

Peer Support for Veterans who have Experienced Military Sexual Trauma

Investigative Report

June 2, 2021

Veterans Ombudsman des Vétérans



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Telephone (Toll Free)
1-877-330-4343



Email
info@ombudsman-veterans.gc.ca



Fax (Toll Free)
1-888-566-7582



TTY (Toll Free)
1-833-978-1639

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Executive Summary

Since its creation in 2001, the peer support program offered by Veterans Affairs Canada (VAC) and the Canadian Armed Forces (CAF) has benefited thousands of serving members and Veterans. Peer support is valuable for those living with service-related psychological difficulties, and social support can help to prevent or decrease the severity of PTSD and other conditions. However, peer support provided by VAC is not available to all Veterans with service-connected mental health issues.

Veterans who have experienced Military Sexual Trauma (MST) are referred away from the only peer support program provided by VAC if they disclose their experience. These Veterans are advised to seek support through other resources, such as the Department of National Defence (DND) Sexual Misconduct Response Centre (SMRC) and community supports such as rape crisis centres. However, the SMRC has no mandate to provide services to Veterans, and many Veterans who have experienced MST indicate that counsellors at rape crisis centres lack an understanding of military culture. Nor can they provide assistance in navigating VAC benefits and services, as they are not peer support coordinators trained by VAC. Veterans who have experienced MST say they would prefer to have peer support that is reflective of and exclusive to their experience. Concerns have been raised about the anxiety associated with the possibility of being in the same peer group as an abuser, or with someone of the same gender as their abuser.

It is unfair that Veterans who disclose having experienced MST do not have access to a VAC peer support program that can address their needs. This lack of access particularly affects equity-seeking groups such as women, LGBT, Indigenous and disabled Veterans. However, no statistical or performance measurement data on VAC peer support programs is collected or analyzed to ensure desired outcomes are achieved. This absence of data makes it difficult to evaluate the program's ability to meet the needs of participants from a Gender-Based Analysis Plus perspective and to identify gaps or areas for improvement.

Peer support provided by VAC is an important source of assistance for many Veterans living with psychological difficulties connected to their service. Equitable access to comparable peer support should be available to all Veterans, regardless of the cause of their service-connected psychological difficulty.

To address this gap, this report includes the following recommendations to the Minister of Veterans Affairs and Associate Minister of National Defence:

1. Provide a funded peer support program that meets the needs of Veterans who have experienced MST.
2. Publish the Gender-Based Analysis Plus for the establishment of a funded peer support program for Veterans who have experienced MST.
3. Establish a performance measurement system and report annually on all peer support program outcomes to ensure that the needs of Veterans and their families are addressed.

Introduction

The Office of the Veterans Ombud (OVO) conducted an investigation to determine whether Veterans who have experienced Military Sexual Trauma (MST) have access to Veterans Affairs Canada's (VAC) peer support programs.¹ This investigation was launched after receiving a complaint from a Veteran who said they were referred away from the peer support program provided by VAC because they had experienced MST. The OVO also heard similar concerns during engagements with Veteran stakeholders. After examining the evidence, the OVO determined a gap exists. The peer support program provided by VAC is available to all Canadian Armed Forces (CAF) members and Veterans with service-related psychological difficulties, except when they disclose having experienced MST. This situation is unfair as Veterans who disclose having experienced MST are unable to benefit from a peer support program, and if they do not disclose their experience, the existing program is not designed to meet their needs.

Methodology

To investigate this issue, we took the following actions:

- Investigated and assessed a Veteran's complaint that they were turned away from the only peer support program provided by VAC, the Operational Stress Injury Social Support (OSISS) program, because they disclosed having experienced MST
 - fact-finding to assess the complaint included reviewing the Veteran's client file and interviewing VAC officials and peer support program staff
- Requested and analyzed information on the OSISS program from VAC and the DND; these documents included:
 - business processes related to OSISS
 - the DND-VAC National Peer Support Programs Memorandum of Understanding (MOU)
 - training materials provided to OSISS peer support coordinators
 - other governance documents
- Interviewed stakeholders, including advocates and researchers
- Reviewed research on peer support for Veterans

This investigation's scope was limited to the availability and accessibility of peer support programs provided jointly by VAC and the DND for Veterans who have experienced MST. The accessibility and benefits of other treatment options for this group were outside of scope. This report does not compare the peer support programs provided by VAC with those provided by other organizations.

