CANADIAN
MST CoP
MILITARY SEXUAL TRAUMA
COMMUNITY OF PRACTICE

Lessons learned from preventing and addressing Military Sexual Trauma in the Canadian Armed Forces

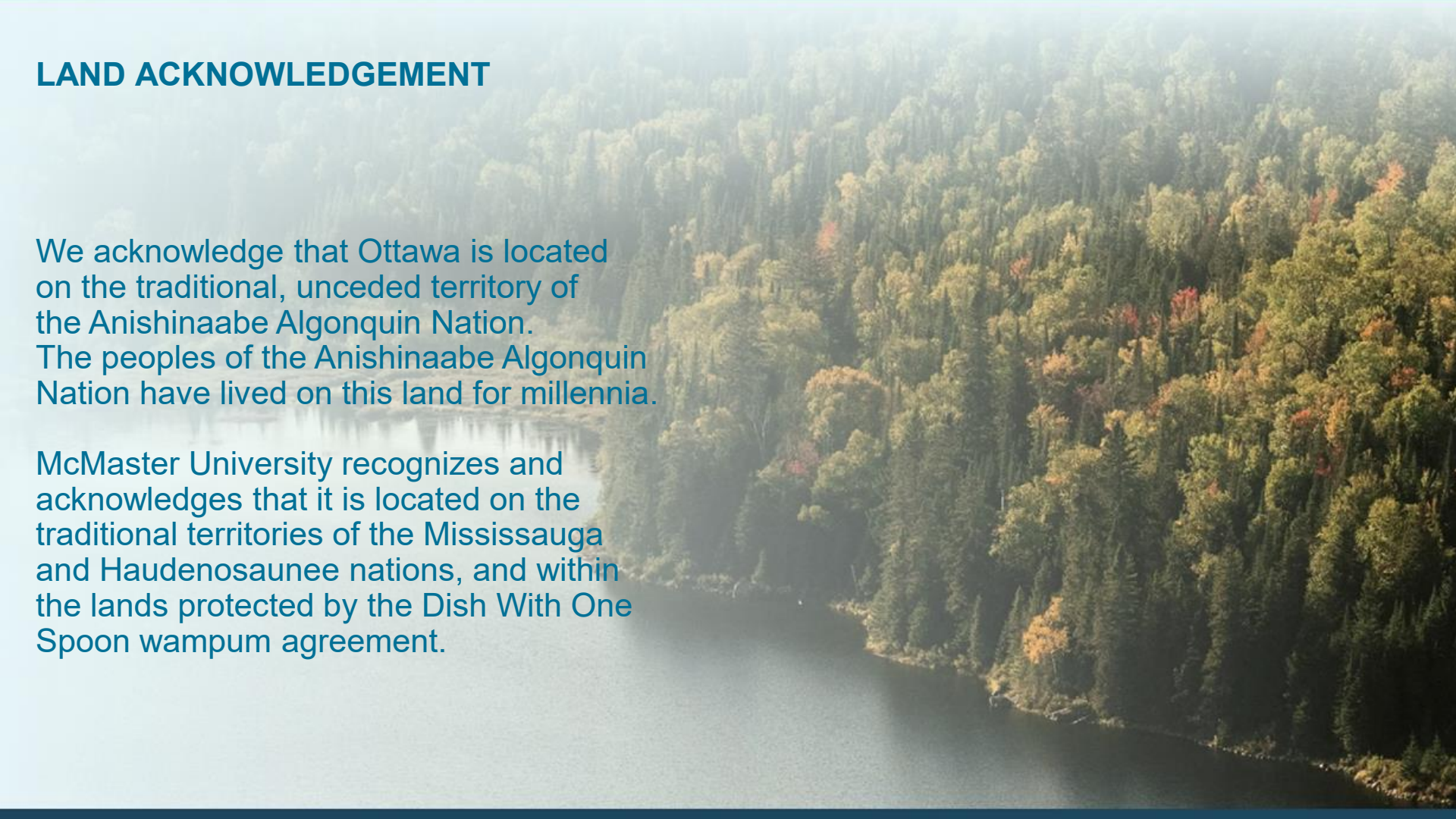
Anciens Combattants Canada | Veterans Affairs Canada

