Canada

Military Sexual Trauma Peer Support Program

What We Heard Consultation Report

March 2022

This publication describes the consultation results for the development of a military sexual trauma peer support program.

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Executive Summary

Over the past number of years, it has become evident that sexual misconduct is a longstanding issue in the Canadian Armed Forces (CAF)[1]. In response to this reality, there is an increasing need to establish more comprehensive support services for those affected by military sexual trauma (MST)[2]. As such, a peer support program focused on the needs of current and former CAF members is being developed to add to the range of available resources.

Consultations with members of the MST community were held from October 11 to November 12, 2021. The information gathered from these consultations is intended to guide the development and design of the MST Peer Support Program, while acknowledging it may not be possible to act on all information shared during the consultations. This report summarizes the views and ideas shared by the members of the MST community who participated in the consultations.

What We Heard

There is a strong desire for individualized victim-centered programming, with a focus on the provision of multiple program format options and flexibility to move between different types of support. Additionally, effective matching of peer-to-peer supporter, group matching and safe, non-judgmental, supportive and confidential programming is paramount. Programming should be accessible in multiple locations in and out of military facilities.

Peer supporters should be knowledgeable, mentally fit, compassionate, empathetic, accepting of others, considered an equal, and have an understanding of the military environment. Peer supporters should also be trauma-informed, receive peer support training, with support and access to professional guidance.

A number of potential barriers to accessing MST Peer Support programing were identified throughout the consultations, including: geographical challenges, involvement of the military chain of command, as well as, stigma, shame and guilt.

Many participants suggested a need for broad program communication and careful consideration of program branding. It was also suggested that the program should be promoted by CAF leadership, both early in military careers and at transition phases. Finally, participants identified a need within the CAF to foster sexual misconduct prevention, focused on promoting open dialogue, reducing silence, fear, shame, and stigma.

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[1] Standing Committee on the Status of Women (2021). *Eliminating sexual misconduct within the Canadian Armed Forces* (Committee Report 10-FEWO (43-2)). Presented to the House of Commons of Canada. https://www.ourcommons.ca/DocumentViewer/en/43-2/FEWO/report-10/page-ToC

[2] Although there is currently no "official" definition of MST in Canada, there are generally accepted descriptions being used, which are largely based on the definition from the United States. According to the United States Department of Veterans Affairs, MST refers to "experiences of sexual assault or repeated, threatening sexual harassment" experienced during military service, including sexual activity that you are involved with against your will (U.S. Department of Veterans Affairs, 2020a). MST is not a diagnosable condition, but rather a term that describes the psychological, physical and social impacts or "wounds" that people who experience or witness military sexual misconduct may feel. Military Sexual Misconduct and Military Sexual Trauma Fact Sheet (veteransmentalhealth.ca)

Next Steps

Following this report, the Sexual Misconduct Response Centre (SMRC) and Veterans Affairs Canada (VAC) will use the information collected during the consultation process to develop the MST Peer Support model. The model will continue to be reviewed and tested by the Peer Support Consultation Working Group and Subject Matter Experts Advisory Group with the end goal of launching the Peer Support Program in summer 2022.

Background

As noted by Adam Cotter in the Statistics Canada report on *Sexual Misconduct in the Canadian Armed Forces Regular Force, 2018*, sexual misconduct includes a broad spectrum of behaviours ranging from inappropriate or unwanted jokes or comments to sexual assault, tends to impact women more than men and is a problem faced by many organizations. More recently, greater attention and awareness of these behaviours have been brought to light by global movements such as #MeToo. As a result, there have been increased discussions around how best to prevent these behaviours and support those who have been victimized or affected – both inside and outside the workplace.

Based on results from the 2016 and 2018 *Survey on Sexual Misconduct in the Canadian Armed Forces* conducted by Statistics Canada, reported rates of sexual misconduct have remained consistent. In 2018, approximately 900 Regular Forces members and 600 Primary Reservist members experienced sexual misconduct in the 12 months preceding the survey's administration. This was not statistically different from 2016, when the survey was conducted for the first time. In 2018, the proportion of women in the Regular Force who reported being sexually assaulted (4.3% of the population) was approximately four times higher than that of men (1.1%). Similar results were found in 2016. The prevalence of sexual assault was almost six times higher for women in the Primary Reserve in 2018 (7.0%) than for men in the Reserves (1.2%)[3] [4].