¹ The peer support programs provided by VAC are operated jointly with the Department of National Defence.

Peer support programs for military families and family members of Veterans were also outside of the scope of this investigation.²

Peer support programs provided by the RCMP (Royal Canadian Mounted Police, 2019)³ were also outside of the scope of this investigation. The OVO was advised that RCMP members and former members who have experienced sexual assault or harassment in the workplace are not referred away from the RCMP's peer support program. The program is available to members and former members who have a diagnosed mental health condition or who have symptoms which may indicate a mental health condition, as a result of their experience (Occupational Health and Safety Branch/Member Benefits, RCMP, correspondence, 2021). The OVO is unable to determine whether those programs meet the needs of those members and former members.⁴

Background

Military Sexual Trauma

VAC does not have a clear definition of MST. However, its policies covering the adjudication of disability benefits related to military service define sexual trauma as including “sexual assault or sexual harassment” (Veterans Affairs Canada, 2019a; 2019b). The U.S. Department of Veterans Affairs (2020) defines MST as “experiences of sexual assault or repeated, threatening sexual harassment that a Veteran experienced during his or her military service” (p. 1).⁵ Men, women and gender-diverse members of the CAF have reported experiencing sexual misconduct while serving. While most victims in the Regular Force are men, women are disproportionately more likely to be affected.⁶

MST is not a medical condition. Researchers explain that “[it] is not a diagnosis. It is an event or an accumulation of events that may lead to injuries that meet criteria in the Diagnostic and Statistical Manual of Mental Disorders” (Eichler et al., 2019, p. 90). Experiencing MST has been shown to increase the risk of developing post-traumatic stress disorder (PTSD) (Lindsey et al., 2020). VAC

² OSISS provides separate peer support for family members of Veterans who are living with a service-related mental health condition (Canadian Forces Morale & Welfare Services, n.d.-b). The National Peer Support Program, which OSISS falls under, also includes the bereavement support group Helping Our Peers by Providing Empathy (HOPE) (Department of National Defence, 2017).

³ RCMP members and Veterans are not officially included in OSISS. A separate program, Support for Operational Stress Injury (SOSI), operated by the RCMP, serves RCMP Veterans, members, and employees.

⁴ Our discussions with stakeholders have suggested that RCMP members experience workplace gender and sexual based harassment and assault, similar to CAF members. We would hope that RCMP members and Veterans are extended dedicated peer support services in line with the recommendations we make in this report for CAF Veterans who have experienced MST.

⁵ The definition of MST is contested and it is outside the scope of our investigation to define the term.

⁶ See Annex B for more information.

accepts that sexual trauma can be the cause of medical conditions and provides benefits and supports to Veterans with physical and psychiatric conditions caused by MST (Veterans Affairs Canada, 2019a; 2019b).⁷

Sexual misconduct in the CAF received increased attention following the release of the 2015 Deschamps report,⁸ which concluded that sexual assault and harassment are “prevalent” and “undeniable” problems (Deschamps, 2015, pp. 15, 42, 86). It explains that the historically male-dominated CAF has “an underlying sexualized culture... that is hostile towards women and LGBTQ members,” including “frequent use of swear words and highly degrading expressions..., sexual jokes... and unwelcome sexual touching” (Deschamps, 2015, pp. i-ii). According to a Statistics Canada survey of Regular Force members conducted in 2018, 70% reported that in the previous 12 months they had observed or were subject to “sexualized or discriminatory behaviour” while serving (Cotter, 2019, p. 4). These cultural norms have resulted in many members becoming “desensitized to the prevalence of sexually inappropriate conduct” (Deschamps, 2015, p. 18), while also creating “an environment that is conducive to more serious incidents of sexual harassment and sexual assault” (Deschamps, 2015, p. 21).

