

## Webinar

Co-hosted by:

- Canadian Military Sexual Trauma Community of Practice (MST CoP)
- McMaster University's Department of Psychiatry and Behavioural Neurosciences
- Centre of Excellence PTSD

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## The Evolving Discussion on Military Sexual Misconduct and Military Sexual Trauma: An Introduction



**RESPECT**

This webinar is the first part of a Virtual Symposium Series that will feature practitioners, researchers, leaders, and individuals with lived experience working to improve knowledge, understanding, supports and treatments for MST in Canada.

To (re)-see this webinar:

<https://royal-ottawa.brand.live/c/mst-symposium-session-1>

Whether you are a researcher, clinician, policymaker, frontline worker, or someone who has experienced sexual harassment or sexual misconduct in the military, Military Sexual Trauma (MST) and its aftermath affects thousands of Canadians.

### Purpose of the symposium series:

1. To convene organizations and individuals working to improve the well-being of currently serving military members and Veterans impacted by MST;
2. To increase understanding of MST;
3. To share knowledge from research findings, emerging clinical best practices, policy learnings and priorities, and lived experience expertise; and
4. To influence practice and policy action to improve outcomes for those impacted by MST.

### Today's Session Objective:

To help improve knowledge, understanding, supports and treatment for Military Sexual Trauma (MST) and Military Sexual Misconduct (MSM) in Canada.

### List of communications:

- Dr. Alexandra Heber – “Definitions: A Pathway to Understanding and Action”
- Dr. Patrick Smith – “Military Sexual Misconduct and Military Sexual Trauma: From concepts and constructs to context and culture”
- Ms. Catherine Gagné – “Response Centre SMRC 101”
- Dr. Lori Buchart – Fireside Chat
- Dr. Stacey Silins – “The organization has to do better”. Gaps in support after sexual misconduct, and their impacts on individuals and the institution”
- Dr. Andrea Brown – “Gendered Experience of Operational Deployment”
- Ms. Christina Hutchins – “Office of Women and LGBTQ2 Veterans”
- Dr. Ruth Lanus – “Military Sexual Trauma: Restoring Hope, Purpose & Identity”

Dr. Alexandra Heber

## “Definitions: A Pathway to Understanding and Action.”

This presentation explores the context of the terms Military Sexual Trauma (MST) and Military Sexual Misconduct (MSM) to see what definitions are currently accepted and what we want to consider when defining MST and MSM and the associated terms.

One of the first problems to establish is that MST is not a diagnosis. It is a descriptive term, as is the term operational stress injury. People with MST can then suffer from several psychological and physical diagnostic conditions. Although MST and MSM are not diagnostic terms, we must agree on the definitions because these terms have consequences for individuals. This becomes particularly important when we talk about access to services and support for the people concerned or for the recognition of experience.

We also need to clarify who is included and excluded when we talk about military culture and sexual misconduct in relation to military service. And what about reporting sexual misconduct after the release of the military? What is available to veterans for their support? How can we ensure that the term MST is recognized in the same way as OSI? How are these two terms related? And considering the aggressors, is it only the other CAF members we are referring to? Then, we must place MST and MSM in a broader context of violence, such as gender-based violence.

In general, in Canada, we use the term MSM to describe the acts committed. Military Sexual Trauma describes effects, outcomes, or suffering, because of these acts. Sexual Misconduct is defined in Canada, as “conduct of sexual nature that can cause or causes harm to others”.

### What CAF Reports starting to do:

**April 29, 2021:** “New initiatives to advance culture change for Canada’s Defence Team”. It is important to name and acknowledge the harm that results from experiencing sexual harassment and violence during service and that this harm has distinct aspects. To clearly define sexual trauma in connection with military service, initial discussions are underway with stakeholders including survivors, academics, and the sexual misconduct response centre.

### Why do we need to separate out and focus on Military Sexual Trauma and Military Sexual Misconduct?

- To provide validation
- To provide forthright acknowledgement
- This is a **service-related condition**

### Conclusion:

MST is a very important term that has become the symbol of much more than its technical or literal definition. It is a term that can arouse strong emotions in us and that has been adopted as a descriptor, a kind of banner and a call to awaken to recognize, to draw attention to, and hopefully, to help put an end to this traumatic experience and this kind of tragedy that many Canadian soldiers have endured. For these reasons, it is a term that has a lot of meaning, passion, and promise.

