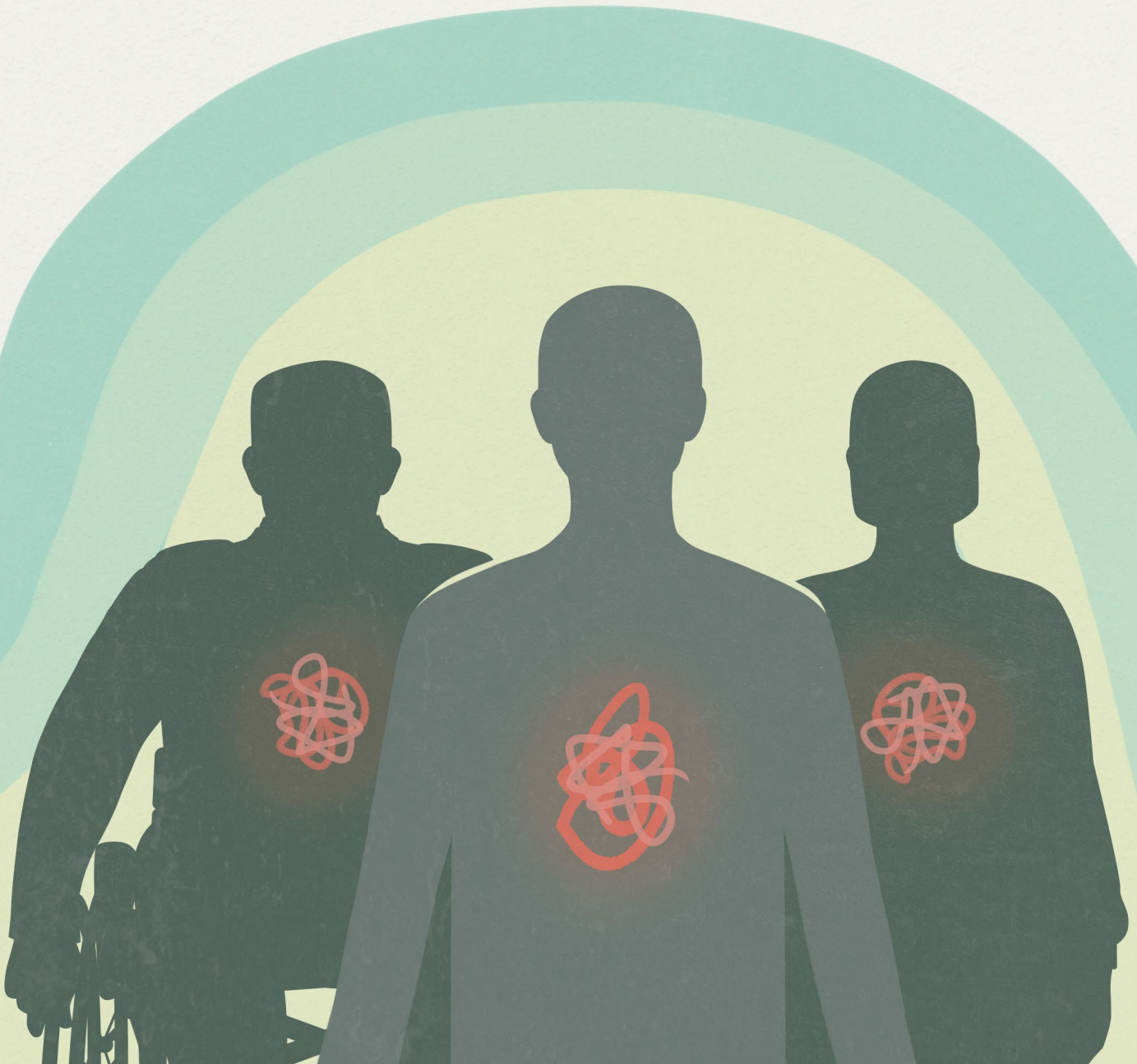


MILITARY SEXUAL TRAUMA:

PRIMER FOR FRIENDS AND FAMILY MEMBERS

Use this resource to learn more about military sexual trauma
as a friend or Family member.





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MILITARY SEXUAL TRAUMA 101

Sexual and gender-based discrimination, harassment and violence during military service is a serious issue in countries around the world and here in Canada. Such experiences can have lasting and far-reaching impacts, including on Family members and friends.



