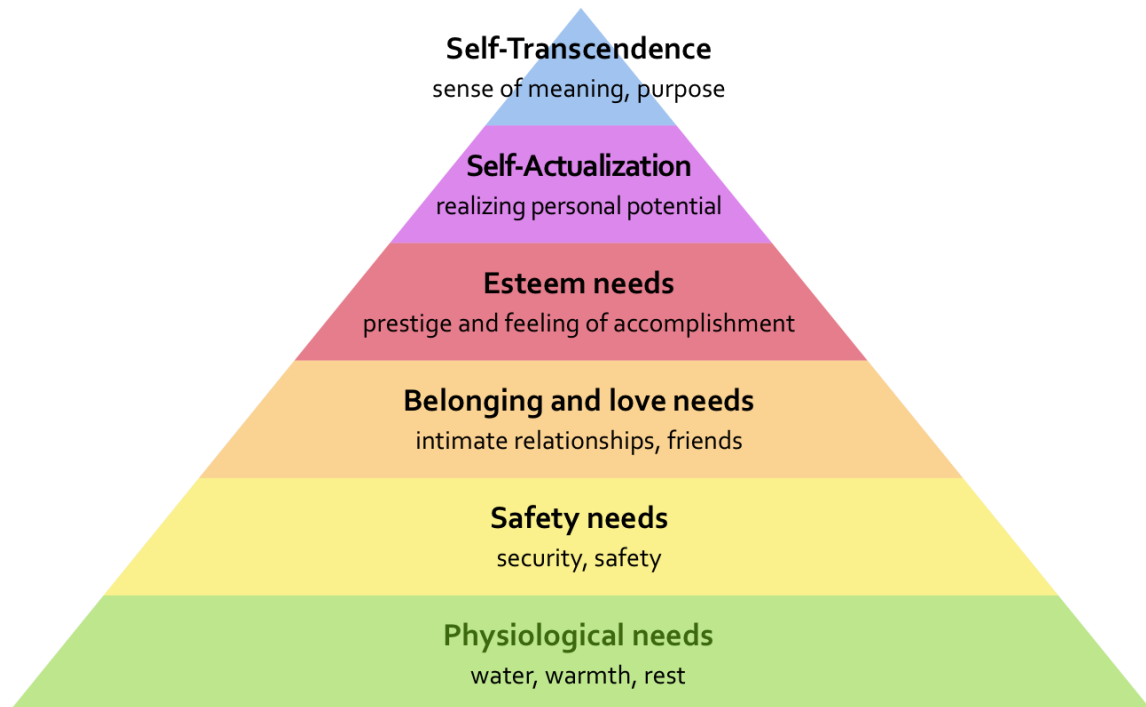


Image: Maslow's Hierarchy of Needs (<https://www.freethink.com/society/apex-of-maslows-hierarchy>)

Framework & Methodology

Number of organization websites analyzed: 9

With the intention of trying to understand human happiness and fulfillment, Abraham Maslow published his psychological theory of the Hierarchy of Needs in 1943. His framework has six levels, often depicted as a pyramid (see above) with lower levels supporting the levels above.

Lonn and Dantzer propose that the hierarchy is a robust framework to work with “the multiplicity of refugee needs” (2017, p. 5), which range from basic housing and food security to psychological trauma recovery. As the lower levels of the pyramid become more established, the upper levels develop through stability. O’Brien and Charura (2024, p 1,613) emphasize that Maslow’s hierarchy speaks to the multifaceted nature of human needs – a person may have simultaneous needs across categories. The levels are fluid and are not silos. Flow between the levels demonstrates the systemic and interconnected nature of these needs – a systemic, biopsychosocial framework is essential to address these interconnected issues effectively (Aroche & Coello, 2022; Mitchell & Correa-Velez, 2009).

As one of our interview respondents put it, refugees living in an uncertain world are mostly concerned with their and their families’ survival. Only once stability comes to the survival level can people slowly start to reconnect to and meet their needs for social connection and personal fulfillment. In meeting these needs, survivors of torture face unique challenges stemming from trauma, exile and systemic barriers.