### The Spectrum of Sexual Misconduct:



Dr. Patrick Smith

## “Military Sexual Misconduct and Military Sexual Trauma: From concepts and constructs to context and culture.”

This presentation discusses the cultural context of sexual violence in military culture. These issues are part of a gender-based violence on which we focus on the subset of sexual violence. And “because sexual harassment and sexual assault are more closely intertwined in the military than in most civilian contexts, it’s important to understand the complex interplay between sexual harassment and sexual assault in the military” (Stander & Thomsen, 2016).

### Military Environment:

When addressing military sexual misconduct and military sexual trauma, it is important to take a three-level approach.

1. We need a complete transformation of the culture so that we can reduce these incidents until they no longer occur.
2. We also know that when this happens, we need to provide context and a culture where it is easy to contact supervisors, easy to report and disclose. We also need an organizational response that accompanies individuals, rather than exacerbating trauma and creating a secondary trauma.
3. It is very important to ensure that there is a full continuum of specialized services and supports available to serving members and Veterans who have experienced military sexual trauma.

### Lessons from Workplace Sexual Harassment:

Sexual harassment in the workplace has the potential to degenerate into sexual violence and violent behavior.

Employers who do not take preventive measures to prevent sexual harassment face major implications: lower productivity, lower morale, increased absenteeism. Getting it right in the CAF is not just important because it is the right thing to do. It is also to ensure that it is a more effective military environment.

While sexual harassment occurs in many different sectors of activity, there are industries where it is more common. And there are specific categories of type of employment and the one we need to draw our attention to are male-dominated working environments.

### Systemic Inequalities & Workplace Culture:

There are systemic inequalities in a workplace that need to be addressed. And while it is very important to recognize the claims processes, if we focus solely on that, it reinforces the idea that sexual harassment is just aberrant, an individual fault. Instead, a more proactive and systemic approach to sexual harassment requires an understanding of how dominance is embedded in organizational structures, practices, and work cultures. This applies to all workplaces and environments.

### Sexual Harassment & Military Sexual Assault:

The emphasis on the cohesion and loyalty of the group can contribute to a culture of innocence and silence of individuals. Because of this, the Bystander Intervention Model has shown promise:

1. Educate on the problem of sexual violence in the military and how to recognize signs.
2. Explicit training on gender hostility and sexual harassment.
3. Encourage everyone to be part of the solution.

We also heard that the hierarchical structure could increase the risk of victimization based on abuse of power. But, on the other hand, it can:

1. Hierarchy gives military leaders the ability/responsibility to change policy and practice.
2. To improve programs? environment much more dramatically and quickly that would be possible in most civilian environments.

The high value placed on cohesion throughout the force may lead to protectionism and make it difficult for victims to come forward; on the other hand, group loyalty may make prevention efforts more successful when leveraged through the bystander intervention approach. Incentives – positive and negative (promotions, rewards, reprisals, sanctions, etc.) – need to reflect this approach.

Ms. Catherine Gagné

## “Response Centre SMRC 101.”

The purpose of this communication is to present the services of the Sexual Misconduct Response Centre.

The mandate of the SMRC is to support CAF members who have been affected by sexual misconduct. They have a unique mandate that focused on sexual misconduct, and they pair it with their knowledge of the military. They are independent of the chain of command and use a person-centered approach which means that they really go from what the person is telling.



- They can provide you with information on your options.
- They can provide referrals if you need additional services.
- They offer supportive counselling (that means validation of feelings and emotions)
- They do not offer therapy per se, but they are there.

### Response and Support Coordination program:

Developed in 2019, this program offers ongoing support. It is more of a case management program where someone can have a designator coordinator assigned to them from beginning to end, and they will be there to do the same thing: discuss the incident, explain the options, refer to health services or VAC, or any other services that the person may need. We can also provide accompaniment to police interviews or medical appointments, etc. This program is only for survivors of sexual misconduct.