FACTS AND DEFINITIONS

Military sexual trauma (MST) includes the term military sexual *misconduct*. Although these terms are often used in place of one another, there are some key differences. Military sexual *misconduct* refers to a spectrum of specific behaviours or actions that are harmful in nature and occur in the context of military service. Witnessing or experiencing sexual misconduct can lead to serious and lasting impacts or “wounds.” Together, these impacts refer to the experience of military sexual *trauma*.^{1,2} In other words, we use *misconduct* to refer to the specific incident(s) and MST to refer to the consequences or impacts of the incident(s).

MILITARY SEXUAL *MISCONDUCT* CAN INCLUDE:^{1,3}

- Actions or words that demean or devalue based on gender, gender identity or sexual orientation
- Sexualized jokes or innuendos
- Remarks or statements of a sexual nature (e.g. discussing sex life)
- Advances of a sexual nature
- Harassment of a sexual nature e.g. initiation rights or hazing
- Viewing, accessing, distributing or displaying sexually explicit materials
- Criminal code offences (e.g. sexual exploitation, sexual assault, voyeurism, stalking, indecent exposure)

For more information, check out the Spectrum of Sexual Misconduct (bit.ly/spectrum-sexual-misconduct).⁴

EVOLVING LANGUAGE

The language around sexual harassment, discriminatory behaviours and sexual assault in the Canadian Armed Forces (CAF) continues to evolve. In December 2023, the Honourable Bill Blair, Canada's Minister of National Defence, announced the implementation of two key recommendations from the Arbour Report.^{5,6} These recommendations included changes to key terminology as well as the elimination of the term "sexual misconduct" from policy as the term lacks clarity.

In this resource, we use the term "sexual misconduct" when referring to documents (including reports, resources and statistics) that predate December 2023, where the term was used to measure or report on key outcomes. In other instances, we use the phrasing "sexual and gender-based discrimination, harassment and violence" to include the spectrum of behaviours and actions. This alternate phrasing recognizes that Veterans impacted by MST may use language that differs from formal reports and policy documents. To note, the term MST is used within the CAF context specifically. There is no currently agreed-upon terminology to describe sexual trauma related to Royal Canadian Mounted Police (RCMP) service.

Here are some quick facts, based on survey data from CAF Regular Force and Primary Reserve members collected between 2015 and 2023 as well as the 2019 General Social Survey on Victimization.⁷⁻¹⁰ These facts can help you learn more about the issue and understand that you and your loved one are not alone:

Sexual assault (e.g. unwanted sexual touching, attempted or forced sexual activity) is more common in the military than in civilian contexts.



Similar numbers of men and women experience sexual assault. But certain groups are more at risk:



- Women are more at risk than men;¹
- 2SLGBTQIA+ members are more at risk than cisgender or heterosexual members.

Seeing, hearing or experiencing sexualized behaviours (e.g. sexual jokes, use of sexually explicit materials, indecent exposure) and discriminatory behaviours (e.g. being insulted or excluded due to sexual orientation or gender) is more common than sexual assault.



Peers and supervisors are the most common perpetrators.



Around 7% of Regular Force members report experiencing at least one sexual assault since joining.

7%

Many members choose not to report incidents of sexual misconduct, with around half of incidents going unreported.



Incidents can happen in the military workplace or in other private or public spaces, though they most commonly happen on bases, wings and formations.



Those affected by MST can experience a range of impacts, including physical, behavioural, emotional and spiritual. It's normal for the types of impacts and their intensity to shift over time.



Check out our MST fact sheet and webpage to learn more: atlasveterans.ca/mst.

¹The risk of experiencing sexual assault is higher for women given their relative proportion in the military (that is, there are fewer women compared to men in the military).



THE MILITARY HAS ITS OWN SET OF NORMS, VALUES, TRADITIONS AND CUSTOMS

Witnessing, experiencing or reporting sexual and gender-based discrimination, harassment or violence during service can be different from the civilian context.

Here are some important considerations to keep in mind:¹¹⁻²⁰

At its core, the military is a **hierarchical workplace.**

- Sexual and gender-based discrimination, harassment and violence can affect your loved one's work functioning, career progress and professional goals, particularly if the perpetrator is a peer or supervisor.
- Your loved one or others (e.g. witnesses) may fear that speaking up will affect their ability to advance (e.g. progressing to a higher rank, graduating from a course).