The levels of Maslow’s hierarchy are:

- Physiological: reliable source of food/water, stable housing, medical care/support
- Safety: physical safety from harm
- Love and belonging: friendships, partnerships, community, family, etc.

- Esteem: caring for oneself, self-respect, sense of accomplishment, etc.
- Self-actualization: self-fulfillment, reaching personal potential
- Self-transcendence: transcending human ego-focused consciousness to view the world holistically

Research by Rojas, Méndez, and Watkins-Fassler (2023) demonstrates that love, belonging, and esteem play a crucial role in well-being and can be more impactful for long-term well-being than material stability alone. For survivors of torture, social disconnection, loss of identity, and diminished self-worth often exacerbate trauma, making community and psychological support critical for their well-being.

Using basic data sorting analysis, we have sorted the stakeholders' website content data into the Maslow Hierarchy. This demonstrates how stakeholders' programs are working within the hierarchy to meet a variety of needs of survivors of torture, a subset of immigrant and refugee clientele. This can illuminate strengths in offerings and opportunities to fill gaps.

Limitations

Though our stakeholders' websites offer general information about their programs, they are not exhaustive lists of everything on offer. Compared with interview results, the websites are not showing all the programs on offer. For example, VICCIR does not have a page about its community-building program, but it does have a blog post about it; CVIMS has a holiday hamper program, but this is not on the website; ICA has a relationship with a local health clinic which accepts their referrals; VSAC provides some transportation help, but again, this is not listed on the website.

These points indicate that the organizations are doing more work among clients than is being described/advertised on their websites. Hence, there are more offerings in the

community and the best way to learn about and access them is to be connected to the organizations. This also skews the results, as not all programs are reflected on the pyramid.

It is also important to note that many offerings, listed online or not, are dependent on specific funding or are limited in time. For example, the Biking Program for Newcomers offered by ICA to encourage cycling amongst the clientele was a sponsored program with a finite time frame. Though it would have contributed to several levels on the Maslow pyramid and is listed on the website, we have not included it or other programs that are stated as being closed/completed in our results. This also points to the volatility of the service sector, where programs come and go depending on funding.

Many services and programs fit into multiple categories. We tried to anticipate how and where programs could fulfill the hierarchy. It is important to note that placement in categories is neither static nor authoritative. The fact that many programs can fit into many categories illustrates the systemic and holistic quality of the programs offered.

We included VAST in this data analysis exercise to capture its programs which are both similar to other counselling agencies and specific to the needs of survivors.

Results

Five websites were for settlement agencies; four were for counselling agencies.

Table 1. Organizations’ Programs Sorted by Maslow’s Hierarchy of Needs

Hierar- chies →	Physiological	Safety	Love & Belonging	Esteem	Self- actualization	Self- transcendence
Settlement Agencies						
CIS-IWC	Immigrant Welcome Centre (IWC)	IWC; LINC; ELM; SWIS; childcare; employment services	IWC; LINC; ELM; SWIS; group circles; childcare; employment services; classes and education	LINC; employment services; group circles; classes and education	group circles; employment services	
CVIMS	Immigrant Welcome Centre (IWC); RAP (financial assistance); employment services	IWC; RAP (financial assistance); info sessions; employment services; SWIS; HIPPY; LINC; childcare for LINC	IWC; info sessions; citizenship classes; employment services; youth social programming; SWIS; HIPPY; LINC; childcare for LINC	Employment services; youth social programming; LINC; HIPPY;	employment services	