### Some data:

The most reported types of sexual misconduct are sexual assault, and they also do a lot of follow ups. It is good to know that people can call a second time, or third time, there is no limit. They can see that people trust them and call back for additional information. They also report a lot of inappropriate sexual behaviors, and then, of course, sexual harassment and sexual misconduct unspecified.

### Reminder:

Sexual misconduct can impact more than just the person involved. It can impact a unit, in terms of breakdown of team cohesion, lack of trust. Also, it is never too late, different cases have different limits or statutes of limitations but even if it's something that happened a long time ago, even if it's something that didn't happen to you, the centre is here to help you.

**24 hours / 7 days**

1-844-750-1648 (North America)  
613-996-3900 (collect call)

[DND.SMRC-CIIS.MDN@forces.gc.ca](mailto:DND.SMRC-CIIS.MDN@forces.gc.ca)

[Canada.ca/defence-sexual-misconduct-response-centre](https://Canada.ca/defence-sexual-misconduct-response-centre)

Dr. Lori Buchart

## Fireside Chat

*This summary presents some key elements discussed by Dr. Lori Buchart who resumes her own experiences.*

“Having both honorably served in the Canadian Forces reserve, and being impacted by sexual misconduct, I want to share some thoughts today to give listeners a window into the experiences of those impacted by MST.

- 1) I want to first acknowledge the struggle experienced by those affected by MST and give them a sense of hope, a sense of encouragement and awareness that they are not in it alone.
- 2) I also want to offer some insight to those who provide support to those impacted by MST so that you can better help them in their journey of recovery.
- 3) Further, I want to encourage the Canadian Forces to create a safe environment in which our daughter and our sons can safely and proudly serve their country.

MST has a significant impact on oneself, family, community, and all Canadians. But it also interferes with the ability of the Canadian forces to be focused on its missions and mandate. I, like others impacted by MST, was fearful of reporting incidents. I feared not being believed particularly when a perpetrator was seen as a pillar of the community. I feared judgments from others and their belief that I invited the misconduct. I feared repercussions ultimately on my reserve force service.

Every aspect of my life has undoubtedly been significantly impacted by MST and symptoms of PTSD. The personal impact was great. [...] The MST and symptoms of PTSD not only affected me but also my family. I can attest to the fact that MST can affect families in very different and even devastating ways. [...] There has been long-term financial impact from the loss of my civilian career, but I carry on with the love and support of those around me. All these things impact our families greatly, imposing on them challenges that they should never have to face. [...] Please take care of yourself in the process of journeying alongside us. Also, I would say, please be gentle with us if it takes us an eternity to tell our story to you. It is one of the most difficult conversations we will ever have with you.

MST and PTSD have professional implications. Those who have been impacted by MST and the symptoms of PTSD can find themselves losing their career and struggling to find new meaning and direction outside of the military. Often, we are

seeing the perpetrator rewarded and advancing in their career. Furthermore, those staying in the service after incidence of MST will find numerous challenges because of the broken trust.

But there is hope. From a service provider standpoint, I had a great GP who believed in me and got me the help I needed. [...] He helped me focus on healing and continues to do so. The psychiatrist in my civilian workplace and at the Calgary OSI clinic who also validated my story and struggle, were instrumental in my recovery. As for Veterans Affairs Canada, I fortunately had great experiences with case management. To the professionals who support those impacted by MST and symptoms of PTSD, I would encourage you to take time to understand the military culture and build trust with your clients.

In terms of the healing journey, I try to see it as an opportunity. This requires, however, openness to the idea of personal growth and accepting that the process of healing is anything but linear. At times, I have had to dig deep to find inner strength and choose to see myself not as a victim but as a person impacted by MST. It was when I did this that my journey became easier.

The MST and PTSD journey is a work in progress. A journey of struggle, hope, courage, self-discovery and of possibility and opportunity to make each day a better day. Life does get better. Find structure in your days, keep connected, and find purpose. These things do help in your recovery.

As for me, MST fractured my trust inside and outside of the Canadian Armed Forces and led to symptoms of PTSD that left me isolated. It is important for those of us on this journey to find ways to safely connect and re-establish trust with our peers, with our friends, with our family and even colleagues. Connection is imperative in recovery, even on those days we want to isolate which we will continue to do long into our healing process.