Specialized peer support is one of the highest priority interventions most frequently requested by survivors of sexual misconduct during military service. The recognition and request for peer support programming for current and former CAF members who have experienced sexual misconduct during military service has come from various sources and has been persistent over time. Since the publication of the *External Review into Sexual Misconduct and Sexual Harassment in the Canadian Armed Forces* report in 2015, members of *It's Not Just 20K* (previously known as *It's Not Just 700* (INJ700)) have been asking for MST peer support programming. In 2016, peer support was identified in the victim needs analysis completed by the Canadian Armed Forces Strategic Response Team-Sexual Misconduct (CSRT-SM), and it is a recommendation in the Survivor Support Strategy, a document developed in support of Schedule N of the *Heyder-Beattie Final Settlement Agreement*. In August 2020, the SMRC and VAC submitted a joint proposal for the inclusion of a peer support program in the National Action Plan to End Gender-Based Violence led by Women and Gender Equality Canada (WAGE). In response to the increasing need to

[3] Burczycka, M. (2019). Sexual misconduct in the Canadian Armed Forces Primary Reserve, 2018 (Catalogue no. 85-603-X). Ottawa, ON: Statistics Canada.
[4] Cotter, A. (2019). Sexual misconduct in the Canadian Armed Forces Regular Force, 2018 (Catalogue no. 85-603-X). Ottawa, ON: Statistics Canada.

establish more comprehensive support services for those affected by military sexual trauma, the Government of Canada initiated the process of developing a MST peer support program.

The objective of the MST Peer Support Program is to provide equitable and sustainable access to online and face-to-face peer support to current and former CAF members who experienced sexual misconduct during their service. The MST Peer Support Program will fill a critical gap by providing emotional and social support to affected individuals while increasing awareness about available resources and services and increasing participants' sense of empowerment and self-efficacy, thereby decreasing their isolation, stigma and shame, and contributing to their overall well-being and recovery.

The MST Peer Support Program will expand upon existing supports available to CAF members and Veterans who experienced sexual misconduct during their service. The program will be jointly developed and delivered by DND and VAC and operationalized through the SMRC. A Human-Centered Design[5] philosophy focused on the needs of the MST community and which recognizes and respects the moral injury sustained by individuals impacted by MST will reinforce the service model.

In keeping with the Human-Centered Design philosophy, the SMRC and VAC engaged with CAF members and Veterans who experienced sexual misconduct during their service to gain feedback and insight on what the MST Peer Support Program should include.

Engagement Process

Consultations were conducted through semi-structured individual and group online interviews led by members of the MST Peer Support Consultation Working Group[6], the Subject Matter Expert (SME) MST Peer Support Advisory Group[7], as well as members of the SMRC, who also ensured appropriate documentation was captured. The engagement process was guided by nine open ended questions (Appendix A) focused on key program development features, including:

- peer support program model;
- program accessibility;
- potential barriers to accessing peer support services; and
- peer supporter characteristics.

[5] Design Thinking provides a solution-based approach to solving problems. Design Thinking is an iterative process in which we seek to understand the user, challenge assumptions, and redefine problems in an attempt to identify alternative strategies and solutions that might not be instantly apparent with our initial level of understanding. (Dam, Rikke Friis, and Teo Yu Siang. "What Is Design Thinking and Why Is It so Popular?" The Interaction Design Foundation, https://www.interaction-design.org/literature/article/what-is-design-thinking-and-why-is-it-so-popular.)

[6] MST Peer Support Consultation Working Group, included representatives from *It's Not Just 20K*. The group was established to provide the MST Peer Support Project Leaders with advice and support in the Human Centered Program Design of the MST Peer Support Model

[7] SME MST Peer Support Advisory Group consisted of subject matter experts and leaders from Canada's private and public sectors. The group was established to provide guidance in the development of trauma-informed responses to sexual misconduct and to assist in the development of the MST Peer Support Program.

In an effort to reach a diverse and wide-range of participants, the SMRC sent invitations to broad group of affected persons via its established networks and contacts. Initially, 55 people expressed an interest in participating in the peer support consultations. However, in the end, formal consultations were completed with 29 of the 55 participants who initially expressed interest. There are a number of reasons for this decrease in participation. For some individuals, timing was a key consideration, while others felt they were no longer in a position to participate due to their trauma experience and/or previous harm, and the potential for the interviews to be triggering and some did not respond to the invitation to participate.