National Defence | Défense nationale

MINDS
MOBILIZING INSIGHTS IN DEFENCE AND SECURITY

McMaster University

LAND ACKNOWLEDGEMENT



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LCOL (Ret'd) DR ALEXANDRA HEBER, MD, FRCPC,
Chief of Psychiatry, Veterans Affairs Canada
Associate Professor, Department of Psychiatry and Behavioural Neurosciences, McMaster University

Co-Chair of Canadian Military Sexual Trauma Community of Practice

DR MARGARET MCKINNON, PhD, CPsych

Homewood Chair in Mental Health and Trauma
Professor and Associate Chair, Research,
Department of Psychiatry and Behavioural Neurosciences,
McMaster University

Co-Chair of Canadian Military Sexual Trauma Community of Practice

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Use of the terms Military Sexual Trauma and Military Sexual Misconduct in Canada

Military Sexual Misconduct describes acts committed

Military Sexual Trauma describes both the misconduct and the traumatic effects of the misconduct

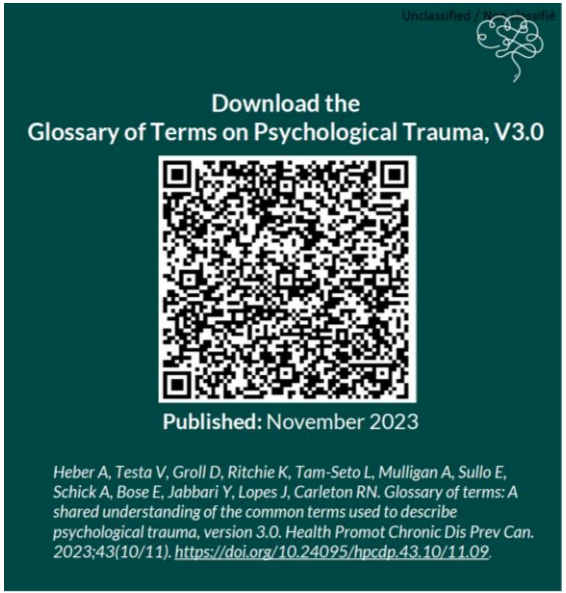
Sexual Misconduct Definition

- Conduct of a sexual nature that causes or could cause harm to others, and that the person knew or ought reasonably to have known could cause harm

Military Sexual Trauma: Canadian Definition

- Currently not a diagnosis in the DSM 5 or ICD 11

- Military Sexual Trauma (MST) includes any ***sexual or sexualized activity*** that occurs **without one's consent, during one's service** as a member of the Canadian Armed Forces, and the ***traumatic impacts*** of this activity on the affected person



- **Examples of *sexual or sexualized activities* without one's consent or where one is unable to consent, may include (but are not limited to):**
  - Taking part in sexual activities because of coercion or threat (such as threats to one's career progression or other negative treatment if one refuses to comply)
  - Any situation involving comments, unwanted touching, grabbing, or sexual advances, including hazing activities or rituals
  - Sexual contact or activities while sleeping, unconscious, or any other circumstance where the person's capacity to consent is impaired by drugs or alcohol
  - Sexualized comments or displays of pornographic or demeaning materials in the workplace
  - Being subject to repeated requests for a sexual relationship, which is unwelcomed
  - Any unwanted sexual activity or display that creates a hostile, intimidating, or offensive work environment

What are the differences between consent and compliance?

What is the difference?

To understand the issues of Military Sexual Misconduct and Military Sexual Trauma, we must clearly understand the difference between *consent* and *compliance*, and that in relationships where there is a power differential, *compliance* may occur, but true *consent* is not possible.