Benefits of Peer Support

Peer support can provide many benefits to those living with a service-related mental health condition. Research has shown that social support is an important factor in preventing or decreasing the severity of PTSD and other mental health conditions related to military service. A peer offers support through their capacity “to identify with the suffering member, to convey interpersonal acceptance, to display resourcefulness, and to establish a special credibility in the eyes of those (s)he serves” (Heber et al., 2006, p. 11). In addition, a U.S.-based survey of Veterans found that, for them, peer support led to a de-stigmatization of symptoms, and “could complement psychotherapy for PTSD by increasing initiation and adherence to treatment and supporting continued use of skills” (Hundt et al., 2015, p. 851). Peer support is often just one component of a more comprehensive treatment program for Veterans living with mental health conditions caused by service (Canadian Forces Morale & Welfare Services, n.d.-b; Lindsey et al., 2020).

⁷ These benefits and supports include, among others, pain and suffering compensation, mental health treatment benefits (including funding for long-term treatment such as clinical counselling and pharmaceutical treatment), rehabilitation services, income replacement benefits, and the 24/7 VAC Assistance Service that provides immediate, short-term mental health counselling and referral services. Access to some benefits requires a link to a diagnosed medical condition related to service and others are open to all Veterans. For example, peer support through OSISS and the VAC Assistance Service can be accessed without a medical diagnosis.

⁸ The report, conducted by retired Supreme Court Justice Marie Deschamps, examined sexual misconduct and harassment in the CAF.

OSISS is the only mental health peer support program provided directly by VAC (and the DND). This program provides peer support for CAF members and Veterans who are living with a mental health condition related to military service.^{9, 10} VAC and the CAF share joint responsibilities for the program's development and delivery (Department of National Defence, 2017)¹¹ and the program receives funding from both departments (Program Policy Directorate, correspondence, 2020b). OSISS officials have described cooperation with clinicians as an important aspect of OSISS (Heber et al, 2006, p. 23-9). More specifically, a clinical psychologist provides regular expert advice, training and consultation service (Strategic Policy, correspondence, 2021).

The benefits of peer support are also promoted in an overview of OSISS coordinators' duties provided by VAC and in the peer support coordinator training material. These include:

- reducing risks related to both Veteran homelessness and self-harm
- improving mental health and well-being
- encouraging peers to seek treatment and remain treatment compliant as needed, reducing the stigma of mental health conditions related to service
- providing a bridge to services
- easing the transition from military to civilian life (Program Policy Directorate, correspondence, 2020b)

⁹ VAC refers to mental health conditions related to military service, such as PTSD or depression, as "operational stress injuries" (OSIs). OSIs are defined as "any persistent psychological difficulty resulting from operational duties performed while serving with the Canadian Armed Forces or as a member of the Royal Canadian Mounted Police" (Veterans Affairs Canada, 2020b). The Royal Ottawa Mental Health Centre uses a broader definition, and regards an OSI as "any persistent psychological difficulty resulting from duties performed while serving in the Canadian Forces or as a member of the RCMP. Difficulties may occur during combat duties or peacekeeping missions, after serving in a war zone, or following other traumatic events not specific to combat" (The Royal, n.d.).

¹⁰ OSISS is not a treatment program and VAC does not directly provide any clinical healthcare treatment. VAC approves funding for treatment. Treatment plans are managed by a Veteran's treating professional and are out of the scope of this report.

¹¹ The partnership is governed through a Memorandum of Understanding (MOU) between the Minister of National Defence and the Department of Veterans Affairs that is in effect until March 31, 2027. While the MOU is between the Minister of National Defence and VAC, it provides governance and guiding principles for the interdepartmental relationship between the CAF and VAC regarding the shared management of the National Peer Support Programs. See Annex A for more information.

Similarly, Canadian Forces Morale and Welfare Services (CFMWS), which manages the OSISS program, promotes peer support as being able to connect clients with:

an understanding ear, a supportive community of people with similar experiences, help to set goals, and provide effective resources that can help. Breaking down the stigma and providing social support has led many Canadian Armed Forces members, veterans and their families to seek the help they need and change their lives for the better (Canadian Forces Morale & Welfare Services, n.d.-a, n.p.).