The nine interview questions were provided to participants in advance of the consultations, and participants had the option of providing written responses only or submitting written responses and proceeding with either a one-on-one interview or a small group interview. Three written submissions, 25 individual interviews and one group interview took place from October 11 to November 12, 2021.

During the interviews, responses from the participants were documented by note takers. At the end of the engagement process, an iterative coding approach was used to summarize participant responses shared in the written responses and notes taken during the interviews. Each response was reviewed line-by-line and systematically assigned a descriptive code. The detailed codes were reviewed and grouped into higher-level categories to summarize responses by topic. This process continued until the data were organized into meaningful groups and sub-groups allowing for a detailed summary of all participants' contributions. When interpreting the data, it is important to note the variation in level of detail in the notes taken during the interviews, and the frequency of similar feedback and insight shared by the participants. As a result, this report uses the descriptors 'most', 'many', 'some' and 'few' to describe the frequency which participants shared a common perspective (Appendix B).

Participants were also invited to complete a non-mandatory demographic survey in advance of the interview sessions. A breakdown of the demographic data can be found in the Demographic Tables located in Appendix C.

What We Heard

Benefits of Peer Support

Participants shared several thoughts around the benefits of a peer support program for their healing and recovery, including:

- access to support, help, and assistance;
- validation, understanding, or reducing feelings of isolation;
- opportunity to learn new skills (e.g., coping strategies, resilience) and/or learn from another's own experiences;
- mutual support between peers (e.g., peers helping peers) rather than a one-sided support relationship;
- opportunity to engage in recreational activities (e.g., hikes, painting) or to build social connections with those who have gone through similar experiences;

- help with navigating systems or accessing resources;
- building a community or support network; and,
- help with their healing process.

Program Format

Participants shared a number of perspectives related to the format/model of peer support (e.g., in-person versus online; group versus one-on-one). For example:

- The majority of participants expressed that the format of peer support should be based on the unique, individual needs of program participants.
- Safety is considered a high priority in the setting of a peer support program. Program participants need to feel that they are in a "safe space" (regardless of their physical location) and can talk openly with their peers.
- A number of participants also described the setting as needing to be inviting and welcoming. This included adjectives such as comfortable, relaxed, non-judgemental, feeling at ease, warm, and supportive.
- The ability to switch between peer support formats or use multiple formats based on individual circumstances. For instance, there may be days where individuals cannot attend in-person sessions for various reasons (e.g., health, winter weather) and therefore should be able to access peer support virtually. Moreover, participants' preferences or needs could evolve over time (e.g., in-person versus group setting), so the program should be responsive to changing needs.
- Program flexibility to accommodate evolving needs. For example:
    - In-person, one-on-one support, transitioning to a smaller group, followed by larger group (relying on online setting as a back-up option)
    - Starting in a group setting then splitting off into one-on-one with a self-selected peer supporter
    - Starting with small groups then expanding to larger groups
    - In-person to begin, with online maintenance a possibility once relationships are established
    - Smaller groups nested within a large group, with small groups rotating regularly to provide participants with the opportunity to meet new people
    - Diversity and choice in the type of support (e.g., religious-based versus experience-based support) or activities (e.g., variety in social and learning activities) available
- Some participants indicated that groups should include at least one facilitator who can support as needed. This individual was often described as someone with clinical experience or mental health-related knowledge given that program participants are connecting over traumatic experiences. Some participants also indicated that the facilitators should be gender diverse, aware of gender considerations, and understand trauma and the military environment.
- Some participants emphasized that the program needs to offer flexible scheduling to ensure accessibility, with availability both during and outside working hours. Further, some

indicated that they would like the program to be accessible 24/7 to ensure that support is available when it is needed. However, this need can likely be addressed by the SMRC's existing 24/7 line.
- A few participants indicated that a psychologist should be available, as well as someone to moderate group discussions.
- It was suggested that there should also be support available for family members.

In addition to the aforementioned comments on the model more generally, participants also expressed a number of thoughts relating to specific models of peer support:

One-On-One Support

- The utility of one-on-one meetings as a trust building mechanism for individuals who are not yet comfortable in a group forum.
- Opportunities to engage in informal conversation with peers as opposed to educational or skill-building activities.
- The potential for one-on-one meetings to be problematic if boundaries and expectations are not established and maintained.
- Some participants explicitly indicated that they would prefer one-on-one to group settings.