ICA	Immigrant Welcome Centre (IWC)*; LINC	LINC; childcare for LINC; IWC	LINC; childcare for LINC; employment services; GVLIP; diversity scholarships; Tools for Equity; Bystander Intervention Training; IWC; youth programming (Game Changer)	LINC, employment services; diversity scholarships; IWC; youth programming (Game Changer)	employment services; diversity scholarships; youth programming (Game Changer)	
ISS of BC	BC Newcomers Services Program (BCNSP); Moving Ahead; Employment services; LINC	BCNSP; Moving Ahead; Employment services; LINC	BCNSP; Moving Ahead; volunteering; peer support and community training for women; youth groups; seniors groups; Employment services; LINC; entrepreneurial resources	BCNSP; Moving Ahead; volunteering; peer support and community training for women; youth groups; seniors groups; Employment services; entrepreneurial resources	volunteering; peer support and community training for women; youth groups; seniors groups; entrepreneurial resources	

VIRCS	Newcomer Wraparound Support program; Employment services; BCNSP; Welcome Gardens	Newcomer Wraparound Support program; Safe at Work (for women); Police as Partners (DV prevention); Employment services; Enable Program for Children and Youth; BCNSP; English classes	Newcomer Wraparound Support program; Newcomer Women's Projects; Safe at Work (for women); Police as Partners (DV prevention); Employment services; Enable Program for Children and Youth; BCNSP; Welcome Gardens; English classes	Newcomer Wraparound Support program; Newcomer Women's Projects; Safe at Work (for women); Employment services; Enable Program for Children and Youth; BCNSP; Welcome Gardens; English classes	Enable Program for Children and Youth; employment services	
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Counselling & Trauma Recovery Agencies

MTC		Victim services**	Individual counselling; group counselling	Individual counselling; group counselling	Individual counselling; group counselling	Individual counselling; group counselling
VAST		Psycholegal documentation;	Individual counselling; group counselling; training for outside organizations; research on torture survivors	Individual counselling; group counselling; training for outside organizations; research on torture survivors	Individual counselling; group counselling;	Individual counselling; group counselling;
VICCIR			Individual, family and group counselling Youth Health and Culture Ambassador Program	Individual, family and group counselling Youth Health and Culture Ambassador	Individual, family and group counselling; Youth Health and Culture Ambassador	Individual, family and group counselling

				Program	Program	
VSAC	Clinic; victim services	Service access line; 24hr emergency line; Victim services; clinic	Group counselling; support for family and children of victim; youth counselling (referral to Victoria Child Abuse and Prevention counselling Centre/VCAPCC); Indigenous counselling (referral to VNFC); resource materials; Project Respect; Indigenous Response Network; weekly group drop-ins	Individual counselling; youth counselling (referral to VCAPCC); Indigenous counselling (referral to VNFC); resource materials; Project Respect; Indigenous Response Network	Individual counselling; youth counselling (referral to VCAPCC); Indigenous counselling (referral to VNFC); resource materials; Project Respect; Indigenous Response Network	Individual counselling; youth counselling (referral to VCAPCC); Indigenous counselling (referral to VNFC); resource materials; Indigenous Response Network

* **Note** that the IWC for ICA contains: BC Newcomers Services and Safe Haven, interpretation and translation services, Settlement Workers in Schools (SWIS), workshops, training and social opportunities, youth programs (social and skill building), support group and counselling referral for LGBTQ2S+, supports for survivors of gender-based violence.

** **Note** that victim services with MTC are different from VSAC victim services. For MTC, victim services is more like emotional triage; when necessary they refer to VSAC for people who need support in hospital or with the police/criminal justice system.

Discussion

First Level: Physiological Needs

This level addresses physical needs, such as food, water, and shelter. All five settlement agencies have programs which address these needs. This is generally included in the bundle of settlement and case management services, such as the BC Newcomers Services Program (BCNSP) or Immigrant Welcome Centre (IWC). Elements of these programs which meet physiological needs include support in finding and accessing medical care and housing.

Other distinctive offerings of note include:

- VIRCS: Welcome Gardens (community gardens for food security);
- CVIMS: Resettlement Assistance Program for Government-Assisted Refugees (RAP for GAR; immediate housing and transportation assistance upon arrival and possible financial assistance).

VSAC is the only counselling agency which meets physiological needs by providing access to a medical clinic and victim services, which includes accompaniment to the hospital as needed.

