



**ATLAS
INSTITUTE**
FOR VETERANS AND FAMILIES

MILITARY SEXUAL MISCONDUCT AND MILITARY SEXUAL TRAUMA FACT SHEET





IN THIS RESOURCE, YOU WILL FIND...

- Definitions for military sexual misconduct and military sexual trauma
- Facts and statistics on military sexual misconduct
- Information about underreporting
- Overview of common thoughts, feelings and behaviours related to military sexual trauma
- A list of support options
- Information about benefits



To learn more about military sexual trauma, check out the Atlas Institute's topic page: atlasveterans.ca/mst



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 (bit.ly/arbhour-report-announcement) the implementation of two key recommendations from the Arbour Report (bit.ly/arbhour-report). 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 military sexual trauma may use language that differs from formal reports and policy documents. To note, the term "military sexual trauma" 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.

WHAT IS MILITARY SEXUAL MISCONDUCT?

Military sexual misconduct is defined in Canada as “conduct of a sexual nature that can cause or causes harm to others” and takes place within the military. For more information on the behaviours and actions included in this definition, please refer to the Department of National Defence (DND)’s webpage: bit.ly/dnd-sexual-misconduct-terminology. Military sexual misconduct can occur in your physical work location or in the greater work environment where work-related activities take place and work relationships exist. It can also occur while you are on or off duty, on or off base, deployed or not deployed.

WHAT IS MILITARY SEXUAL TRAUMA?

Military sexual trauma (MST) is not a specific diagnosable condition, but rather a term that describes the psychological, physical and social “wounds” that people may feel after experiencing or witnessing sexual and gender-based discrimination, harassment and violence. MST is a broadly applied term to cover a range of impacts.

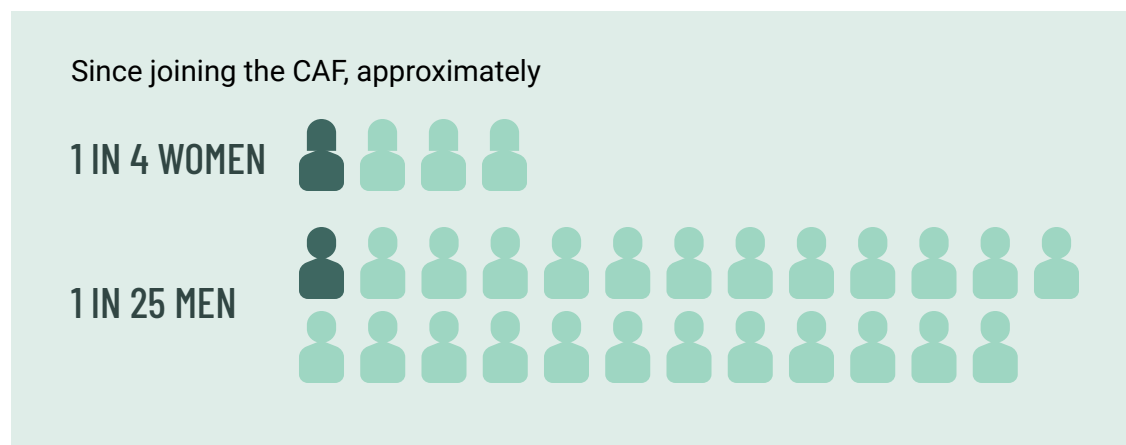
There is currently no single “official” definition of MST in Canada. According to the *Glossary of terms: A shared understanding of the common terms used to describe psychological trauma* (atlasveterans.ca/glossary-of-terms), MST refers to “any sexual or sexualized activity that occurs without the person’s consent, during their service as a member of the CAF, and the physically or psychologically traumatic impacts of this activity on the affected person.”

HOW COMMON IS MILITARY SEXUAL MISCONDUCT?

Thousands of CAF members experience or witness sexual and gender-based discrimination, harassment and violence at some point during their career. If you are among those impacted, it is important to know that you are not alone.

In 2016 and 2018, the CAF contracted Statistics Canada to conduct the Survey on Sexual Misconduct in the Canadian Armed Forces (bit.ly/ssmcaf). Some of the following data is from this survey, which organizes sexual misconduct into three main categories: sexual assault, sexualized behaviour and discriminatory behaviour.