Group Support

- The importance of anonymity and confidentiality in group settings.
- Group size is also an important consideration with most individuals stating a preference for small groups of 5-8 people. Some individuals also pointed out that larger drop-in groups could be an option to ensure the program is accessible and inclusive to all.
- The importance of established structure for group meetings.

Online Support

- Many participants indicated that they could see the value in accessing peer supports online.
    - Many indicated that they perceived the online environment as being a safe and comfortable for individuals who may be hesitant to access peer support due to feelings of shame, fear of reprisal, and/or concerns with lack of privacy or anonymity.
    - Online support may be more easily accessible to those who live in rural or remote regions, or are on deployment.
    - Online meetings can establish cross-country connections between those who have experienced MST.
- However, some participants expressed concerns including:

- The potential difficulty in establishing meaningful relationships online (e.g., video would be needed to connect and understand emotion);
- Some individuals may not be comfortable being on camera; and,
- Moderators would be needed to manage online forums.

In-person Support

- May be easier to connect with others or build trust in-person than online.
- Confidentiality remains an important consideration when meeting in person.

Telephone Support

- Some participants mentioned that telephone options may need to be considered for privacy reasons, to enable access for individuals on deployment, or to conduct intake interviews.

Accessibility and Eligibility

Many participants discussed considerations around determining eligibility to participate in the program. Recommendations included:

- Vetting/screening peer supporters, facilitators, or coordinators prior to their involvement in the program to ensure participant safety.
    - The referral and/or client access to MST Peer Support services must be easy to navigate and comfortable for perspective clients (e.g., multiple access points or referral options, ensuring that there are non-military access points built into the program, paperwork should be simple/easy to complete).
- Overall wellness should be considered prior to entering the peer support program.
- Intake interviews be conducted to screen and match peers, assess individual needs, or assess readiness.
- It should be made clear to potential participants that their experiences of MST will not be questioned upon accessing the program or that they do not need to demonstrate that they have experienced MST to participate in the program.
- The program should be accessible to all who have experienced MST, regardless of the nature of the MST experienced.

Physical Location Considerations

Recommendations were also provided regarding the physical location for in-person meetings. For example:

- Many participants indicated that physical meeting locations should not be on CAF bases or in facilities associated with the military.

- Safety and comfort should be key considerations. For example, the meeting location should not be disclosed to individuals outside of the group, it should be a mutually agreed upon location, and physical layout considerations (e.g., exits should be easily accessible). It was also pointed out that individuals who live in small towns may not be comfortable with certain public spaces such as the local community centre.
- Consideration should be given to participants with children or support persons; and,
- Some suggested that Military Family Resource Centres would be a good option for in-person peer support, as they are safe places, off-base, and accessible for those with child care needs.

Boundaries and Expectations around Behaviour

- Some participants indicated that boundaries would need to be agreed upon by those participating in the program, in terms of support obligations and/or the nature of the relationship between peer supporters and those being supported (e.g., the need to maintain professional boundaries).
- Some participants also indicated that expectations or guidelines around individuals' behaviour should be agreed upon at the outset of the program/sessions to ensure that individuals are mindful and respectful of one another, and to have a protocol in place for resolving group conflict.
- Some individuals also suggested that standards of practice should be developed in order to create a safe space for participants.

Group Development and Peer-to-Peer Matching Considerations

A number of recommendations and considerations were shared by the participants concerning how groups should be developed or how peers should be matched at the individual peer level.

- Many participants expressed that peer fit, or allowing the choice of peer or group based on certain characteristics, was an important consideration. This could include such characteristics as gender, sexual orientation, as well as victimization phase (i.e. newly victimized individuals who have never received support before versus those whose victimization took place well in the past and have received support).
- Some participants indicated that individuals should be able to select their group or peer based on gender preference.
- Some suggested that groups should be separated by gender or that peers should be matched based on gender. In contrast, a few indicated that these delineations should not take place.
- A few participants discussed the need to consider preferences and options based on an individual's sexual orientation (i.e., having groups specifically for LGBTQ2+ individuals); and.