Second Level: Safety Needs

This category concerns the human need to feel safe in one's environment. Again, all five settlement agencies offer services to meet safety needs. LINC is a prime example of a program which can fulfill safety needs: Being able to speak English is a significant skill for someone to navigate life safely and confidently in Canada. All the settlement agencies provide language classes. Other offerings in the safety category include: Settlement Works in Schools (SWIS), which tracks children moving through the school system; and employment services, which helps people secure work for a stable income.

Distinct offerings include:

- CVIMS: Home Instruction for Parents of Pre-school Youngsters (HIPPY; in-person and online support providing pre-school style educational resources to families with young children);
- VIRCS: Police as Partners (domestic violence prevention program for women).

Of the counselling agencies, VSAC again fills this need with its victim services, crisis hotline, and clinic. The Men's Therapy Centre (MTC) does offer victim services, though these are more emotional services; the MTC refers to VSAC for victim services such as accompaniment to the hospital or police. VAST has a legal documentation service, in which a clinician can write an assessment letter for legal use. This falls under "safety" because it has the potential to support a client's legal case. When documentation of torture (e.g., medico-legal reports) is required, integrating the process with supportive care helps to mitigate the emotional burden; following the Istanbul Protocol is a recommended approach (Duffy & Kelly, 2015).

Third Level: Love & Belonging Needs

This category, which is the start of building networks of personal and familial connections, has the greatest overlap across all the organizations. This suggests that the sector's **strength** is in fostering love and belonging. Empowering communities builds social cohesion, reduces isolation, and promotes resilience (Mitchell & Correa-Velez, 2009). This is where the settlement agencies' social connection programs reflect some of the counselling agencies' group services. Volunteer programming, social groups, youth programming, and peer-to-peer support, all combine to build on security and safety gained in LINC and IWC/BCNSP. This is also where the organizations begin to build stronger connections with the community beyond the agency.

Major offerings of note include:

- ICA: Diversity Scholarships (funding for higher education for immigrant youth); Tools for Equity (training and coaching for outside organizations to build a more socially equitable foundation); Bystander Intervention Program (training for individuals on calling out and speaking up about racism observed in their communities); Game Changer (employment and skills-building program with a “living wage” for 18-to-25 year olds);
- ISS of BC: multiple programs for entrepreneurs and start-up businesses; women’s leadership and facilitation program;
- VAST: training for outside organizations about torture and survivors of torture;
- VICCIR: Youth Health and Cultural Ambassador Training (a self-sustaining volunteer-run leadership program for youth);
- VSAC: Project Response (school outreach program about consent and sexual assault); Indigenous Response Network (Indigenous-led talking circle).

Fourth Level: Esteem Needs

All agencies offer multiple programs that fit into this category, which encompasses self-esteem and sense of self worth. Carrying through from the previous levels are employment services, language classes, and IWC/BCNSP. The programs under “love and belonging” also apply here. It is important to point out that there are no new programs/offerings in this category.

Fifth Level: Self-Actualization Needs

This category refers to someone reaching their full potential. We have listed employment services here, though this might be described as a very Western/North American approach to self-actualization. Not everyone will consider employment and professional development essential to their personal self-actualization. Counselling and group programming are the key offerings that support self-actualization.

Sixth Level: Self-Transcendence Needs

This final category was added to the Maslow hierarchy in posthumous writings (Maslow, 1969). This refers to a level beyond self-actualization in which a person can begin to understand the world holistically. Maslow describes this as “the very highest and most inclusive or holistic levels of human consciousness, behaving and relating, as ends rather than means, to oneself, to significant others, to human beings in general, to other species, to nature, and to the cosmos” (Maslow, 1969, p. 66).

In our data sorting, it appears as though the counselling agencies’ services are best aligned with this category. However, a case could be made that group circles, community connections, and volunteering programs offered by all agencies could also contribute to a sense of self-transcendence and interconnectedness.