Like other workplaces, the military is an **institution.**

- Similar to other workplace injuries, research shows that how an organization responds to incidents of sexual and gender-based discrimination, harassment and violence is important in determining how people are affected.
- If someone you care about has experienced something bad in the military and feels the military didn't help or protect them like they should have, that's called **institutional betrayal**.

Unlike many other workplaces, however, the military is a **total institution.**

- Many military members work and live in the same setting. In some cases, they live in close quarters to their fellow service members.
- Their work can also take place in various environments (for example, on bases, wings, ships and formations or events such as mess dinners) and locations (for example, deployments overseas or across Canada).
- Your loved one may have experienced their trauma in a simultaneously familiar yet foreign environment.
- They may also have had to continue to living and working in close proximity to the perpetrator(s) after the event(s).

****Trust, loyalty and cohesion** tend to be high in the military.**

- Military members are trained to rely on fellow service members and the military institution for their safety and security.
- Your loved one's sense of trust, loyalty and community may be damaged, particularly when the perpetrator is another service member. This can in turn worsen the effects of an already traumatic experience.
- Your loved one may feel torn between loyalty to themselves, their unit or to the military.
- Your loved one may feel pressure associated with chain of command, including pressure to conform to others' behaviour and a desire not to "let the chain down..." This can lead to underreporting.
- Your loved one might be worried that if they speak up about what happened, it could harm their relationships with their military team and they might face negative reactions or retaliation from their peers.

Integrity, courage and accountability are other key values within the military.

- Members are instilled to act with high moral standard, do what is right in the face of other pressures or constraints and hold themselves and others to account, especially among those higher up or in positions of leadership.
- Your loved one may question their own purpose, identity and values or lose their faith or confidence in authority, particularly in incidents where supervisors either are involved as perpetrators or are not supportive during disclosure and reporting.

Military culture emphasizes ideals like strength, stoicism and self-sufficiency.

- These ideals can create feelings of debilitating shame and self-blame in your loved one when they experience sexual and gender-based discrimination, harassment or violence during service.
- Your loved one may fear being “weak” if they acknowledge their injuries and may be less likely to reach out for help as a result.

The military has its own justice system. Members can choose to report incidents to civilian or to military police.

- Because of close ties with the military institution, your loved one may fear pushback, retaliation or injustice when reporting to military police.
- Your loved one may worry about being a “troublemaker” or that reporting what happened to them will not actually make a difference.



COMMON MYTHS

As a Family member or friend, you may encounter false beliefs and stereotypes about military sexual misconduct and trauma.^{21,22} These can influence how you and others perceive the situation.

Here are six common myths and their reality:

My loved one wasn't assaulted, so they can't be experiencing MST.

Just because your loved one was not physically assaulted doesn't mean it wasn't MST. All forms of sexual and gender-based discrimination, harassment and violence can have deep and lasting impacts, even if there is no physical contact. Different forms may affect people in varying ways. It is not others' place to determine how much or how little someone should (or should not) be affected.

Incidents of sexual and gender-based discrimination, harassment and violence are more likely to happen at night, by strangers or with drugs or alcohol, NOT at work and by people they know.

The truth is, these types of incidents can be perpetrated at any time, in any place and by any person. Most often, it's someone the victim knows like a peer or supervisor, and it happens on bases, wings, formations, ships or during work-related events, according to survey data.^{7,8,9}



COMMON MYTHS CONTINUED...

My loved one didn't report the incident (or isn't interested in reporting) therefore it didn't happen.

Sexual and gender-based discrimination, harassment and violence in the military is underreported. Your loved one, like many other individuals, may choose not to report incidents during service. There are various reasons for not reporting, such as fearing negative repercussions on their career or differential treatment by others, thinking that it would not make a difference, lacking knowledge on how to report or worrying about the impacts of disclosure e.g. reliving the trauma.^{7,8,9}

My loved one is a man, so they could not have been sexually harassed, assaulted or discriminated against.

Anyone can experience sexual and gender-based discrimination, harassment or violence. According to recent surveys, similar numbers of men and women report witnessing or experiencing incidents during service.^{7,8,9} Men in particular may face unique barriers reaching out for support because of community attitudes on masculinity and sexual violence.^{14,23}

My loved one can't remember or changes their story, so it must not have really happened.

Trauma can affect how people process and remember information. In many cases, the brain will block specific details or memories to help cope. In addition, certain emotional states can affect the development of memories. These impacts can make it difficult for your loved one to remember specific details. However, that does not mean it did not happen.