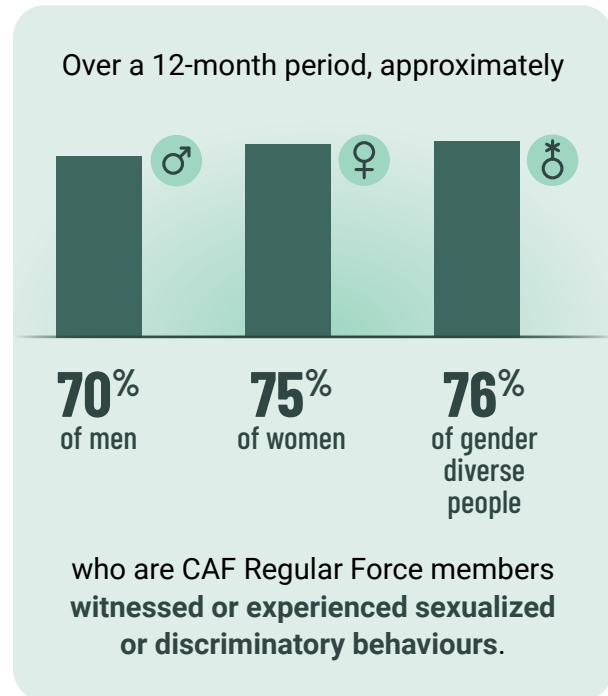
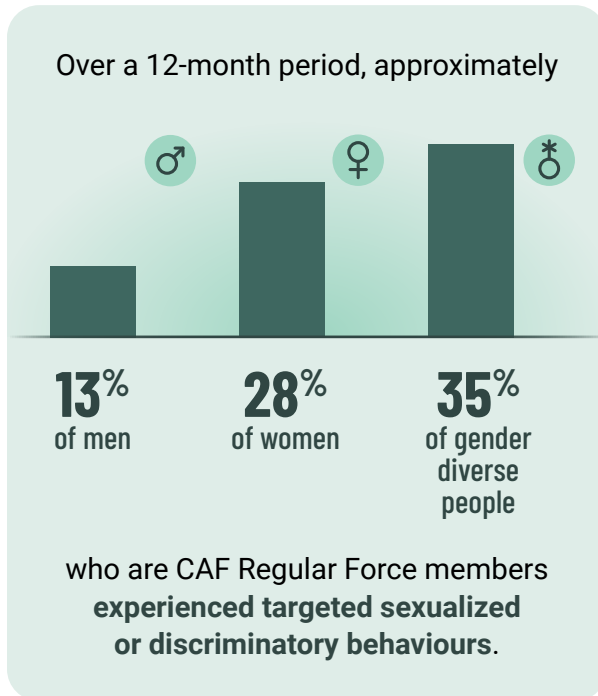
Anyone can experience sexual and gender-based discrimination, harassment and violence. However, you may be more likely to be targeted if you identify with certain groups. Young minority women are the most likely to experience sexual assault. Targeting behaviours are linked to imbalances in power, which may be situational, systemic (due to societal policies and practices that result in disadvantages, barriers or harmful treatment of some people), or both. Not everyone who identifies with these groups will experience sexual and gender-based discrimination, harassment and violence. Further, in no way do these factors suggest that you, as a person who has experienced sexual and gender-based discrimination, harassment and violence, are responsible for these experiences. Responsibility for these incidents always falls on the perpetrator(s).



have experienced **sexual assault** at least once.

HOW COMMON IS MILITARY SEXUAL MISCONDUCT?

(continued)



UNDERREPORTING

Much of what we know about sexual and gender-based discrimination, harassment and violence and MST comes from what is reported. However, many individuals choose not to report incidents of sexual and gender-based discrimination, harassment and violence that occur during service for a variety of reasons. The “official figures” may be just the tip of the iceberg. In fact, **over half (57%) of sexual assault incidents go unreported.**

WHAT DOES MST LOOK LIKE?

If you have experienced sexual and gender-based discrimination, harassment and violence, you may react in many different ways. **There is no “right way” to respond or react.** Your reactions may be influenced by your past experiences, current situation and identity. Your reactions could be subtle or strong. They could present immediately following or take time to develop and/or fluctuate in intensity overtime. You may also experience symptoms consistent with a number of diagnosable psychiatric or mental health conditions, such as posttraumatic stress disorder (PTSD), anxiety disorder or major depressive disorder, as well as a number of physical diagnoses.