Conclusion

This data analysis exercise demonstrates how services offered build on each other to support people as they move up and down the pyramid of Maslow’s Hierarchy of Needs. Indeed, it might seem contrived for a settlement agency to offer a program on “Self-Transcendence” when their focus is on housing security and employment. As mentioned earlier, one survey respondent described the refugee experience as focused on the physical survival of self and family, and that settlement work helps people to develop the security they need to grow their lives. This same respondent went on to say that people in refugee camps are not thinking about vacation or spending leisure time with their families. For this respondent, watching clients go from survival mode to thriving was a strong indicator of success.

In Maslow’s theory, fulfilling needs in the pyramid’s base supports growth into the pyramid’s top. Sorting these agencies’ programs according to the hierarchy shows that programs for newcomers fit into the hierarchy from the bottom up. The settlement sector

has a strong overlap with the counselling agencies amongst programs that could fall into the love/belonging and esteem categories. Referring clients to counselling and connecting them with community-based and social programming helps send newcomers further up the pyramid, as they access services that are more focused on mental well-being.

Next Steps: Strategies to Promote Service Accessibility for Survivors and their Families

By looking at the opportunities, strengths and gaps identified in this research, VCST has outlined some strategies that can help promote the accessibility of services to survivors of torture and their families.

Opportunity: Identifying Survivors among Clientele

- Establish a direct connection with Immigration, Refugees and Citizenship Canada (IRCC) to access insights from the arrival reports of Government-Assisted Refugees (GARs). These reports sometimes indicate whether a newcomer is a survivor of torture, which can provide an essential starting point for tailored support and referrals. Leveraging this data in a trauma-informed and confidential manner can improve the identification and care of survivors within the settlement system.
- Develop a confidential system of disclosure about the numbers of torture survivors working with settlement agencies that can be shared with the sector at large. This would be anonymized and confidential data for advocacy purposes.
- Draft profiles of countries of origin of immigrants and refugees being served by stakeholders. When collated with the dates when clients migrated or were forced to seek refuge, these profiles could help infer potential cases of torture or exposure to political violence. Share these profiles with stakeholders.

- Launch case conferences or knowledge-sharing conferences to discuss the question of how to identify survivors. Collaborate with VAST and VICCIR as organizations with missions to work with survivors and co-host this event with them.
- Research which stakeholders are flagging survivors within their internal databases for separate tracking for settlement work and how they do this. Survey stakeholders to get their estimates of numbers of survivors so we can have a more clear picture of how many survivors these organizations serve.

Opportunity: Community Implementation of Trauma-Informed Care (TIC)

- Develop a Coordinated Referral Process among service agencies to minimize the retraumatization of survivors by reducing the need to repeatedly share their experiences. This would be a collaboration with healthcare providers, legal experts, and settlement agencies. This approach would ensure survivors receive seamless, trauma-informed care across service providers.
- Approach the Affiliation of Multicultural Societies and Service Agencies of BC (AMSSA), to learn about their training programs related to TIC and promote them among our stakeholders.
- Conduct further research with settlement agencies to understand which are incorporating client well-being into non-clinical work. VCST can work toward the development of a check-in tool that can help case managers and other frontline staff include this aspect of their clients' well-being.

Opportunity: Tracking Client Progress in Quantifiable Means

- Develop a survey/questionnaire to interview former clients after one year or six months since service, and record their status in terms of employment, education, housing, family, health, and level of satisfaction with their overall quality of life.

- Conduct further research among stakeholders to learn more about how they track clients during and after service.
- Measure stakeholder program success using metrics like social cohesion, reduced isolation, and improved mental health outcomes.
- Use evaluation findings to refine service delivery and advocate for sustainable funding.

Opportunity: Training for Working with Survivors of Torture

- VCST is in the process of developing curriculum to address this issue, by offering a workshop on “Understanding Torture”, which can be tailored to meet the specific needs of different stakeholders.
- Offer conferences and resources to stakeholders about staff well-being and burnout which addresses issues such as vicarious trauma and compassion fatigue when working with survivors.
- Conduct further research with settlement agencies to understand which agencies are including worker well-being as a matter of course. Develop resources about retraumatization and burnout for case managers and frontline staff.