- **Examples of *traumatic impacts* on the affected person may include (but are not limited to):**
  - Disturbed sleep or nightmares
  - Disturbing memories of re-experiencing the event
  - Difficulty feeling safe
  - Feeling guilt or shame
  - Feeling angry or enraged
  - Problems in intimate relationships
  - Difficulty parenting
  - Problems with alcohol or drugs
  - Physical injuries or pain conditions
  - Reluctance to report for duty or to wear one's uniform

Canadian Armed Forces Defence Terminology Bank (June, 2025)

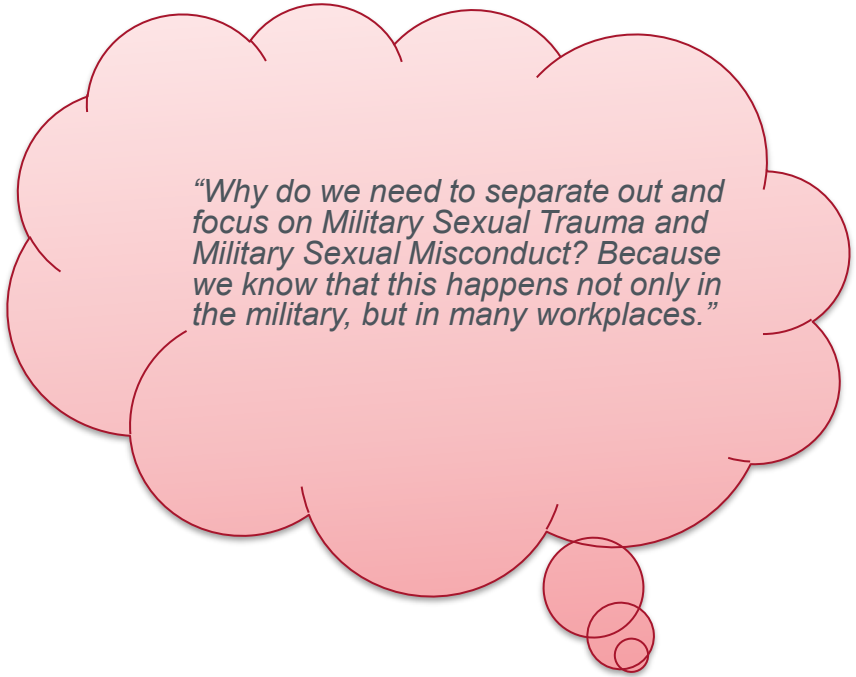
Military sexual trauma (MST): “A trauma caused by experiencing or witnessing any unwanted sexual or sexualized activities in a military context. Note: Both military and civilians can experience MST."

Service-related military sexual trauma (SMST): “A military sexual trauma experienced by a CAF member that is related to their military service.”

Note that the new definitions of MST and SMST are for internal Department of National Defence/ Canadian Armed Forces purposes only. As such, they have no meaning outside of that context. They do not recognize or denote a diagnosis or a tort, and DND/CAF’s use of these terms does not create an entitlement to any type of benefit, compensation, or any entitlement at law.

Why **military** sexual trauma?

Military Sexual Trauma



Serving in the military is:

Not just a job, but a way of life.

The concepts of:

- Unlimited Liability
- Universality of Service

What are some of the impacts of MST and how can leaders help reduce their impact?

- Sanctuary Trauma;
- Institutional Betrayal;
- Moral Injury

MISCONCEPTION:

Men are perpetrators and cannot experience sexual misconduct

Since joining the Canadian Armed Forces, approximately

1 in 4 women

1 in 25 men

have experienced **sexual assault** at least once

(Cotter, 2016)

Over a 12 month period, approximately

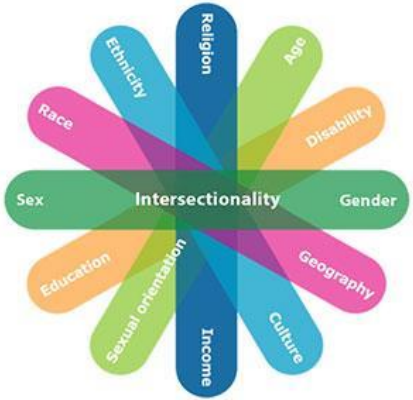
who are Canadian Armed Forces Regular Force members **experienced targeted sexualized or discriminatory behaviours** (Cotter, 2019).

