

SERVICES AND SUPPORTS FOR PEOPLE AFFECTED BY MST

SEPTEMBER 16, 2021

MILITARY SEXUAL MISCONDUCT AND MILITARY SEXUAL TRAUMA IN CANADA: A PATHWAY TO UNDERSTANDING AND ACTION



DEPARTMENT
OF PSYCHIATRY
AND BEHAVIOURAL
NEUROSCIENCES



Centre of Excellence – PTSD
Centre d'excellence – TSPT

PURPOSE OF THE SYMPOSIUM SERIES

- To convene organizations and individuals working to improve the well-being of currently-serving military members and Veterans impacted by MST;
- To increase understanding of MST;
- To share knowledge from research findings, emerging clinical best practice, policy learnings and priorities, and lived experience expertise; and
- To influence practice and policy action to improve outcomes for those impacted by MST.



Co-hosted by:



DEPARTMENT
OF PSYCHIATRY
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NEUROSCIENCES



Centre of Excellence – PTSD
Centre d'excellence – TSPT

With support from:



Veterans Affairs
Canada

Anciens Combattants
Canada

With funding from:



CANADIAN MILITARY SEXUAL TRAUMA COMMUNITY OF PRACTICE – MEMBER ORGANIZATIONS



Centre of Excellence – PTSD
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DGMPRA | DGRAPM



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Public Health
Agency of Canada

Agence de la santé
publique du Canada



SEXUAL MISCONDUCT
Response Centre (SMRC)



Veterans Affairs
Canada

Anciens Combattants
Canada



ACRONYMS

MST = Military Sexual Trauma

MSM = Military Sexual Misconduct



TODAY'S SESSION

OBJECTIVE: To improve understanding of the impact of MST and MSM in Canada and to enhance knowledge of the supports and treatments available for those impacted.

INTENDED AUDIENCE: Individuals impacted by MST, healthcare and other service providers, sector leaders, and researchers.

- Over 250 registrations, from across Canada and abroad!



BRIEF HOUSEKEEPING INFORMATION

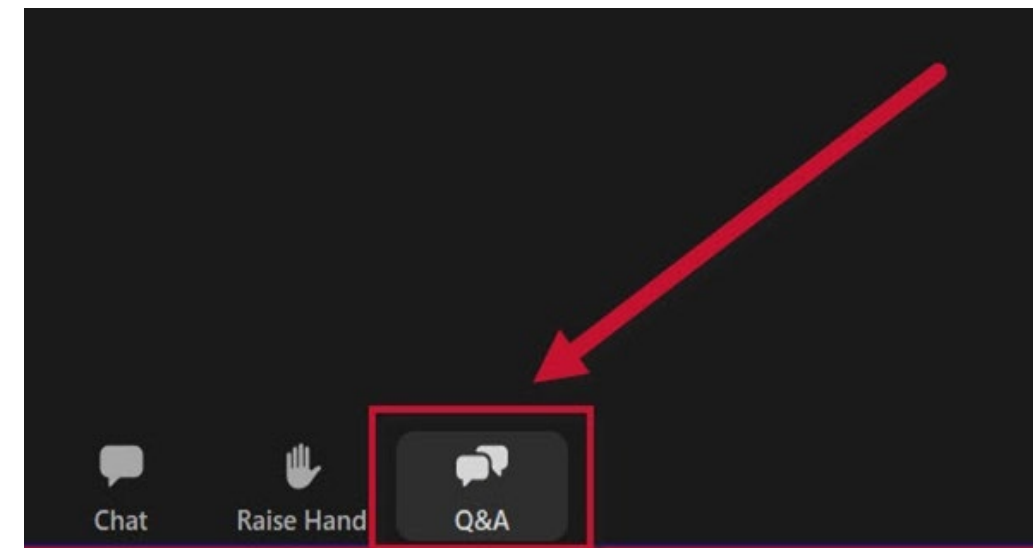
- We received your questions from registration and the presenters will try to incorporate the answers within their presentations as best as possible.
- We will do our best to answer as many questions as we can during the Q&A session at the end.
- Explore the event website for additional information (speaker bios, downloadable documents): <https://veteransmentalhealth.ca/about-us/events/mst-symposium/>



QUESTIONS & ANSWERS

Your chat is disabled, but you may ask questions in both French and English through the Q&A feature.