- One participant emphasized that the options available need to be inclusive and mindful of non-binary individuals (e.g., having an option for open, drop-in groups that do not require individuals to self-select into a gender-specific group).

Desired Qualities of Peer Supporters

Participants identified a wide variety of desired attributes of peer supporters, including those related to personal experience, knowledge, skills, abilities, and traits. Some of the more commonly identified qualities included:

- similar lived experience;
- empathy;
- knowledge of and/or experience within the military environment;
- active or strong listening skills;
- compassion;
- integrity, including honesty, authenticity, and transparency;
- non-judgemental;
- self-aware and/or able to self-regulate;
- mentally fit or at a stage in their recovery where they have the capacity to support others;
- accepting of differences and inclusive of others;
- up-to-date knowledge on relevant supportive resources;
- motivated, committed, and passionate
- an equal (i.e., peer), not a superior or a professional; and
- knowledge of trauma-informed care.

Training and Oversight

Many participants indicated that training should be provided to individuals involved in the peer support program, although the range of training domains varied.

- Some participants indicated supporters, coordinators, and/or facilitators should be provided with mental health-related training and/or training related to trauma-informed care; however, some were agnostic on the need for mental health-related training.
- Training relating to boundaries, the legal limits of confidentiality, intersectionality, non-judgemental behaviour, active listening, and how to guide/support individuals based on their needs were seen as beneficial.

Some participants discussed professional oversight of the program or the need for supporter or facilitator supervision and support. For instance:

- Some participants suggested that supporters or facilitators should have regular contact with a professional who can provide them with advice on managing challenging situations while also ensuring that they remain in a position to provide support to others.
- Other recommendations included:
    - an oversight board with professional training that is representative of the CAF and diverse identities (e.g., based on language, sexual orientation, gender identity, race);
    - oversight should include multi-disciplinary professionals with expertise in sexual trauma; however, the voice of those who have experienced MST should be prioritized; and,
    - oversight provided by civilians, independent of the CAF, including CAF healthcare professionals.

Additional comments relating to training included:

- media training for participants of the peer support program; and,
- peer support training for all military personnel, particularly leaders.

Potential Barriers to Access

Participants identified a number of often interrelated barriers that may prevent them, or others who have experienced MST, from seeking support or accessing the program. Some of the most frequently shared barriers included:

- accessibility-related barriers including geographical inaccessibility (e.g., due to deployment or living in a small, rural, or remote community, lack of transportation support); lack of physically accessible locations or activities for people with disabilities; lack of child care options to enable participation regardless of family status; and, lack of scheduling options/flexibility to accommodate work or family obligations;
- involvement of the military chain of command or association with the military environment. For example, military control over the program, program accessibility through referrals by the Chain of Command or CAF mental health providers, and/or if military-associated facilities were used to host sessions/meetings;
- concerns about lack of confidentiality, anonymity, and/or privacy. A number of participants expressed that some individuals with MST may be concerned with their participation in the program becoming known to others (e.g., colleagues, the Chain of Command);
- feelings of shame, guilt, or stigma surrounding MST;
- fear of exclusion, rejection, or judgement by others;
- inability to select/choose or find a supporter/facilitator who is a good fit with an individual's preferences and needs;
- lack of confidence in the program. For instance, concerns about investing oneself into the program, only to have a negative experience or outcome; and,
- fear of reprisal by the CAF institution, including impacts on one's career.

Communications and Outreach

The majority of participants shared considerations surrounding communications and outreach during their interview:

- Many participants suggested relying on multiple modes of communication such as physical posters, pamphlets, electronic message boards, videos for training courses, CANFORGENS, social media advertising, newspaper advertisements, website announcements, emails, and My VAC Account messages. Email communication alone was considered by some as ineffective, as emails are often dismissed or inaccessible (e.g., some CAF members share computers with others and have limited time to check their emails).
- Communication strategies need to be wide-reaching to ensure that individuals who have experienced MST are aware that the program is available to them. The program should be communicated through all available CAF and Veteran networks and across bases (e.g., including common areas like bathrooms, gyms, clinics), Legions, service clubs, MFRCs, and civilian organizations.
- The program needs to be promoted early in a CAF member's career and during transition phases. Outreach activities should be conducted with new recruits during basic training, with lower ranks, and information should be provided to individuals at CAF Transition Centres.
- The program needs to be promoted by CAF leadership in order to ensure that people are connected to the program. Some participants further emphasized that the full spectrum of leaders should be engaged in promoting the program – not just the most senior leaders of the organization.
- Some indicated that communications and outreach activities should serve to promote dialogue, foster prevention, and/or reduce silence, fear, shame, stigma or feelings of isolation around MST.
- Some recommended that outreach activities should include survivors, peers, or program champions/spokespeople.
- Program branding and communications must be sensitive, respectful, and transparent about the potential benefits of the program. For instance, serious consideration needs to be given to the name of the program. Moreover, communications approaches must be mindful of the diverse identities of those who have experienced MST and how communication materials may be received.