My loved one doesn't seem affected, so they must not be impacted by MST.

Impacts of trauma can vary from person to person. Some people may shut down or become numb, while others may show drastic changes in their thoughts, feelings or behaviours. These impacts can emerge any time after the traumatic event(s) and can be difficult to notice, even in someone you love or care for. In addition, everyone has their own way of dealing with trauma. It is important not to push people into certain ways of healing.



RELATED ISSUES

Military sexual trauma is a complex problem and your loved one's experience can be influenced by other factors. These factors might be important to keep in mind as you navigate their healing journey together.



Moral injury

Moral injury is a long-term consequence of seeing, doing or experiencing something that goes against deeply held beliefs about right versus wrong. Incidents of sexual and gender-based discrimination, harassment and violence can create a moral injury in your loved one, especially when accompanied by feelings of betrayal or failed leadership.^{24,25}



Sanctuary trauma

Sanctuary trauma can happen after your loved one seeks help. At this time, they may encounter negative responses, such as invalidation or rejection, in situations where they expect to feel safe and supported.¹ In other words, their safe space actually turns into a source of trauma. Research shows that this type of trauma can negatively affect MST recovery.¹⁶

Certain members may experience additional layers of harm based on aspects of their identity. This is known as **intersectionality**.¹ For example, people of colour, gender diverse members, or women may experience greater targeting due to situational or systemic discrimination related to their identity.^{26,27} Unfortunately, data related to intersectionality and MST is limited in Canada. Nonetheless, it is important to consider how things like power and oppression are experienced in relation to MST.



Anyone can be affected by MST. However, aspects of an individual's identity, background and personal history, such as gender, sexuality, ethnicity, disability status and age can affect risk of being targeted and experiencing worse outcomes following the event(s). ”

THE IMPACTS OF MST

As a Family member or friend, you may notice various signs of trauma in your loved one. These signs may look different from person to person. Some signs may be easier to notice and others may be more challenging. They may emerge immediately after the event or in the following months or years. These signs and symptoms can also come and go over time.

Here are some signs of trauma to look out for in your loved one:²⁸⁻³⁵

Behavioural



- **Self-harming** – e.g. using substances like alcohol or drugs to cope; cutting, punching or burning themselves
- **Avoiding specific places, people or situations**, particularly work-related – e.g. no longer attending field training, sports days
- **Ignoring self-care and personal hygiene** – e.g. not brushing their teeth or showering
- **Withdrawing from usual hobbies or activities**
- **Engaging in risky behaviours** – e.g. going to potentially dangerous places or driving recklessly
- **Fidgeting or other self-soothing behaviours**
- **Attempting suicide**

Emotional



- **Having a fear of abandonment** due to feelings of shame, being unlovable or unworthy of happiness
- **Experiencing negative thoughts and emotions** – e.g. feeling sad, angry, nervous, suspicious, fearful, anxious, betrayed
- **Misplaced or inappropriate emotions** – e.g. feeling angry at neutral times
- **Feeling shame, guilt or self-stigma** – e.g. saying things like “I am embarrassed by what happened to me,” worrying that others knowing will change how they are perceived or treated
- **Feeling helplessness or hopelessness** – e.g. saying things like “I’ll never get better”
- **Feeling flat or numb** – e.g. saying things like “I don’t feel anything”
- **Feeling extremely worried about career implications**
- **Expressing disinterest in work**
- **Over- or underachieving**
- **Having a fear of intimacy**

Social



- **Having difficulty keeping or maintaining relationships** – having fewer friends or close connections
- **Having difficulty trusting and feeling safe** around others
- **Isolating themselves**
- **Becoming emotionally unavailable**
- **Losing faith or confidence in authority figures**
- **Fearing authority figures**
- **Becoming more dependent** on certain individuals
- **Putting more effort into specific relationships over others**
- **Having multiple partners**
- **Being clingy**

Physical



- Having trouble sleeping or sleeping too much
- Experiencing stomach issues or changes in appetite
- Re-experiencing feelings or sensations
- Having headaches, fatigue or chronic pain
- Experiencing reduced sex drive

Cognitive



- Having difficulty remembering events or conversations
- Finding it hard to concentrate or focus
- Denying events or impacts
- Losing interest in things that usually bring them happiness or excitement
- Finding it hard to motivate themselves to do something
- Thinking about or planning suicide

Check out the mental health continuum (bit.ly/mental-health-continuum) for more information. If you are worried about your loved one, encourage them to reach out for help or connect them with support. You could call the **Suicide Crisis Helpline (9-8-8)** together. If they are in immediate danger, call **9-1-1** and ensure they are not left alone (in Nunavut, contact your local RCMP detachment or **1-867-979-1111**). Check out our suicide prevention resources for more information: atlasveterans.ca/suicide-prevention.