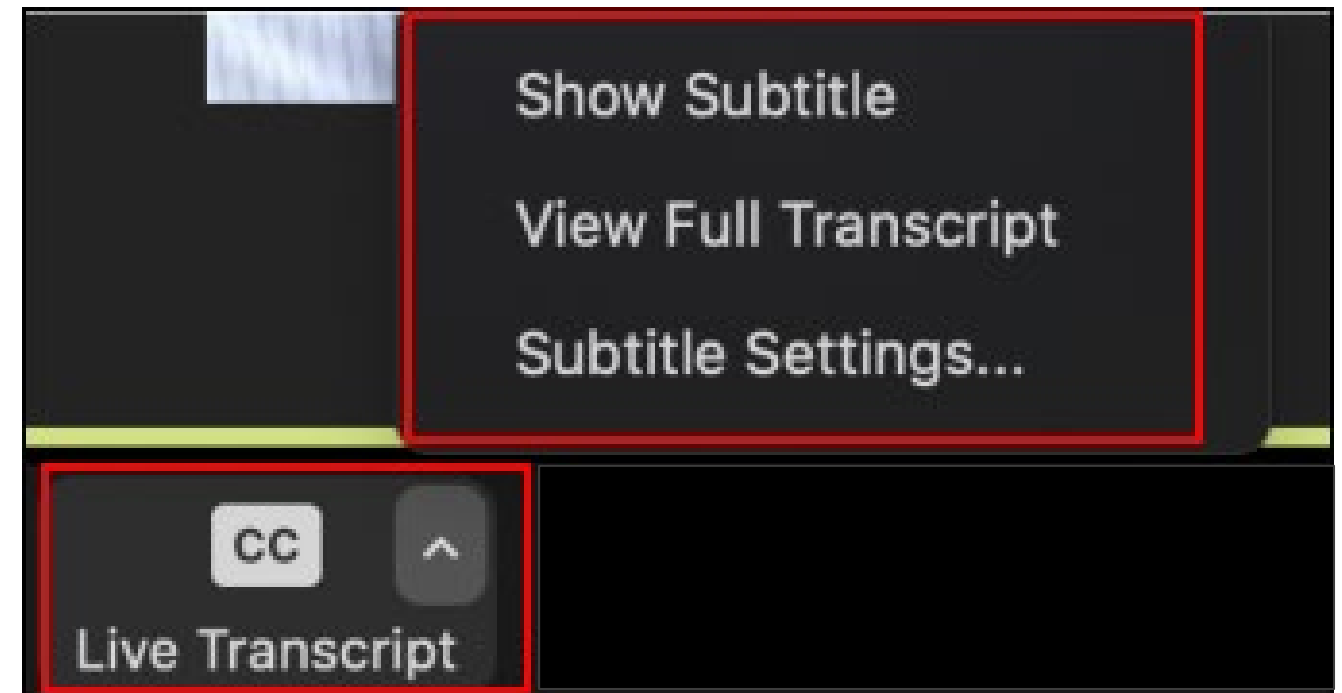
- Click on Q&A
- Type your question
- Click Send
- You may close the Question and Answer box when you are done
- A flag will appear beside the Q&A button when a question has been answered



CLOSED CAPTIONING

Closed Captioning is available in English

- Please click “CC Live Transcript” button
- Select “Show Subtitle”