Additional Considerations

Participants shared a number of thoughts and recommendations that spoke to additional program design and development considerations that were not specific to the domains discussed above, including:

- ensuring equality across participants through program design is important – it should be non-hierarchical, independent from rank, and group settings should not include military formalities (e.g., no uniforms);
- the importance of privacy, anonymity, confidentiality within the program;

- the importance of inclusion and/or diversity, including gender-inclusivity, acceptance of all individuals (e.g., based on personality differences), and consideration of how intersecting identities (e.g., in relation to gender, sexual orientation, race, culture) can impact an individual's experiences related to MST;
- the need for participant-led, victim-centered, peer-influenced design and delivery;
- some stressed the importance of learning from or partnering with existing programs, while others expressed a desire to ensure that this peer support program is unique in that it provides value in a new way or addresses perceived gaps in existing peer support programs;
- the program should be inclusive and accessible to individuals with varying financial resources, including access to housing and transportation; and,
- the need for an awareness of trauma and potential harms (e.g., reminders of past trauma, vicarious trauma, or sanctuary trauma).

Conclusion and Next Steps

The consultation process with current and former CAF members and Veterans who experienced MST during their service was meaningful and informative for all involved. Throughout the interviews, participants shared a wide range of valuable and thoughtful recommendations and perspectives. Based on what was heard, a number of key themes are evident:

- A variety of programming is desired – one-on-one, group, online, in-person, telephone
- Flexibility to move between the different programming
- Programming needs to be safe, confidential, inclusive, discreet, diversified and independent from the chain of command and rank structure
- Peer supporters should be carefully selected, screened, supported and trained
- Peer supporters should have knowledge/experience of the military environment, should be compassionate, empathetic, mentally fit, accepting of others, and trauma-informed
- There is a need for an effective matching process between peers and peer supporters
- Consideration needs to be given to the potential barriers to accessing MST Peer Support including, stigma, shame, guilt, fear of reprisal, lack of confidence in the program and concern for military involvement
- Broad communication, promoted by CAF leadership, focused on promoting dialogue, fostering prevention, reducing silence, fear, shame and stigma is needed

The information collected during this consultation process will guide the development and design of the MST Peer Support Program being jointly developed by the DND and VAC.

The SMRC and VAC would like to sincerely thank all of those who participated in this engagement process, which has provided valuable insights and practical suggestions to building a MST Peer Support Program focused on the needs of the MST community.

The SMRC and VAC will develop a MST Peer Support model based on what was heard. Work will continue with Consultation Working Group and Subject Matter Expert Advisory Group to develop a program model that will meet the ongoing needs of the community. The model will be tested by key stakeholders, with the end goal of launching the Peer Support Program in summer 2022.

Appendix A

The following questions were used to guide the individual and group semi-structured interviews:

1. What is your understanding of what peer support is?
2. If you could create any style of peer support, what would it look like?
3. What factors would be important to consider?
4. What would you want to see in a program or service to make it more comfortable and accessible for you?
5. What are your thoughts on how we can ensure the peer support program is utilized by as many people as possible?
6. What qualities do you feel are important for someone providing peer support?
7. What barriers would prevent you from accessing a peer support program?
8. We are interested in your ideas on the format of peer support. There are many formats that can be used, including online or in-person, and one-on-one or group. What do you think would be the best format for peer support? Can you think of situations in which you might want a choice of different formats?
9. Is there anything that we did not cover that you think is important to consider in a peer support program?

Appendix B

Defining the descriptors used in the report to describe the frequency which participants shared a common perspective.

Most: Twenty one or more
Many: Eleven to twenty
Some: Five to ten
Few: Less than five

Appendix C

Demographics of Participants