Access to Peer Support for Veterans Who Have Experienced MST

While the OSISS program has had a positive impact on thousands of Veterans (Program Policy Directorate, correspondence, 2020b),¹² those who disclose that they have experienced MST are referred to the DND Sexual Misconduct Response Centre, other community-based resources such as rape crisis centres, and VAC (if they are not currently a client). These options do not provide an acceptable alternative to peer support for Veterans who have experienced MST. The Sexual Misconduct Response Centre has no mandate to provide programs and services to Veterans, and currently only provides them with information and referrals to community-based resources. Many Veterans who have experienced MST feel external rape crisis centres lack an understanding and appreciation of the military culture and environment. A survey conducted by It's Just 700 (n.d.-a) found the majority of 50 respondents would not go to peer support if it was provided by an external rape crisis centre.¹³ An overwhelming majority, 94%, would prefer MST peer support led by VAC and the CAF. Additionally, Canadian researchers explain that community rape crisis centres are not able to assist in navigating “the highly complex CAF and VAC processes or inform[ing] them about existing military and veterans programs” (Eichler et al., 2019, p. 87).

¹² There are 2,114 clients (active CAF members, Veterans, and family members of both) who currently benefit from OSISS services, including 530 who participate in group meetings. From June 2001 to February 2020, more than 20,000 clients received services from OSISS. Veterans and family members of Veterans represent about 77% of the total number of active clients being served by OSISS (Program Policy Directorate, correspondence, 2020b).

¹³ It's Just 700 (n.d.-b) is a volunteer group dedicated to providing support and information to anyone who has experienced MST while serving in the Canadian military.

Case Study

A Veteran contacted the OVO to complain that she was referred away from the OSISS program because she had experienced MST. This Veteran participated in OSISS for several years and benefited from the program by acquiring validation and coping skills without having to disclose specific details of what caused her mental health condition. However, once the Veteran disclosed that she had experienced MST, she was re-directed towards other resources. These resources had long waitlists of at least one year and the services were not applicable to her military experience. The Veteran would have preferred to attend a VAC-managed peer support program specific to MST. In the absence of this type of program, the Veteran would have preferred to stay in the current OSISS program, but no longer felt welcome.

The OVO investigation included consultation with the OSISS National Peer Support Program Manager, who confirmed that Veterans who disclose having experienced MST are referred away from OSISS and towards other supports. VAC officials explained the rationale is that the peer support model is based on shared lived experience and that peer support coordinators do not have experiences in common with Veterans who have experienced MST.^{14, 15} Thus, the complainant's case was valid and the OVO determined that she was treated unfairly because she did not have access to peer support comparable to that available to Veterans who had not experienced MST.

Unfair Outcome: Veterans who disclose having experienced MST do not have access to the benefits of the peer support program provided by VAC.

The rationale provided by VAC for referring those who have experienced MST to community resources, as shown in the case study above, does not explain the absence of a national peer support program for this group. In 2016 the CAF acknowledged a deficiency in access to peer support services for Veterans who have experienced MST. There were plans to develop a peer support network for CAF members who have experienced MST, which the CAF foresaw as closely aligning with the existing OSISS structure (Chief of Military Personnel, 2016, pp. 3-4). These plans were never implemented.

Veterans who have experienced MST have expressed interest in the establishment of a peer support program. Stakeholders such as It's Just 700 (2016) have previously requested a peer support program

¹⁴ OVO reviewed the training material provided to OSISS peer support coordinators. While certain key concepts are defined, such as trauma and moral injury, the training does not include specific incidents or examples that may cause a mental health issue.

¹⁵ Of course, it is impossible to know whether or not a Peer Support Coordinator had experienced MST.

tailored for MST or to be included as part of OSISS. This does not mean that Veterans who have experienced MST should be in the same peer support groups as other Veterans with service-related psychological difficulties, but no history of MST. Veterans who have experienced MST have told the Standing Senate Committee on National Security and Defence (2019), that they had been in peer support groups “composed mainly of CAF members of the same sex as their abuser, which caused them anxiety” (pp. 26-27).

Serving CAF members have also expressed desire for peer support and in-person consultation, with more than half of respondents in the 2017 *Your Say Survey* indicating those services should be available through the Sexual Misconduct Response Centre (2018, pp. 16-17).¹⁶ Participants at the 2019 VAC Women Veterans Forum expressed a strong interest in research to examine the impacts of MST on women Veterans and studying evidence-based treatment programs such as peer support (Veterans Affairs Canada, 2019d, p. 6).