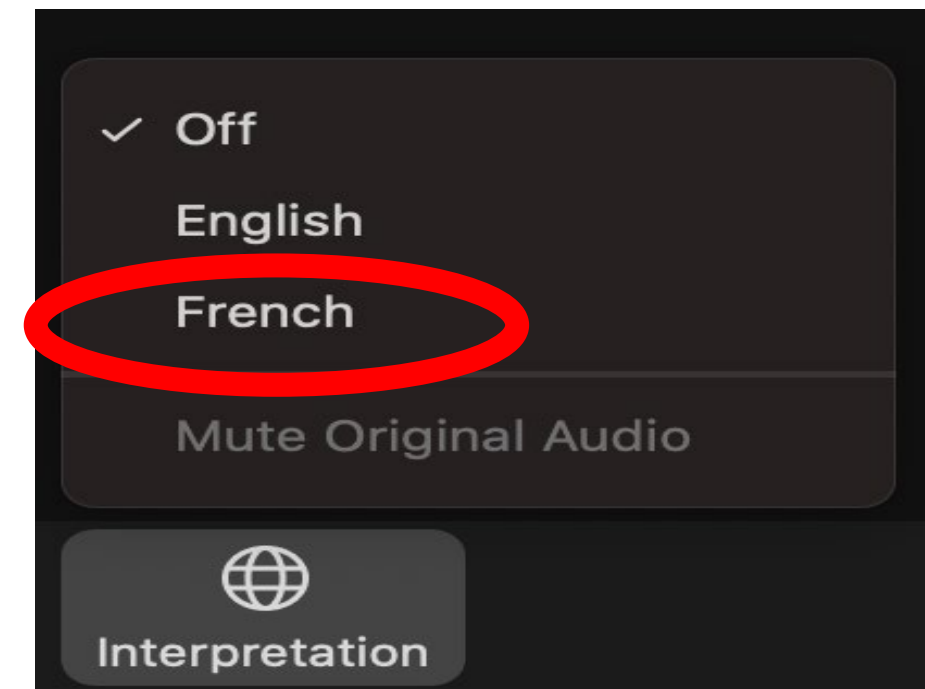


CANADIAN
MST CoP
MILITARY SEXUAL TRAUMA
COMMUNITY OF PRACTICE

FRENCH INTERPRETATION & MATERIALS

There is live simultaneous translation available in audio format.

- Please click “Interpretation” and select “French”



TRIGGER WARNING & SUPPORT LINE INFORMATION

This webinar includes content on topics such as sexual harassment, sexual assault, physical violence, and identity-based discrimination and harassment. This content may be difficult to listen to and may bring up a range of emotions. We encourage you to care for your safety and well-being.

If you need to reach out for support, please contact:

Veterans Affairs Canada (VAC Assistance Service and Services for Families)

Call 1-800-268-7708 | TDD/TTY 1-800-567-5803 (available 24/7)

Canadian Armed Forces (Member Assistance Program)

Call 1-800-268-7708 | TDD/TTY 1-800-567-5803 (available 24/7)

Sexual Misconduct Response Centre (SMRC)

Call 1-844-750-1648 (available 24/7) | DND.SMRC-CIIS.MDN@forces.gc.ca

or dial 911 if it is an emergency.

Additional supports can be found here (<https://veteransmentalhealth.ca/resources/find-support/>)

- **Crisis Services Canada** (Crisis services for all Canadians) - Call 1-833-456-4566 (available 24/7), Text 45645 (available 4pm to Midnight Eastern Time Zone). Residents of Quebec: Call 1-866-APPELLE (1-866-277-3553)
- **VAC and Canadian Armed Forces** (Member Assistance Program & Assistance Services for Families) - Call 1-800-268-7708 | TDD/TTY 1-800-567-5803 (available 24/7)
- **Canadian Forces Morale & Welfare Services** (Family Information Line) - Call 1-800-866-4546 (available 24/7)
- **The Hope for Wellness Help Line for all Indigenous peoples** - Call 1-855-242-3310 (available 24/7)

- La prévention du suicide et le soutien **Service d'aide en situation de crise pour tous les Canadiens** - Tél. : 1 833 456-4566 (24 h sur 24, 7 jours sur 7), Texto : 45645 (de 16 h à minuit, HE). Pour les résidents du Québec: 1 866 APPELLE (1.866.277.3553)
- Anciens Combattants Canada et Forces canadiennes **Programme d'aide aux membres et services d'aide aux familles** - Tél. : 1 800 268-7708, ATS 1 800 567-5803 (24 h sur 24, 7 jours sur 7)
- Services bien-être et moral des Forces canadiennes **Ligne d'information pour les familles** - Tél. : 1 800 866-4546 (24 h sur 24, 7 jours sur 7)
- **La Ligne d'écoute d'espoir pour tous les peuples autochtones** - Tél.: 1-855-242-3310 (24 h sur 24, 7 jours sur 7)