The military is a way of life and a way of being. You can take the person out of the military, but you cannot take the military out of us. Despite what happened to me, I would do it all over again aside of the numerous assaults. The CF needs a clear and complete cultural reset so that harmful behaviors and sexual misconduct are not tolerated.”

- Dr. Lori Buchart, 2021

Dr. Stacey Silins

## “The organization has to do better. Gaps in support after sexual misconduct, and their impact on individuals and the institution.”

Study findings are published on: <https://www.canada.ca/en/department-national-defence/services/benefits-military/conflict-misconduct/operation-honour/research-data-analysis/op-honour-research-program.html>

This presentation explores Dr. Stacey Silins’ study looking into what happens after somebody experiences sexual harassment or sexual violence in the CAF. Particularly with regards to seeking out support from the institution.

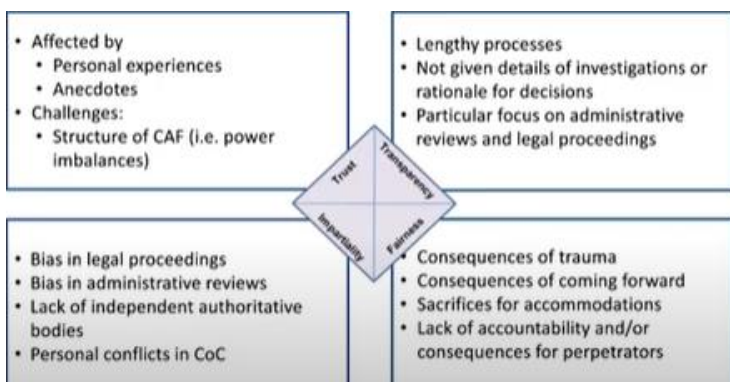
### Background context for the study:

There are unique features of the CAF that really set it apart from other workplaces where sexual misconduct might take place. This includes unique cultural norms that often center masculinity and respect for authority. It also has very specific processes and policies around work and promotions, and living arrangements, and how it manages services to its members including health services and the criminal justice system.

When someone experiences sexual misconduct in this environment, there are several different mechanisms that someone will rely on to get the support that they need. Unfortunately, we identified specific gaps or each of this system, which are outlined in our report. I’d like to talk about the bigger, overarching issues that crossed all the support mechanisms which include the four themes: trust, transparency, impartiality, and fairness.

The harm from sexual misconduct and ineffective institutional responses can have impacts on every aspect of an individual’s life. This includes their health and their mental health, their relationships and their sense of self, their careers and their livelihood, and their confidence in the military overall.

### Common issues across support systems:



The research shows a lot of answers provide by the participants. For example,

- 1) **Trust:** giving participants control over the reporting process would help rebuild trust. Making sure that everyone impacted by sexual misconduct has access to the information that they need, and more importantly, having someone that is really advocating for them while they are navigating the system.
- 2) **Transparency:** Formal responses would be seen as more transparent if individuals had timely and detailed information about the progress of their complaint, and the reasons for their decisions. Also, facilitating more connection with other survivors to share their experiences, would reduce uncertainty about how their own complaints are being handled.
- 3) **Impartiality:** There was a great deal of discussion around the need for independent reporting, investigations, and decision-making when it comes to disciplinary measures.
- 4) **Fairness:** Participants wanted access to specialized mental health care just like those experiencing other types of specific trauma like combat trauma. They wanted to know that their careers would be protected, and that their career progression would not be limited when they are trying to recover. And finally, they wanted more accountability for their perpetrators.

### Future research directions:

- 1) **Sexual misconduct research program:** leadership responses to sexual misconduct, socialization, and leadership: sub-culture analysis, expanded/targeted findings of victim and survivor experiences.
- 2) **Restorative engagement program:** focus on research that’s collaborative, meaningful, and action-oriented, added focus on role of the institution.
- 3) **Possible (needed) areas of inquiry:** veteran experiences, needs of specific sub-groups (reservists, families, racialized individuals), specialized mental health supports for MST, tracking outcomes after sexual misconduct.