Specialized MST peer support could allay concerns that the victim may find themselves in a group with an abuser (Gagnon, correspondence, 2020).¹⁷ U.S. research has suggested that “Veterans may prefer peer support groups that are separated according to trauma type, gender, and era of service” (Hundt et al., 2015, p. 851). This research found almost unanimous support that those who experienced sexual trauma should have their own peer support group (Hundt et al., 2015, p. 854).

Innovative forms of peer support, specifically for those who have experienced MST, have shown success in other jurisdictions. The U.S. Department of Defense (DOD), in collaboration with the Rape, Abuse & Incest National Network (RAINN), has provided an online MST peer support program called *Safe HelpRoom* since 2013 (Public Affairs, Department of Defense, 2013). The program offers 24/7 online support for those who have experienced MST (RAINN, 2016). A U.S. literature review (Nichols, 2015) found that women who have experienced MST can benefit from peer support that is accessible online, such as through social media platforms (p. 2).

Canadian Veterans who have experienced MST have no comparable program available to them and, further, they are excluded from peer support programs offered to Veterans with no history of MST. Those who disclose having experienced MST are the only Veterans with service-related psychological

¹⁶ The 2017 *Your Say Survey* was distributed to a stratified sample of 9,000 Regular Force and Primary Reserve members (Sexual Misconduct Response Centre, n.d., p. 16).

¹⁷ Gagnon has also noted that many men who have experienced MST were assaulted by other men and prefer to attend groups with women. Gagnon has suggested that peer support should include both gendered and mixed-gender groups. This approach would provide them with a choice to seek peer support where they feel most comfortable.

difficulties who are unable to access to peer support.¹⁸ Veterans who have experienced MST are entitled to equitable programs and services. OSISS is an important source of peer support for many Veterans and, in order to achieve fairness, comparable support must also be provided to Veterans with psychological difficulties related to MST.

Finding: Veterans who have experienced MST do not have equitable access to peer support programs

Veterans who have experienced MST should receive peer support as do Veterans and serving CAF members who have suffered other injuries or trauma as a result of military service. Although VAC has recently improved access to benefits for Veterans who have experienced MST (Veterans Affairs Canada, 2020a; Veterans Affairs Canada, 2020b),¹⁹ this investigation reveals that Veterans who disclose having experienced MST do not have access to the benefits of peer support programs operated by VAC/CAF.

OSISS is the only peer support program offered by VAC for military members and Veterans who are living with psychological difficulties related to service. When a military member or Veteran discloses a history of experiencing MST they are referred to other resources, often community-based such as local rape crisis centres. Referring Veterans who seek peer support through the OSISS program to community resources does not ensure equitable access to government programs.

Community-based rape crises centres cannot provide comparable peer support services. Unlike OSISS peer support coordinators, staff in community-based rape crisis centres are unlikely to have an in-depth understanding of military service. Moreover, through the OSISS program, Veterans can learn about and receive help navigating the complex system of VAC benefits and services. Community-based rape crisis centres are not capable of providing the same level of assistance as peer support coordinators who are trained VAC employees. It is clear that Veterans continue to benefit from peer support through the OSISS program. Similarly, Veterans who have experienced MST would also benefit from peer support where the participants have shared military experience.

¹⁸ VAC explains that individuals with acute substance use issues and individuals with behavioural problems such as violence or harassment would not have access to services unless their issues are in remission (Strategic Policy, correspondence, 2021).

¹⁹ As a result of the CAF Sexual Misconduct Class Action Lawsuit Settlement, VAC has implemented a revised approach to adjudicating claims and updated its policies related to eligibility for disability benefits under the *Pension Act* and *Veterans Well-Being Act*.