The following is a list of common feelings, reactions and behaviours experienced by those with MST:

Emotional and cognitive reactions



- Anxiety and panic
- Nightmares
- Self-doubt
- Sadness
- Shame or guilt
- Anger
- Betrayal
- Suspiciousness
- Hopelessness
- Numbness
- Denial
- Difficulty concentrating
- Distractibility
- Memory problems
- Loss of motivation
- Fear
- Helplessness

Mental health and substance use disorders



- Anxiety disorders, including panic attacks
- Acute stress or PTSD
- Mood disorders such as major depressive disorder
- Self-harm
- Suicidal ideation (thoughts) or behaviours
- Increased alcohol or drug use to cope with trauma symptoms (sleep disturbance, avoidance, change in mood, feelings of hypervigilance or decreased safety)
- Substance use disorder

Physical health reactions



- Headaches
- Fatigue
- Chronic pain
- Change in sexual arousal, performance and enjoyment
- Digestive or gastrointestinal problems
- Reproductive health problems
- Pain during sex

WHAT DOES MST LOOK LIKE? *(continued)*

Relationships and social reactions



- Increased agitation, anger or change in mood that affects your relationships with Family, friends, colleagues and others
- Difficulty trusting and feeling safe around others
- Changes or difficulty engaging in social activities
- Isolation or loneliness
- Loss of faith or confidence in authority figures
- Avoidance or increased dependence on certain individuals

Avoidance – You may be avoiding...



- Places, people or situations, that remind you of the traumatic event(s)
- Friends, Family and other individuals in your life
- Going to work
- Taking time off

Career impacts – You may...



- Feel forced to choose between your military career and continued contact with the perpetrator(s)
- Feel torn between loyalty to yourself, to your unit and to the military
- Fear (or have experienced) negative repercussions on your career and career progression, including removal from your unit or release from the military
- Fear (or have experienced) retaliation by peers and supervisors
- Fear (or have experienced) negative perceptions of you, including perceptions that you are “weak” or a “troublemaker”
- Fear (or have experienced) financial difficulties, including loss of income
- Fear (or have experienced) that reporting what happened will not make a difference

WHERE TO GET SUPPORT

Sexual Misconduct Support and Response Centre

613-996-3900/1-844-750-1648

bit.ly/dnd-smsrc

Support services are available for currently serving and former CAF members, DND public service employees, Cadets, Junior Canadian Rangers, and Family members of the wider defence community. Services are currently available to those who are 16 years and older and are either directly impacted by sexual misconduct or are supporting a loved one who is directly impacted. In addition, services are offered for leaders and management seeking guidance and support on addressing sexual misconduct and best ways to support those who are directly impacted. Services include supportive counselling, information and referrals to resources and services, advocacy to help you meet your needs, accompaniment to your appointments, meetings and proceedings, assistance with workplace arrangements and other practical assistance.

You can reach the SMSRC seven days a week by phone. You can remain anonymous while accessing the SMSRC's services. If you wish, SMSRC counsellors can refer you to a civilian or military health care provider without passing on any personal information you have shared with them. Any information you share with them cannot be accessed by the CAF chain of command or anyone else outside of the SMSRC.

It's Not Just 20K

inj20k.ca

It's Not Just 20K (INJ20K) is a volunteer-run organization that advocates for those impacted by military sexual misconduct and MST in the CAF. INJ20K provides an informal peer-to-peer support platform, a social network and informational resources to their members (active serving CAF members and Veterans) who have directly experienced sexual misconduct and subsequent trauma. The support provided aims to assist those impacted by MST in their journey of recovery.

CAF Member Assistance Program

1-800-268-7708

The Member Assistance Program is for CAF members and their Families. You can reach them 24-7 by phone. They offer confidential, voluntary, short-term counselling. They can also provide you a referral to a longer-term counsellor.

WHAT DOES MST LOOK LIKE? *(continued)*

Veterans Affairs Canada Assistance Service 1-800-268-7708

The Veterans Affairs Canada (VAC) Assistance Service is for Canadian Armed Forces Veterans, former RCMP members, and their Families and caregivers. You can reach them 24-7 by phone. They can provide you with confidential, immediate, free mental health counselling. They can also provide you a referral to a longer-term counsellor.

Sexual misconduct support resources search tool bit.ly/smsrc-search-tool

The sexual misconduct support resources tool allows you to browse through a list of resources that can support you. The list categorizes resources into those that are civilian and those that are CAF-specific. Resources include 24-7 crisis lines, hospitals, sexual assault centres, shelters, local police, health lines, Military Family Resource Centres, health services, chaplain services, military police services and OUTCAN. You can search for resources based on your location.