Dr. Andrea Brown

## “Gendered Experience of Operational Deployment”

CAF is committed to attracting recruiting and retaining more women by the aim to have 25% representation by 2026. However, women’s deployment experiences are not well known. The study presented by Dr. Brown permitted to conduct one-hour interviews with female CAF veterans, both ci-gendered and transgendered, to understand the challenges and rewards of deployment.

This is not a study on sexual misconduct. However, sexual misconduct was brought up quite often. This presentation will summarize the analysis of the discussions of sexual misconduct.

### Factors the Impact SM:

The research identified three factors that impact women’s abilities to do their jobs when deployed. These factors also influence the amount and types of sexual misconduct women experience while deployed. There are:

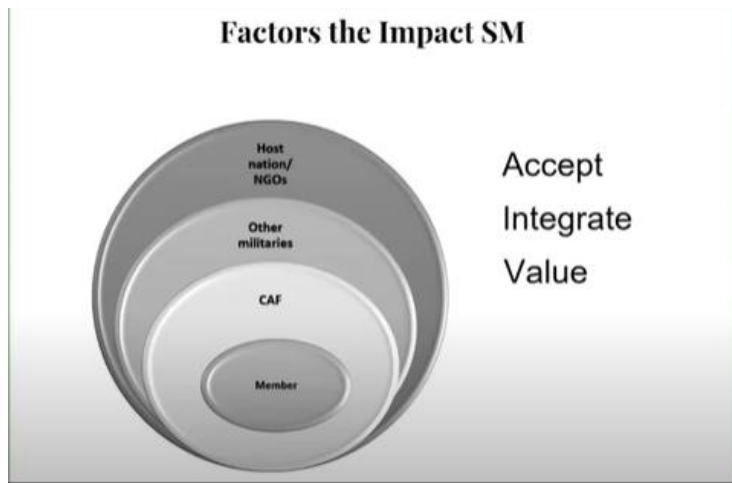
- 1) The degree to which women are accepted as members of the deployment team.
- 2) The degree to which women’s needs, their psychological needs, physical needs, and safety needs, are integrated into the deployment.
- 3) The degree to which women are respected and their contribution to the deployment are valued.

When analyzing the data, they noted that most of the discussions of sexual misconduct were based on deployments prior to the 2010s. This could reflect the changes that have occurred in both the CAF and Canadian society, including the implementation of operation Honour, the Me-Too movement, and the Jian Ghomeshi case.

They also heard from the participants that CAF has more recently become a leader in including and valuing women members. When men from other militaries with few or no women in their ranks encounter a female CAF member for the first time, they turned to the male CAF members to see how to respond. When male CAF members response to female members as they were to any male members, the men from the other militaries follow suit.

### Next Step:

They want to include active serving members to the study, and to include more non-commissioned members and junior officers as participants.



So to finally get on the ground there and do what I had been trained to do for however many years, that was rewarding in and of itself. I would say that’s probably the most important thing. Secondly, you know we were Canada, the little flag on your shoulder right – to me it’s hugely meaningful. And so we were there in this international coalition of whatever we were doing in [Country] and with the flag on your shoulder. And everywhere you went you were a representative of our country and we were doing what our government was asking us to do. And so that was deeply meaningful to me. – Army

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Ms. Christina Hutchins

## “Office of Women and LGBTQ2 Veterans”

The presentation will talk about the role of the office and the work of the department of Veterans Affairs Canada in supporting victims and survivors of military sexual misconduct and military sexual trauma, and their families.

### Introduction to the Office of Women and LGBTQ2 Veterans:

The Office was created in 2019 and was operational by March 2020. The role of the office is to support the department of Veterans Affairs Canada in executing this mandate in an equitable manner. Recognizing individuals for who they are, and seeing people as people, while recognizing some may have been more disadvantaged than others or have experienced harm in the conduct of their duties while serving in the CAF. Their mandates are to:

- 1) Identify and work to address systemic barriers specific to women and gender diverse Veterans and their families.
- 2) Fulfill key federal government committees to advance gender equality, diversity, and inclusion for Veterans.

### Key Objectives:

- 1) Raising awareness and respect for diverse living and lived military experiences and accomplishments,
- 2) Understanding the unique impacts of military service on well-being,
- 3) Facilitating ongoing consultation and collaboration through multidisciplinary human-centric group engagements,
- 4) Identifying potential research, policy, program and/or service gaps/barriers/challenges,
- 5) Promoting a more collaborative solution space, and
- 6) Supporting sex and gender equality within VAC.