HOW MST CAN AFFECT LOVED ONES

As a friend or Family member, you may not have witnessed or experienced the event, but you may experience some of the impacts. You might be on the front line of support. You may experience a range of emotions and feelings, like isolation, exhaustion, loneliness or shame. You may even show similar signs of trauma to your loved one, known as vicarious or secondary trauma.



Vicarious or secondary traumatic stress is when the impact of your loved one's trauma on you is so deep that you experience symptoms of your own that are similar to those of a posttraumatic stress injury.^{1,36} It often comes on quickly and unexpectedly. Children can also be affected by their parent's posttraumatic stress symptoms.^{37,38}

SOME COMMON IMPACTS ON FAMILIES CAN INCLUDE:³⁸⁻⁴²

Heightened stress levels

Your loved one's traumatic experience can create behaviours that you don't understand. This can in turn lead to situations that are difficult for you to deal with. You may even feel responsible for your loved one's well-being. It may be unnerving to be around someone who's experiencing heightened reactions, edginess or aggression because of what they have gone through. It is normal to feel an unusual amount of stress.

Changes to routines

Life as you know it may be disrupted. Certain activities may need to be avoided because they bring up difficult emotions. Your usual roles and responsibilities may shift as you find ways to support your loved one. Be clear with yourself about ways you can or cannot support them. Look for alternatives to fill any gaps.

Relationship tensions

Trauma symptoms can make it hard to connect with your loved one. You may feel disconnected in your relationship with them. Some stressors may build up to create resentment, tension or conflict. Try to let go where you can. Consider using a relationship counsellor who understands your particular situation.

Changes to intimacy

Trauma can affect intimacy. For example, your loved one may startle or flinch when being embraced, or refuse displays of affection altogether. Talking openly, being patient or seeking professional help from a therapist who specializes in relationships, sex or impacts of sexual trauma can help.

Shifts in roles and responsibilities

Changes to your loved one's mood or the household dynamics can create challenges with parenting or even your ability to be present for others. Children may begin to feel responsible, take on parenting or caregiving tasks, or question their parent's love for them.

Negative thoughts and emotions

You may have dark thoughts and feelings of sadness, loss, anger and guilt more often than usual. It is okay to grieve the loss of who your loved one was before or the future you envisioned. It is okay to feel upset about the changes in your Family or friends. There are supports available to help you to navigate your experience.

I was afraid to sleep in the same bed and maybe spark a nightmare.

— *Veteran Family member*



I feel like I'm walking on eggshells.

— *Veteran Family member*



PUT YOUR OWN “OXYGEN MASK” ON FIRST



It is not uncommon for Family members to experience burnout or compassion fatigue. Prioritize proactively taking care of your own mental health. Check out our resource on self-care for Family members for more information: atlasveterans.ca/mst-family-self-care.

If you notice any of the following signs, consider taking a step back or reach out for support from a professional:

- **Feeling drained** – you drag yourself out of bed and find yourself too tired to engage in usual activities
- **Cynicism or apathy** – you don’t trust people or processes, or feel things aren’t going to work out, so why bother
- **Feeling useless** – you feel like you can’t help or that your best isn’t good enough
- **Low mood** – you often feel down or not like yourself
- **Everything is getting under your skin** – you are irritable, snippy or angry, even at the little things
- **You can’t stay focused** – you get distracted easily or can’t remember things
- **Sleep troubles** – you find it hard to fall or stay asleep
- **Your health is suffering** – your blood pressure is rising, you have headaches or stomach aches, or maybe you just don’t feel well a lot of the time
- **Unhealthy coping is flaring up** – your substance use, gaming or gambling is on the rise
- **You don’t like helping** or even hate it



There’s no shame in reaching out for support yourself.

– *Veteran Family member*

SUPPORTING A LOVED ONE

It can be challenging to know how to support someone impacted by MST. It may not be clear to them either. Healing is a journey that happens over time. Your loved one's needs may change over time. In the case of MST, you may feel like you do not know what to say, how to go about starting a conversation or how to even ask about their support needs – and that's okay.

