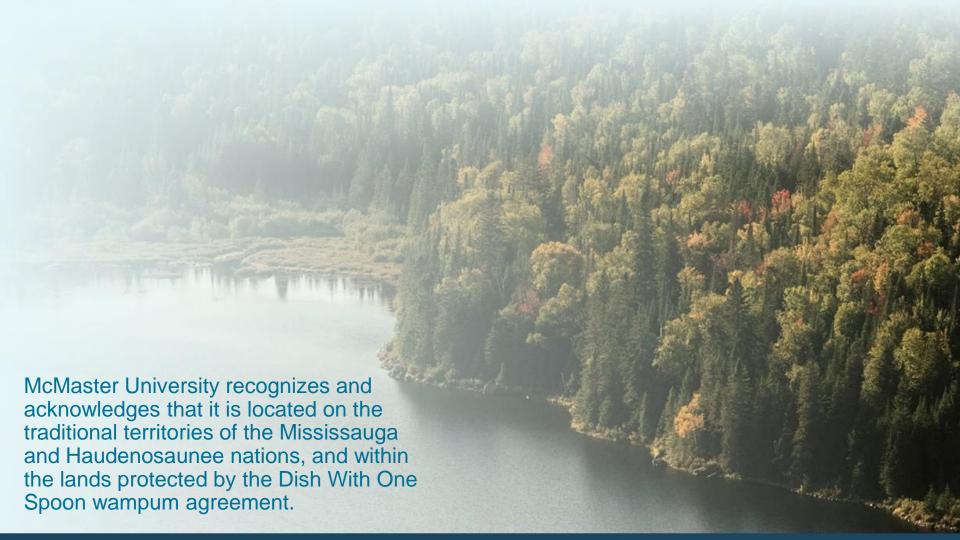


April 24, 2025

CMWR Conference





#### 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



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Funding support provided by:



Co-Chair of Canadian Military Sexual Trauma Community of Practice



Anciens Combattants Canada

**Veterans Affairs** Canada

#### Two weeks set aside for former top soldier Jonathan Vance's trial







Ex-CDS Art McDonald launches a public campaign to get his old command back

Murray Brewster · CBC News · Posted: Oct 15, 2021 5:31 PM ADT | Last Updated: October 15, 2021



Former chief of the defence staff Jonathan Vance is going to trial on a charge of obstruction of justice. (Sean Kilpatrick/The Canadian Press)

#### CANADA

# Ottawa's appeal of CAF sexual misconduct class action extension 'troubling': law firms



By Aaron D'Andrea · Global News Posted January 19, 2023 2:11 pm

Former head of military personnel charged after sexual assault investigation



By Amanda Connolly · Global News Posted December 7, 2021 4:41 pm - Updated December 7, 2021 6:46 pm Investigation into sexual misconduct allegations **Igainst Admiral Art McDonald ends without** :harges











McDonald stepped aside in February when the investigation became public

Nick Boisvert · CBC News · Posted: Aug 06, 2021 7:28 PM ADT | Last Updated: August 6, 2021



#### Former head of military personnel charged after sexual assault investigation



CANADA

By Amanda Connolly · Global News Posted December 7, 2021 4:41 pm · Updated December 7, 2021 6:46 pm

Maj.-Gen. Dany Fortin cleared in military review of sexual misconduct allegation



By Aaron D'Andrea • Global News Posted January 23, 2023 4:20 pm · Updated January 24, 2023 12:38 am

# Public Awareness of Military Sexual Trauma in Canada

- 1990s: sexual misconduct in the Canadian Forces entered the public consciousness when a national magazine published a story titled, "Rape in the Military"
- 2014: national magazine published another article
- 2016: Marie Deschamps, Canadian Justice, published report with 10 recommendations
- 2016 and 2018: Statistics Canada conducted first national survey: "The Survey on Sexual Misconduct in the Canadian Armed Forces."
- 2016: seven former members of the CF initiated class action lawsuits against the Government of Canada
- Operation HONOUR stood up in the CF and the creation of the Sexual Misconduct Response Centre\*
- 2021: following a raft of new allegations, Operation Honour was ended, and the new Chief Professional Conduct and Culture was established
- 2021: Former United Nations High Commissioner for Human Rights, Madame Justice Louise Arbour, conducted a second review and makes 48 recommendations aimed at transformative change
- 2022: Government of Canada makes official apology



#### **Creation of Canadian Military Sexual Trauma Community of Practice**





### Opening workshop

Introduce facilitators

Explain roles

Orientation to workshop

Ground rules





# Introduce facilitators and explain roles

- People with Lived Experience of Military Sexual Trauma<sup>1,2</sup>
- Clinician-academics experienced in psychological trauma, with cultural competency in the Canadian Armed Forces (CAF)

<sup>1</sup>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.* 

<sup>2</sup>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.