### What we are hearing from victims and survivors of MSM: some potential barriers:

- 1) Identifying as Veteran,
- 2) Recognizing their symptoms and knowing where and how to seek the right supports and treatments, Lack of available programming and supports tailored to meet the unique needs of military sexual misconduct and

military sexual trauma victims and survivors, i.e., peer support,

- 3) Difficulty is getting a proper medical diagnosis (related to service),
- 4) Competing commitments/priorities i.e., working/going to school, families/living alone, childcare/dependent care, self-care, and now dealing with the added pressures of the pandemics, and
- 5) Potential range of emotions and feelings of betrayal/anger, loss/grief, alone/isolated stigma/guilt/shame ...

### Changes to VAC Policies and Practices:

- Three policies instruments were updated to better reflect the reality of sexual trauma.
- VAC continues to conduct reviews and reconsiderations of past disability benefits decisions related to sexual trauma,
- Adjudication Manual was updated to reflect the realities of sexual assault and sexual harassment,
- Dedicated unit was created to facilitate the processing of VAC disability benefit claims related to the Class Action,
- Trauma-informed support training was provided to those adjudicating Disability Benefit claims, and
- Focus Stakeholder Group provided an opportunity for survivors of MST to share directly with VAC Senior Management their experiences accessing VAC programs, services, and benefits.

### Key Takeaways:

We have listened and heard members affected by military sexual misconduct repeat their truths of lived experiences and recognize the need for change. VAC will continue to work in conjunction with DND/CAF, the SMRC and persons with lived experience to address the need of Veterans in enhancing support services to victims and survivors as well as increasing the availability of resources for recovery.



Dr. Ruth Lanius

## “Military Sexual Trauma: Restoring of Hope, Purpose & Identity”

Even though the military sexual trauma per se is sometimes the most traumatic and disturbing events they had experienced, some people also say to Dr. Lanius: “You know Ruth, I had the military sexual trauma, I was assaulted, and I was continually harassed, but you know what really bothers me the most is that I was a woman. And as a woman I felt I would never get promoted and I saw men who were much less skilled around me getting promoted”. So, we need to think about MST per se, but we also really need to find out from each individual what really bothers them the most.

### Exploring the experience of MST on an Individual Level:

Whenever we see someone who has a history of MST, and trauma in general, or really any individual, we need to understand the different contexts and different realities of their identity and the intersectionality. We also need to understand, from an individual, what was most difficult or traumatic for them.

### Effect of MST on Mind, Brain, and Body:

MST can really affect brain, mind, and body on very different levels. But of course, all these levels are interconnected and can affect each other.

#### Effects of MST on Mind, Brain, and Body



### Are the Effects of MST Different from Battlefield Trauma:

The symptoms really overlap. All the symptoms above are seen in response to military sexual trauma and battlefield trauma. We are talking about chronic inescapable stress in both scenarios and that is really the underlying common denominator.

### Military Sexual Trauma vs Civilian Sexual Trauma:

When we are talking about military sexual trauma, individuals in the military really see the military as a family. That makes it very similar to civilian sexual trauma in a way you are being assaulted by a family member. We also must remember that the prevalence of childhood trauma is significantly higher in the military population. So, when they experienced MST that can trigger their childhood abuse and really worsen their symptoms.

### Coping with stress:

When the stressor is escapable, we often use active defensive responses. That is often associated with the decreased development of PTSD and other disorders. But if the stressor is chronic and inescapable, such is the case often with ongoing sexual harassment and MST, people often slip into paths of defensive responses. They shut down, they detach, and they become hopeless and helpless.

### Restoring Hope, Purpose & Identity through Empowerment:

That is what recovery from MST is all about. When we think about recovery and empowerment, we must foster the strengths of everyone. It is also about reconnecting mind and body. To heal, we need to feel both positive and negative emotions. We also must keep in mind that part of military training is training that stoic stance. Coming out of the military, coming back into the civilian world, and while staying in the military, really balancing that stoicism with an ability to still feel emotions.