

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

Part one of the three-part virtual symposium series 'Military Sexual Misconduct and Military Sexual Trauma in Canada: A Pathway to Understanding and Action'

June 3, 2021 | 1-3:30pm ET

## SUMMARY

On June 3, 2021, the first session of a symposium series on military sexual trauma (MST) was co-hosted by the Canadian Military Sexual Trauma Community of Practice, McMaster University's Department of Psychiatry and Behavioural Neurosciences, and the Centre of Excellence on PTSD.

The event aimed to:

- 1 → convene organizations and individuals working to improve the well-being of currently-serving military members and Veterans impacted by MST,
- 2 → increase understanding of MST,
- 3 → share knowledge from research, service provision, policy, and lived experience expertise, and
- 4 → begin to influence practice and policy action to improve outcomes for those impacted by MST.

To learn more about the MST Symposium Series, please contact [info-coe@theroyal.ca](mailto:info-coe@theroyal.ca). You can also find out more information on the Centre of Excellence on PTSD's website.

## REGISTRANTS AND ATTENDEES



**685**  
registrants



**93.3%** English speakers  
**6.7%** French speakers



**7.4%** impacted by MST  
**53.3%** not impacted by MST  
**39.3%** did not disclose



**61.5%**  
of registrants  
attended the  
event

## SPEAKERS

The event featured practitioners, researchers, leaders, and individuals with lived experience working to improve knowledge, understanding, supports, and treatments for MST in Canada.



**Dr. Alexandra Heber**, Chief of Psychiatry, Veterans Affairs Canada, Co-Chair of Canadian Military Sexual Trauma Community of Practice



**Dr. Andrea Brown**, Research Associate, McMaster University



**Ms. Catherine Gagné**, Senior Counsellor, Sexual Misconduct Response Centre (SMRC), National Defence / Government of Canada



**Ms. Christina Hutchins**, Senior Director, Office of Women and LGBTQ2 Veterans at Department of Veterans Affairs



**Dr. Lori Buchart**, Chairperson, It's Not Just 700



**Dr. Margaret McKinnon**, Homewood Chair in Mental Health and Trauma | Associate Professor and Associate Chair, Research | Department of Psychiatry and Behavioural Neurosciences | McMaster University, Co-Chair of Canadian Military Sexual Trauma Community of Practice



**Dr. Patrick Smith**, President & CEO, Centre of Excellence – Post-Traumatic Stress Disorder and Related Mental Health Conditions



**Dr. Ruth Lanius**, Professor, Department of Psychiatry, Harris-Woodman Chair, Schulich School of Medicine, Western University of Canada



**Dr. Stacey Silins**, Defence Scientist, Director Research Personnel and Family Support / Director General Military Personnel Research and Analysis / Military Personnel Command, Department of National Defence / Government of Canada

## KEY MESSAGES

1

**Terminology is important when discussing military sexual trauma (MST) and military sexual misconduct.**

- Military sexual misconduct and MST refer to service-related experiences of sexual violence, with MST referring more specifically to the outcomes of sexual misconduct.
- Common terminology can help create shared understanding as well as validate and acknowledge the experiences of those impacted.
- Efforts are underway to create an official definition of MST in Canada.

2

**The Canadian Armed Forces is a unique cultural context. Understanding this context can improve our knowledge about the experience of military sexual misconduct and its prevention.**

- Unique features of the military that contribute to incidents of sexual misconduct and its under-reporting include: male-dominated environment, blurring of work-life boundaries, strong unit cohesion and loyalty, the existence of distinct laws and procedures, and hierarchical structure.
- The deployment environment, specifically the extent to which women's needs and contributions are accepted, integrated and valued, can also contribute to the experience of military sexual misconduct among women.

3

**Military sexual misconduct can affect all areas of life in different ways. These impacts emerge from not only incidents themselves, but also ineffective institutional responses that damage trust and violate key values.**

- The experience of MST can resemble that of other forms of trauma, having serious and lasting effects on one's mental, physical and emotional wellbeing.
- There are also wider impacts on families and other aspects of life, such as career progression.
- Being aware of the various impacts is an important step in one's healing and recovery journey.
- Like other sources of trauma, impacts can vary from person to person. An intersectional, person-centred approach is necessary to understand impacts.

4

**Healing and recovery is a personal journey, but you do not have to go at it alone.**

- Healing is a non-linear and ongoing process, and it looks different from person to person.
- Restoring hope, purpose and identity is crucial.
- People who experience military sexual misconduct and MST should know that they are not alone. Social and peer support can offer a strong support network.

5

**There is ongoing work to support those impacted by military sexual misconduct and MST. But there is still more to be done.**

- Various supports and services are provided by organizations such as the Sexual Misconduct Response Centre and It's Not Just 700. Other activities are being undertaken by the Office of Women and LGBTQ2 Veterans at Veterans Affairs Canada in order to better address the needs of those impacted by military sexual misconduct and MST.