Opportunity: Secure Sustainable Funding for All Aspects of Settlement Work

- Initiate a collective, whole-sector strategy for more generous and long-term funding policies of the government and private foundations (Victoria Foundation, Vancouver Foundation, United Way, etc.).
- Provincial Funding: Conduct exploratory research into how to advocate for mental health counselling to be covered by MSP.

- National Funding: By aligning efforts under the Canadian Network for Survivors of Torture and Trauma (CNSTT), present a unified case for investment in trauma-informed services, emphasizing the efficiency and scalability of a national approach.

Opportunity: Expanding VCST's model

Looking beyond Canada, VCST finds significant alignment between the Interconnectedness Initiative research and goals with the Australian frameworks STARTTS (Aroche, & Coello, 2022) and FASSTT, two globally recognized models for supporting survivors of torture and trauma. Much of the work VCST is doing, in close collaboration with stakeholders VAST, VICCIR, and others, could serve as a strong Canadian model of these frameworks in support of our country's commitments under international law.

Briefly, some of the key principles of the Australian frameworks include:

- Collaboration between organizations that offer services to survivors of torture and their families;
- Offering a variety of services, such as “counselling and advocacy, health assessment and referral, information provision, training of other service providers, research and service innovation” (FASSTT, n.d.);
- Adopting a multidisciplinary approach to working with survivors with wraparound services from multiple organizations;
- Incorporating community development and government advocacy.

Bolstered by alignment with these internationally recognized models, VCST with VAST coordinating the Canadian Network for Survivors of Torture and Trauma (CNSTT) could expand stakeholder connections to include organizations in Toronto, Montreal, and Calgary (for example). These connections would map where and how other immigration centres are already working within the STARTTS/FASSTT models, intentional or not. This mapping would demonstrate a Canadian approach to supporting survivors and the start of a more unified,

national framework. The development of a Canadian framework supports the exploration of sustainable funding, upscaling models to reach more clients, and more effective advocacy on the national scale.

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Appendix A

Glossary of Organization Names

CIS-IWC: Cowichan Intercultural Society - Immigrant Welcome Centre

CVIMS: Central Vancouver Island Multicultural Society

ICA: Intercultural Association of Victoria

ISS of BC: Immigrant Services Society of BC

MTC: Men's Therapy Centre

VAST: Vancouver Association for Survivors of Torture

VICCIR: Vancouver Island Counselling Centre for Immigrants and Refugees

VIRCS: Victoria Immigrant and Refugee Centre

VSAC: Victoria Sexual Assault Centre

Appendix B

Original research project goals

Goals:

1. Identify the most successful and commonly used practices and therapeutic approaches used by service providers/stakeholders when working with vulnerable community members,
2. identify stakeholder strengths and opportunities, and
3. draft a strategy for promoting the accessibility of services to survivors of torture and their families.

Method: a) Spreadsheet inventory of relevant programs and services listed on their websites. b) Mixed qualitative/quantitative phone, zoom or in-person interview asking what services, practices and approaches they find most successful for the communities they serve and why.

Visualization/deliverable: Content analysis and report for the website, Board and stakeholders; and Word cloud and a PowerPoint presentation at conferences and symposiums.

Outcome: Share findings about resources among stakeholders. Stakeholders get a better idea of what other organizations are doing, what is working for them and where there is overlap. Draft recommendations for promoting the accessibility of services for survivors of torture and their families. Follow up via phone.

Interconnectedness Initiative Research Report: Stakeholder Strengths & Opportunities

Victoria Coalition for Survivors of Torture
Prepared by Quintero, M., Zaidalkilani, M., Moreno, A.
February 2025

[VCST.CA/499.1312](https://vcst.ca/499.1312)



This project is funded by the Victoria Foundation