Over a 12 month period, approximately

who are Canadian Armed Forces Regular Force members **witnessed or experienced sexualized or discriminatory behaviours** (Cotter, 2019).

Who is most vulnerable?

- As the military's gendered and sexualized culture has recently become highlighted (e.g., Deschamps Report, Operation HONOUR), this has heightened the need to examine active-duty members' and Veterans' distinct experiences, as well as the impact of gender norms
- Experiences of sexual harassment and/or assault during service can have long-term repercussions for a Veteran's transition to civilian life
- Intersectionality
- Young minority women are most likely to experience sexual assault in the Regular Force
- Unknown impact on LGBTQ2S communities/ LGBT Purge



The Government of Canada notes:

"Our experiences are affected by intersecting parts of our identity, the context we are in and our lived realities. We all have multiple identity factors that intersect that help make us who we are."

Eichler, M, & Smith-Evans, K. (2018). Gender in Veteran reintegration and transition: A scoping review. *Journal of Military, Veteran, and Family Health*, 4, 1, 5-19.
Survey on Sexual Misconduct in the CAF (SSMCAF) – Statistics Canada | Director General Military Personnel Research and Analysis – Defence Research and Development Canada
Eichler M. (2016). Learning from the Deschamps Report: Why military and veteran researchers ought to pay attention to gender. *Journal of Military, Veteran, and Family Health*, 2, 1, 5-8.

MYTH: Most people who experience sexual misconduct report it and many reports are false

Mental Health Outcomes of MST in the Military

- Female CAF Regular Force personnel who experience MST are:
  - 3X more likely to have lifetime or past-year mood or anxiety disorder
  - 4X more likely to have lifetime or past-year PTSD

Watkins, Bennett, Zamorski, & Richer (2017)

Veterans with PTSD and MST have increased comorbid diagnosis of:

- Female
  - Depression
  - Anxiety
  - Eating disorder
- Male
  - Substance use disorder
  - Alcohol use disorder

Maguen, Cohen, Ren, Bosch, Kimerling & Seal (2012)

Who else does MST impact?

- MST impacts not only individual members but also:
  - Family
  - Military
    - Command
    - Recruitment and retention
    - Career progression
  - Life as a veteran
  - Wider society

Trauma-informed leadership training

Principles of Trauma-Informed Care

Principle	Details
Assume trauma is universal	Given the high prevalence of trauma and that trauma survivors often do not disclose their trauma history, leaders should treat every team member as though they have a trauma history
Be sensitive to impact of trauma	Leaders must be aware that a team members traumatic past can be activated by experiences in the here-and-now Leaders should be aware of the practices that have a higher likelihood of being triggers and should engage in ways that will mitigate their effect
Explore with your team member the best way to view or define their experience (e.g., hurt, injured, symptomatic, rather than sick or defective)	Leaders should view team members affected by trauma as someone who has had something done to them as opposed to viewing the person affected by trauma as somehow defective or the cause of their own difficulties. Take a strengths-based approach. Acknowledge what the person affected has done in order to survive. View “symptoms” as “solutions.”
Ensure safety, trustworthiness, choice, collaboration, empowerment	Harris and Fallot (2001) identified these five principles as essential for trauma-informed approaches. Discuss trauma-informed approaches with your own team and reflect together on some ways you can all be more trauma-informed and how this could improve team dynamics, cohesion, and even productivity.

Practical application of trauma-informed approach: Role play

- Role play: Making a disclosure of military sexual trauma to a supervisor
- Opening an encounter: Practical tips re: space, focus, and demeanor
- Active listening: Validation, repeating back, remember, people don't recall all the details; "This was not your fault"; "I am so sorry this happened to you."
- Facial and body language
- Offering support: "What can I do to help you?"; "What kind of support do you need right now?; " I don't know the answer, but I will get back to you or make sure we get you the answer"; "I will make sure you receive support."

Persons with Lived Experience

PWLEs share their lived experience of military sexual trauma and its impact.

Respectful listening with questions.

Discussed value of military service and grief at loss of service. Ability to now teach others and make change.