“Your loved one likely needs support, but it does not have to fall entirely on you.”

As a Family member, you may feel pressure to be responsible for your loved one and their well-being or recovery. You may feel like you have no choice but to act as a support person. You may also worry that you do not have the knowledge or capacity to take on this kind of role.

There are many different kinds of support. Consider your own strengths, limitations and abilities to support. **The extent of your support and participation should be based on your current capacity, willingness, comfort level and skill set.** These may change over time.

It's okay to ask questions, especially to help inform yourself on how best to support them. It can also be helpful to set ground rules or boundaries, both for yourself and for them. For more information on boundaries, check out our infographic on self-care:

atlasveterans.ca/mst-family-self-care.




If you do not feel that you can support them or if you need help to do so, there are military sexual support resources you can access through the Government of Canada's Sexual Misconduct Support and Resource Centre (SMSRC): bit.ly/dnd-smsrc.

Further reading




Having conversations on MST can feel uncomfortable. Check out the Atlas Institute's conversation guide and brochure on talking about MST: atlasveterans.ca/mst-family. These resources have tips and strategies that could make these conversations a little easier.

Here are some different types of support you could offer:

 LIGHT INVOLVEMENT	 MEDIUM INVOLVEMENT	 HIGH INVOLVEMENT
<p><i>"I can support with distance. I don't have emotional energy right now."</i></p>	<p><i>"I feel comfortable and have emotional energy."</i></p>	<p><i>"I have time and emotional energy. I want to be involved."</i></p>
<p style="text-align: center;">Connector</p> <p>In a connector role, you may connect your loved one to services in the community. You may check in from time to time to follow up and ensure they are seeking help.</p> <p>You could source information and present some options, like going to a local sexual assault centre, finding a counsellor, approaching law enforcement or taking legal action.</p>	<p style="text-align: center;">Supporter</p> <p>In a supporter role, you check in with your loved on a regular basis about how they're feeling, how they're recovering or how therapy is progressing.</p> <p>If there are legal or other processes in progress, you may check in about these or act as a sounding board.</p> <p>It might be helpful to check in about what helps or hurts them (i.e. positive and negative triggers), so that you can best support them.</p>	<p style="text-align: center;">Caregiver</p> <p>In a caregiver role, you may check in with your loved one frequently and do things like drive them to appointments, pick up medications, help fill out forms, make or remind them of appointments or attend appointments to take notes.</p> <p>The extent of your support and participation is up to you, as well as your loved one's comfort levels. Consider your own strengths, limitations and capacity.</p>

Remember

 You aren't a therapist and you don't have to do it alone. Reaching out for support can take time and energy, but help is available. Check out our resource on self-care for some support options: atlasveterans.ca/mst-family-self-care.

SEEKING ADDITIONAL ADVICE

If you or your loved one want more information on how to file a report or other topics and issues related to MST, reach out to the SMSRC.

The Sexual Misconduct Support and Resource Centre (SMSRC) is open 24 hours a day, seven days a week.

Toll-free (North America): 1-844-750-1648

Telephone: 613-996-3900

Email: DND.SMSRC-CSRIS.MDN@forces.gc.ca



WHAT IF YOUR LOVED ONE DOES NOT WANT TO TALK ABOUT IT OR FILE A REPORT?

It is important to support your loved one's decisions and trust that they know what is best for them as the person impacted by MST. Pressuring them to talk or take action when they are not ready can be retraumatizing and can damage their healing journey.

There are many reasons why they might not want to talk about it or to file a report. For example, they may worry that they won't be believed, that they will be blamed or that there will be professional or other repercussions. They may also simply not be ready.

“You may not agree with their choices, but the choice is theirs to make.”

It is important to assure your loved one that they are in control of any healing or legal process. Providing options and allowing them to make choices can help them take back power and control that they feel was lost. These feelings of empowerment can support their recovery journey.

KEY TAKEAWAYS

- Military sexual trauma is a complex injury that can have a variety of lasting and serious impacts. As a Family member, you may also feel these impacts.
- The military environment and context is unique.
- Family members and friends can play an important role in helping their loved one heal from their trauma. You can decide how involved you would like to be in supporting your loved one.
- It's important to look after yourself too.
- Every person and situation is different, so you and your loved one's experiences and needs may vary.

CONTRIBUTOR LIST AND SUGGESTED CITATION



Scan the QR code or visit
atlasveterans.ca/mst-family-contributorship.

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