While the OSISS peer support program helps Veterans by offering support that understands military experiences and the unique military context, it may not be an appropriate environment for many who have experienced MST. Concerns have been raised about the anxiety associated with the possibility of being in the same peer group as an abuser, or with someone of the same gender as their abuser. Therefore, the OVO recommends to the Minister of Veterans Affairs and Associate Minister of National Defence:

- 1. Provide a funded peer support program that meets the needs of Veterans who have experienced MST.**

Peer Support Program Monitoring and Data Collection

VAC and the CAF share responsibility for the overall management of OSISS. According to the MOU governing the partnership, the program is jointly funded by VAC and the CAF (Department of National Defence, 2017).²⁰ The CAF is responsible for managing the day-to-day operations of OSISS, while VAC and the CAF have shared responsibility for the development of programs, policies, standards, protocols and standard operating procedures to support program delivery (Program Policy Directorate, correspondence, 2020b).²¹ The MOU states that VAC and the CAF are responsible for maintaining a performance measurement system. This role includes the collection of program-related data for joint analysis and the resolution of systemic issues. VAC and the CAF have a joint responsibility to develop information management tools, including regular statistical reporting to support the program's management and operations (Department of National Defence, 2017). VAC advised that no statistical or performance measurement data on the OSISS program is available, and that they receive no reporting data from the DND/CAF (Program Policy Directorate, correspondence, 2020a).²²

Lack of Gender-Based Analysis Plus Data for Decision Making

Just as there is a lack of data collection for program measurement, data is not collected to enable a Gender-Based Analysis Plus (GBA+) assessment of the peer support programs. According to Women

²⁰ VAC reimburses the CAF annually via an interdepartmental settlement up to \$530,000 in operations and maintenance expenses that are related to the provision of peer support services to Veterans and their families (Department of National Defence, 2017). For Fiscal Year 2019-20, VAC reimbursed a total of \$413,097 for operational and managerial expenditures related to the provision of peer support services to Veterans and their families. VAC also funds the salaries for all VAC employees in the program. The projected salary expenditures for VAC in 2020-2021 is \$1,327,000 for 26 full-time equivalent employees (Program Policy Directorate, correspondence, 2020b).

²¹ VAC was previously responsible for the strategic and policy side of OSISS. This became a shared task between VAC and the DND, following a structural reorganization in 2018 (Program Policy Directorate, correspondence, 2020b).

²² VAC advised that they have plans for the development of a performance measurement framework in the coming fiscal year and operationalization thereafter (Strategic Policy, correspondence, 2021).

and Gender Equality Canada (2021, n.p.), GBA+ is a type of analysis that uses an intersectional approach to “assess how diverse groups of women, men, and gender diverse people may experience policies, programs and initiatives.” In addition to sex and gender, GBA+ also considers how intersecting identity factors “such as race, ethnicity, religion, age, and mental or physical disability” affect how individuals experience programs and policies (Women and Gender Equality Canada, 2021, n.p.).

GBA+ relies on disaggregated data that is broken down into sub-categories such as gender, sex, age and other characteristics. As directed by the Prime Minister in his Supplementary Mandate Letter to the Minister of Veterans Affairs (Office of the Prime Minister, 2021),²³ VAC should be integrating GBA+ into program measurement and statistical reports. This data should be collected as part of the responsibilities outlined in the MOU. VAC was unable to provide the OVO with sex-disaggregated data on OSISS participants, the number of clients VAC has referred to OSISS, or the number of Veterans referred away from OSISS due to having experienced MST (Program Policy Directorate, correspondence, 2020a; Canadian Armed Forces Transition Group, correspondence, 2021). Therefore, it is impossible to determine how many Veterans who disclosed having experienced MST were turned away from the program. The lack of this data also creates difficulties in assessing the need for peer support from diverse perspectives, and in particular identifying areas for improvement or gaps that may affect groups that are more likely to have experienced MST.

Given an absence of program data, the OVO reviewed Canadian research and surveys conducted by Statistics Canada that provide insight into the socio-demographic factors of CAF members who have experienced MST.²⁴ Members of equity-seeking groups such as women, LGBT, Indigenous, and disabled Veterans are more likely to experience MST and, therefore, may be in greater need of programs and services, such as peer support (Hajizadeh et al., 2019).