# Orientation to the workshop

- Trigger warning
- Introduce chaplain or other mental health support person (e.g., social worker)
- Used "thumbs up" rule
- External and post-session supports available, including from Canadian Armed Forces/ National Defence
- In person or virtual, no recording; requested confidentiality
- Discussed rank and downplayed its relevance in the session
- Voluntary participation (some people were "volun-told")



# **Ground Rules**

- Openness to learn
- Confidentiality of participants
- Respectful dialogue
- Autonomy over your own story
- Recognizing and setting your own boundaries
- Participate at your own comfort level





# Icebreaker



Hands up if you have served. What is your relationship to the military (e.g., serving member, Veteran, family member, clinician, researcher?)



What is your interest in MST?



What do you hope to get out of today's session?



# 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



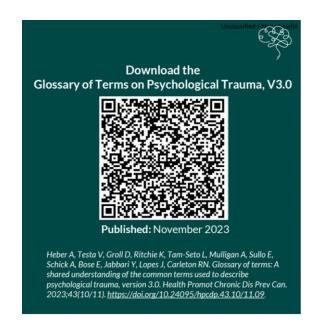
# Sexual Misconduct Definition

 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
  - o 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

University

# Consent vs 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.

What are some examples where compliance could be created without consent in the context of the CAF?



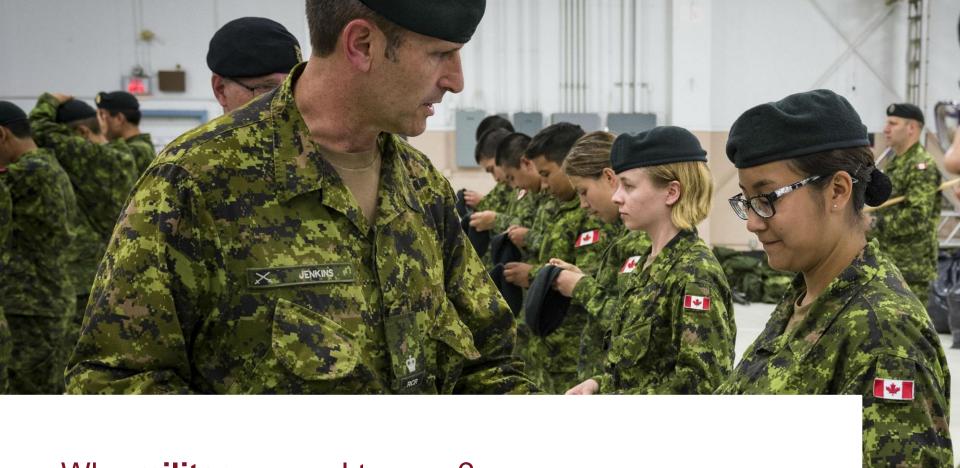
- Examples of traumatic impacts on the affected person may include (but are not limited to):
  - Disturbed sleep or nightmares
  - Disturbing memories of re-experiencing the event
  - · Difficulty feeling safe
  - Feeling guilt or shame
  - Feeling angry or enraged
  - Problems in intimate relationships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





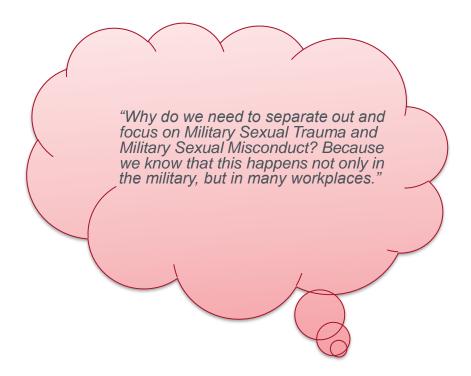






Why military sexual trauma?