World Café Questions

- How do you empower bystanders?
- How can supervisors be better supported?
- How do we reconcile old decisions made that would not pass today's expectations of behaviour?

Opening Dialogue Between PWLE and Military Leaders

Theme 1: Perceived Effects on Leaders and the Institution

I. "Humanizing" Military Sexual Trauma
II. A show of effort
III. Supporting organizational readiness

"[F]or the first time in twenty-five years, I felt like the institution had heard me."

-Study participant

[1]Tam-Seto, L., Garland Baird, L., Held, N., Heber, A., **Buchart, L**., Ibbotson, A., Orchard Young, S., Lade, S., Millman, H., Brown, A., Imre-Millei, B., Lopes, J., **Samplonius, M.E.,** Chrysler, C., & McKinnon, M.C. (in press). Critical Conversations: A restorative engagement initiative for people with lived experience of military sexual trauma. *Journal of Military, Veteran and Family Health Research.*

[2]Tam-Seto, L., Garland-Baird, L., Held, N., Heber, A., **Buchart, L.,** Ibbotson, A., Orchard Young, S., Lade, S., Millman, H., Brown, A., Imre-Millei, B., **Samplonius, S.,** Chrysler, C., & McKinnon, M.C. (2025). Lessons to learn: Strategies to sustain a restorative program for survivors of military sexual trauma. *Journal of Community Safety and Wellbeing, 10 (1),* 48-53.

Opening Dialogue Between PWLE and Military Leaders

Theme 2: Effects on the Individual

I. Giving voice to those previously silenced
II. Validation and empowerment
III. Tackling guilt and shame
IV. Reclaiming military identity and community
V. Emotional cost of participation

"It helps me feel unified and has helped me to start to be proud [of my service]. I'm not fully there yet [but] I'm surprised at how much my outlook has changed […]."

-Critical Conversations study participant

Key Clinical Considerations

- Moral injury in PWLE and leaders
- Institutional betrayal (shame; anger)
- Career is often mourned as much as trauma itself
- Ask screening questions; destigmatize MST
- Intersectional identity
- Past trauma, including childhood abuse and neglect

Cultural Competence

- Office-based clinicians need to be culturally competent to provide adequate care to survivors and other affected individuals.
- Suggestions for developing cultural competence:
  - Specialized training (including military chaplains, peer supporters, veterans' service organization personnel)
  - Programs for clinicians to understand the unique nature of military service.
  - Develop effective screening procedures (for new and established clients) and lend support to affected individuals so they do not become incapacitated by their trauma response post-career

Need for Cultural Competency

The first therapist I saw had never met a Veteran in her life, you know, let alone a female so I felt like a shiny penny and, and I, she was very unreliable and not, not helpful at all so I quit seeing her.

Benefits of group therapy and/or peer support

- There are several benefits to group therapy and/or peer support:
  - Decreases shame
  - Decreases isolation
  - Provides positive ‘mentoring’ role for those who are ‘further along in their healing journey’
  - Built in degree of credibility and cultural competence

Effecting Culture Change

- To see significant change, important aspects of military culture need to be addressed
- Challenging complacent ideas, such as ‘boys will be boys’ or ‘this is to be expected’ attitude, are critical to addressing issues of MST and sexual misconduct in the military
- Reaction, “We can’t tell jokes anymore”; ”the good old days” (which were the bad old days for many members)
- “Operations must take precedence in the combat theatre/ during deployment”; addressing MST will improve operational effectiveness

Summary

- **MST extends beyond misconduct:** It includes both unwanted sexual/sexualized experiences during **military service** and **their traumatic impacts**
- **Certain groups face heightened vulnerability:** Women, younger members, minority groups, and potentially LGBTQ2S+ personnel experience disproportionate risk and unique challenges
- **Trauma-informed leadership is essential:** Leaders can reduce harm through the implementation of trauma-informed principles and skills training
- **Culture change requires action**
- **Clinicians require cultural competency training**
- **The more shame-based the psychological injury, the more effective peer support and group therapy will be as interventions**
- **Creating a respectful, trauma-informed, and accountable military strengthens operational effectiveness!**