Finding: Lack of Program Monitoring and Data Collection and Analysis

Although the CAF may be responsible for managing the day-to-day operations of OSISS, VAC also has responsibility for program direction, performance management reporting and future developments. VAC does not have a performance measurement system and does not collect data or generate statistical reports related to the program. Consequently, no data is available to help VAC identify and resolve systemic issues and evaluate whether peer support programs are meeting the needs of

²³ Excerpt from Supplementary Mandate Letter: “You will apply Gender-based Analysis Plus (GBA+) in the decisions that you make and consider public policies through an intersectional lens in order to address systemic inequities... Whenever possible, you will work to improve the quality and availability of disaggregated data to ensure that policy decisions benefit all communities.”

²⁴ See Annex B for more information.

diverse groups of Veterans. As part of its mandate to support the well-being of Veterans, VAC has a responsibility to ensure all Veterans have access to the supports and services they need while also maintaining a leadership role in the care and support of all Veterans (Veterans Affairs Canada, 2019c). Therefore, the OVO further recommends to the Minister of Veterans Affairs and Associate Minister of National Defence:

2. Publish the Gender-Based Analysis Plus for the establishment of a funded peer support program for Veterans who have experienced MST.

3. Establish a performance measurement system and report annually on all peer support program outcomes to ensure that the needs of Veterans and their families are addressed.

Conclusion

Peer support is a valuable resource for Veterans living with service-related psychological difficulties. Equitable access to comparable peer support should be available to all Veterans regardless of the underlying cause of their service-connected psychological difficulty. However, the only peer support program provided by VAC is currently unavailable to Veterans who disclose having experienced MST and is not inclusive of their needs.

Officials at VAC and the CAF have explained that those who disclose having experienced MST are excluded from OSISS because peer support coordinators do not share the same lived experience. Veterans who have experienced MST are instead redirected to other resources. These resources can include the DND Sexual Misconduct Response Centre, which is not mandated to serve Veterans. They are also referred to community-based rape crisis centres, which many Veterans report do not meet their needs because staff lack an understanding of military culture and information about VAC benefits and services.

Research suggests that Veterans who have experienced MST would prefer to participate in peer support that is reflective of and exclusive to their experience. Many have, in fact, requested the establishment of MST-specific peer support, which would represent to them a safe space to connect with Veterans who have the same lived experience. This request appears to be well supported by former Supreme Court Justice Marie Deschamps (2015), who in her report provided a fulsome description of the cultural issues around sexual assault and harassment, which lends credence to the assertion that the peer group for Veterans who have experienced MST are indeed exclusively other Veterans who have experienced MST.

While the scope of the issue is unclear due to the absence of OSISS program participation data, recent research suggests that the issue of MST disproportionately affects equity-seeking groups such as women, LGBT, Indigenous, and disabled Veterans. While in recent years VAC has improved the supports available for Veterans who have experienced MST, the denial of peer support to these Veterans has had the harmful effect of further marginalizing them.

This gap in access to peer support results in unfair outcomes for Veterans. Specifically, it results in unfair outcomes for Veterans who have experienced MST compared to those who have not. Stakeholders have raised concerns about the lack of MST-specific programs offered by VAC for a number of years. That thousands of Veterans have accessed the OSISS program demonstrates that there is a benefit to peer support. VAC must work to ensure that all Veterans are treated fairly and are able to access an equitable level of support.

Recommendations to the Minister of Veterans Affairs and Associate Minister of National Defence

- 1. Provide a funded peer support program that meets the needs of Veterans who have experienced MST.**
- 2. Publish the Gender-Based Analysis Plus for the establishment of a funded peer support program for Veterans who have experienced MST.**
- 3. Establish a performance measurement system and report annually on all peer support program outcomes to ensure that the needs of Veterans and their families are addressed.**

Annex A: Operational Stress Injury Social Support Structure

Governance

In VAC, the Operational Stress Injury Social Support (OSISS) program is associated with the Directorate of Mental Health in the Service Delivery Branch. In the DND, OSISS falls under the Director of Casualty Support Management (Program Policy Directorate, correspondence, 2020b). Overall governance is provided through the DND Commander Military Personnel Command and the VAC Assistant Deputy Minister of Service Delivery. A CAF and VAC steering committee is responsible for providing strategic direction and overseeing activities as they relate to the MOU (Department of National Defence, 2017).

Coordinators

Peer support coordinators, family peer support coordinators and volunteers are former CAF members, or family of current or former CAF members who have first-hand knowledge (lived or personal) of mental health injuries related to military service. They understand the impact and consequences that a service-related mental health injury can have on individuals and their families.