# 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

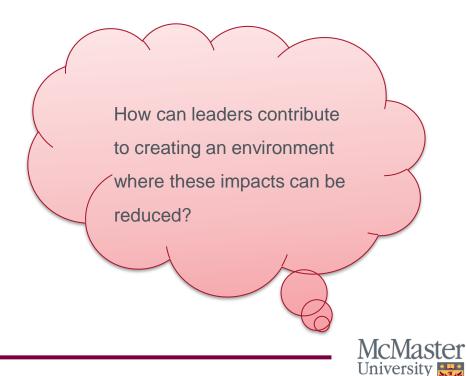




# Salt in the Wound

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

Over a 12 month period, approximately







of men

of women

of gender diverse people

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

Over a 12 month period, approximately







of men

(Cotter, 2016)

of women

of gender diverse people

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

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

Much of what we know about military sexual misconduct and military sexual trauma comes from what is reported. However, many individuals choose not to report incidents of military sexual misconduct that occur during service. The 'official figures' may be just the tip of the iceberg.

On average, just under half (47.4%) of incidents of sexualized or discriminatory behaviour go unreported.

Over half (57%) of sexual assault incidents go unreported.

74% of women and 91% of men did not seek out professional support services following their sexual assault(s).

A large percentage of incidents of sexual assault are not disclosed and/or reported due to a number of general and population-specific barriers, including:

- Fear of negative career repercussions
- · Fear of not being believed
- Fear of being removed from one's unit or release from the Military
- Fear of lack of confidentiality, and/or
- Fear of no resulting difference stemming from a formal report on military sexual misconduct

There are also societal stigmas associated with persons of the following identities experiencing sexual assault, which may be compounded when identities intersect:

- Men
- 2SLGBTQ+ persons
- · Persons with disabilities
- Indigenous Persons
- People of Colour





# Who is most vulnerable?

- Unique effects of sexual misconduct on people with disabilities, women, Indigenous people, racialized minorities, religious minorities, 2SLGBTQAI+ people, and more have been explored in academic and military studies.
- 'LGBTQ2S Purge' impact on Veterans
- Young minority women of lower rank are most likely to experience sexual assault in the Regular Force

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.





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



# Principles of a trauma-informed approach



# 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.





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?



#### Theme 1: Perceived Effects on 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

¹Tam-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.* 

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McMaster University

#### Theme 2: Effects on the Individual

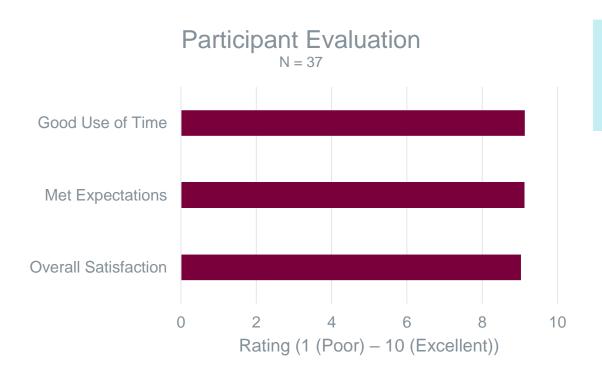
- I. Giving voice to those previously silenced
- II. Validation and empowerment
- III. Tackling guilt and shame
- IV. Reclaiming identity and community
- V. Emotional cost of participation

"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



# **Evaluation of Workshop**



"This course surpassed my expectations. I appreciate to no end that this course was trauma informed. That it was delivered by veterans that continue to serve."

"This was my second time and it was better than the first. I knew everyone in the room."



# Valuable Aspects of Training (Participant Responses)

- Delivered by people with lived experience who were open and authentic in sharing their experiences.
- Open discussion of ideas and experiences.
- Opportunity to practice skills (i.e., disclosures) through roleplay.

# Opportunities for Improvement

(Participant Responses)

- Training should be longer than a day.
- Didactic training (i.e., presentation portion) was not as effective as experiential components (i.e., group work, role-playing).
- More information regarding what to expect from the workshop would be beneficial.