6

**There is a recognized need for institutional action to prevent future incidents and reduce negative impacts.**

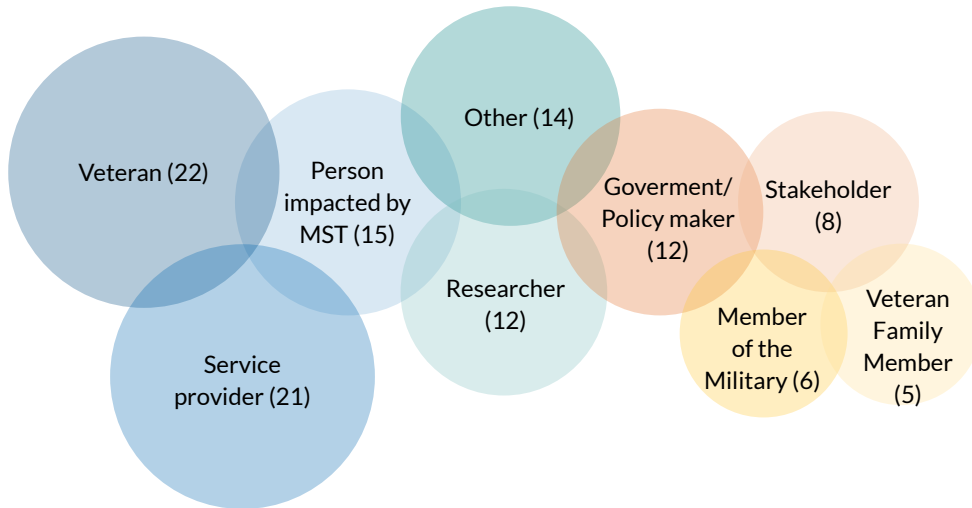
- Failure to prevent incidents of sexual misconduct can have serious and lasting implications for individuals, the military and society.
- Policies and procedures should focus on upholding transparency, impartiality, fairness and trust throughout the reporting, investigation and disciplinary process.

# WHAT WE HEARD

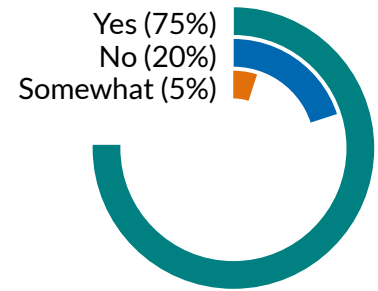
This section summarizes feedback obtained from our post-event survey. A total of 82 attendees provided feedback. Data from partially completed surveys were included where applicable.

## ATTENDEE PROFILE\*

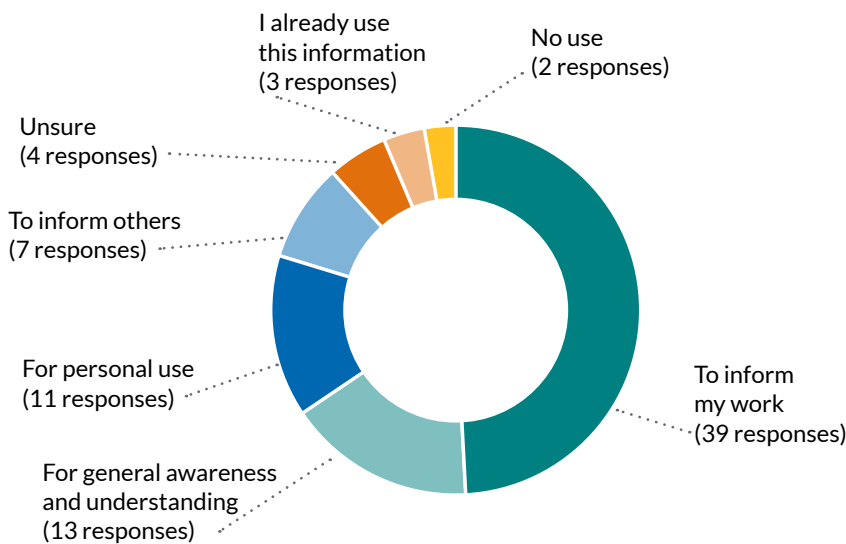
\*Some attendees were part of multiple groups



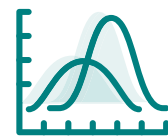
## DID THE SYMPOSIUM MEET YOUR EXPECTATIONS?



## THE VARIOUS WAYS IN WHICH ATTENDEES PLAN TO USE INFORMATION FROM THE SYMPOSIUM



## AVERAGE OVERALL SATISFACTION WITH THE EVENT:



**4.03/5.00**  
Very Good

## ATTENDEES EXPRESSED INTEREST IN LEARNING MORE ABOUT THE FOLLOWING TOPICS:

- Culture and system change
- Treatment information
- General MST-related information
- MST-specific peer support
- Lived experience perspectives
- MST-related research findings
- Legal challenges
- Intersectionality and MST
- Impacts on families