BENEFITS

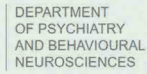
If you have a condition due to a service-related sexual trauma (e.g. PTSD, depression, anxiety, etc.), you can apply to Veterans Affairs Canada (VAC) for disability benefits (bit.ly/vac-disability-benefits). You may now be eligible for VAC disability benefits even if you have been denied in the past. Find out how to review or appeal a previous decision: bit.ly/vac-mst-disability-claims

REFERENCES

1. Alberta Health Services. Military sexual trauma [Internet]. 2021. Available from: myhealth.alberta.ca/Health/pages/conditions.aspx?hwid=ug4317spec
2. Bryant-Davis T, Chung H, Tillman S. From the margins to the center: Ethnic minority women and the mental health effects of sexual assault. *Trauma, Violence, & Abuse*. 2009;10(4), 330-357.
3. Cichowski SB, Rogers RG, Clark EA, Murata E, Murata A, Murata G. Military sexual trauma in female veterans is associated with chronic pain conditions. *Military Medicine*. 2017;182(9-10):e1895-e1899.
4. Cotter A. Sexual misconduct in the Canadian Armed Forces, 2016 [Internet]. 2016. Available from: www150.statcan.gc.ca/n1/pub/85-603-x/85-603-x2016001-eng.htm
5. Cotter A. Sexual misconduct in the Canadian Armed Forces Regular Force, 2018 [Internet]. 2019. Available from: www150.statcan.gc.ca/n1/pub/85-603-x/85-603-x2019002-eng.htm
6. Heber A, Testa V, Groll D, Ritchie K, Tam-Seto L, Mulligan A, et al. Glossary of terms: A shared understanding of the common terms used to describe psychological trauma, version 3.0. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*. 2023;43(10/11).
7. Department of National Defence. Use of terminology [Internet]. 2019. Available from: canada.ca/en/department-national-defence/services/benefits-military/conflict-misconduct/sexual-misconduct/orders-policies-directives/operation-honour-manual/use-of-terminology.html
8. Deschamps M. External review into sexual misconduct and sexual harassment in the Canadian Armed Forces [Internet]. 2015. Available from: canada.ca/en/department-national-defence/corporate/reports-publications/sexual-misbehaviour/external-review-2015.html
9. Hajizadeh M, Aiken A, Cox C. Risk factors associated with sexual misconduct in the Canadian Armed Forces: Does it vary by sex and environmental command? *Archives of Sexual Behavior*. 2019;48:2581-2594.
10. Make the Connection. Effects of military sexual trauma [Internet]. Available from: maketheconnection.net/conditions/military-sexual-trauma
11. Murray S, Powell A. Sexual assault and adults with a disability: Enabling recognition, disclosure and a just response. *ACSSA Issues*. 2008;9. Available from: aifs.gov.au/sites/default/files/publication-documents/acssa_issues9_0.pdf
12. Orchowski LM, Gidycz CA. *Sexual assault risk reduction and resistance: Theory, research and practice*. Academic Press; 2018.
13. Tillman S, Bryant-Davis T, Smith K, Marks A. Shattering silence: Exploring barriers to disclosure for African American sexual assault survivors. *Trauma, Violence, & Abuse*. 2010;11(2):59-70
14. U.S. Department of Veterans Affairs. Military sexual trauma [Internet]. Available from: mentalhealth.va.gov/docs/mst_general_factsheet.pdf
15. U.S. Department of Veterans Affairs. You're not alone in recovering from military sexual trauma [Internet]. 2020. Available from: mentalhealth.va.gov/docs/mst/MST_General_Brochure_2016_English_508.pdf
16. Watkins K, Bennett R, Zamorski MA, Richer I. Military-related sexual assault in Canada: A cross-sectional survey. *CMAJ Open*. 2017;5(2):E496-E507.

This resource is provided courtesy of the Canadian Military Sexual Trauma Community of Practice, a collaboration of researchers, members of intermediary organizations, government departments and an MST stakeholder/peer support group. Major contributions to this resource were provided by the Atlas Institute for Veterans and Families, McMaster University, Veterans Affairs Canada and It's Not Just 20K (INJ20K). We would like to acknowledge Tara Leach (The Royal Ottawa Mental Health Centre) for her contributions to the development of this resource.

The Atlas Institute does not provide mental health counselling or treatment. If you or someone you know is in crisis, please call 9-8-8 or refer to one of the resources listed.



Veterans Affairs
Canada

Anciens Combattants
Canada