The OSISS program consists of nine regions with peer support coordinators or family peer support coordinators. Each region is supervised by a regional coordinator who is responsible for the administration and operation of the program in their region. The regional coordinators report to the DND program manager.

There are currently 77 full-time equivalent OSISS employees, including 32 peer support coordinators and 30 family peer support coordinators. As of February 2020, there were a total of 127 trained volunteers available to assist paid staff in the delivery of peer support services. At the time, 98 of those volunteers provided support to OSISS peers. All training for peer support coordinators, family peer support coordinators, and volunteers is provided by an experienced psychologist through the VAC Operational Stress Injury National Network (Program Policy Directorate, correspondence, 2020b).

Annex B: Data for Gender-Based Analysis Plus

A Statistics Canada (2019b) survey conducted in 2018, and two subsequent reports (Cotter, 2019; Burczycka, 2019), provided information about the prevalence and nature of inappropriate sexual behaviour within the military, including sexual assault. The voluntary survey was sent to members of both the Regular Force and Primary Reserve, and used the previous 12 months as the reference period. Findings from the survey include:

- About 1.6% of Regular Force members (approximately 900) reported being victims of sexual assault, in or out of the military workplace, which involved military members (340 females and 520 males). While the majority of victims in the Regular Force are males, females are disproportionately more likely to be affected (4.3% of females, about four times higher than that of males at 1.1%) (Statistics Canada, 2019a).²⁵
- Reservists are at a higher risk of MST than Regular Force members. The prevalence of sexual assault among the Primary Reserve is at 2.2% of the population (approximately 600).²⁶ Female Reservists were also at greater risk, with 7% (more than 300) reporting they had been sexually assaulted in the context of the military workplace, compared to 1.2% of male Reservists (approximately 300) (Burczycka, 2019).
- Statistics Canada also found that Indigenous members were at a higher risk of experiencing sexual assault. In the Regular Force, about 3% of Indigenous members reported experiencing sexual assault compared to 1.5% of non-Indigenous members (Cotter, 2019). Among Reservists, members who identified as Indigenous were also at a higher risk than their non-Indigenous counterparts (6.1% compared to 2%) (Burczycka, 2019, p. 12).
- Approximately 3% of Regular Force members with disabilities experienced sexual assault, compared to 1.5% of persons without disabilities (Cotter, 2019).

²⁵ Research also indicates that female CAF members with higher educational attainments (a bachelor's degree or above) were at higher risk of experiencing inappropriate sexual behaviour. Researchers noted that while a more detailed analysis is required to better understand the impact of education, the higher rate may be explained by a greater understanding of what constitutes sexual misconduct and the reporting mechanisms (Hajizadeh et al., 2019, p. 2591).

²⁶ These findings were similar to those of a 2016 survey conducted by Statistics Canada.

Further research identified additional risk factors for experiencing MST:

- CAF members who identify as lesbian, gay, bisexual, and/or transgender (LGBT) had increased risk; especially LGBT males (Hajizadeh et al., 2019).²⁷
- CAF members with fewer years of service, who are often younger, were more likely to be a victim of sexual assault, with junior non-commissioned members of the CAF at a higher risk (Hajizadeh et al., 2019). This finding is supported by the Deschamps report, which found age to be a prominent factor in sexual harassment and assault (Deschamps, 2015, p. 20).
- Single CAF members, particularly single females, were at increased risk when compared with married/common law individuals (Hajizadeh et al., 2019).²⁸

²⁷ Identifying as LGBT in the CAF increased the odds for experiencing sexual assault by 127% (odds ratio=2.27) when compared to non-LGBT members. Males who identify as LGBT have increased odds of experiencing sexual assault by about 217% (odds ratio=3.17) (Hajizadeh et al., 2019, pp. 2584-2585).

²⁸ Research suggests that being single increases the odds of being a victim of sexual assault by 35% (odds ratio=1.35) when compared with married/common law individuals. Being a single female increased the odds of being a victim of sexual assault by 89% (odds ratio=1.89) (Hajizadeh, et al., 2019, p. 2584).

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