LCdr (ret'd) Rosemary Park, MSc CD

Lead Organizer, Servicewomen's Salute – Hommage aux Femmes Militaires Canada

Services and Supports for People Affected by Military Sexual Trauma

Canadian MST Community of Practice Symposium Series -- September 16, 2021

Services and Supports for People Affected by Military Sexual Trauma

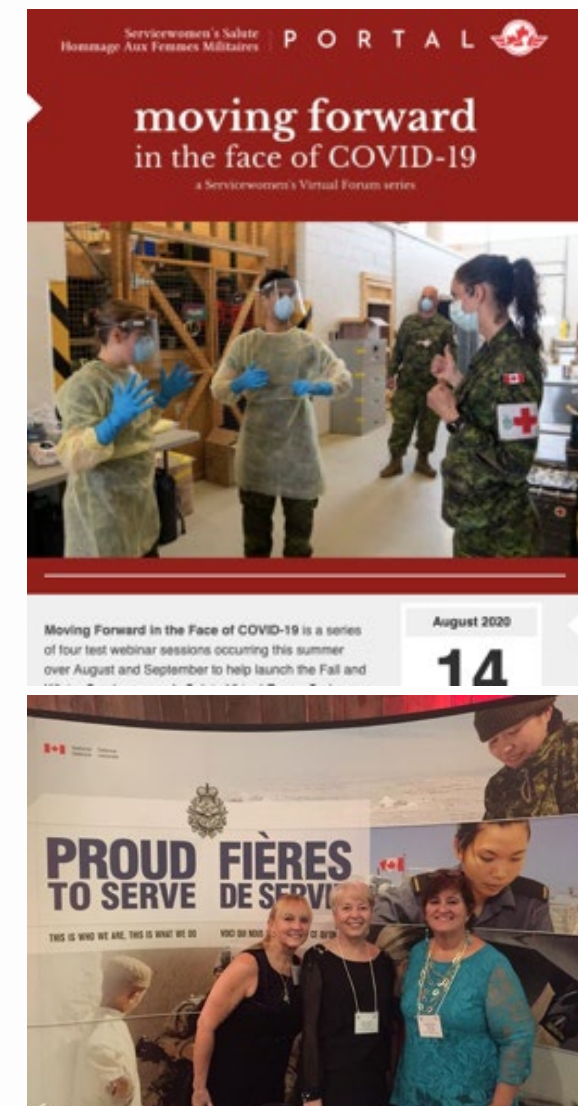
Servicewomen's Salute – Hommage Aux Femmes Militaires Canada, the Portal, and MST Supports



Servicewomen's Salute – Hommage aux Femmes Militaires Canada

To know, honour, care and strengthen the contribution of servicewomen to Canada

- Robust community and citizen participation responsive to women veterans, servicewomen and supporters' strengths and needs
- Research understanding, learning and networking, commemoration, legacy, story and creative expression, employment social enterprise and philanthropy



2019-2023 Servicewomen's Salute Portal Project

- Welcome, valued, interactive digital hub and gateway capabilities created by and for Canadian women veterans, servicewomen, and supporters
- Reliable information, participation opportunities, trusted networks
- Online Search Directories – servicewomen's research understandings, local community services and supports, history, and creative expression
- Servicewomen's Story and Legacy Collections
- Portal and social media Op-ed commentary, feature articles, blog posts



Veterans Affairs
Canada

Anciens Combattants
Canada



It's not about sex. It's all about sex.

- 50-year resisted, incidental, invisible organizational assimilation
- As a minority group, individual servicewomen have borne the 'burden of progress' as contributing and valued members of the CF-CAF with significant impacts on their well-being
- A "critical mass" of servicewomen experiencing sexual harassment and sexual violence has emerged



Servicewomen's Salute specifically assists

- Canadian MST CoP sexual misconduct and military sexual trauma survivor understandings and research
- MST, Gender-based violence, LGBT Purge survivors, women veteran and servicewomen groups' networking, access to national archival material
- Portal Project specific research and literature reviews
- MST Information Records in four Portal Search Directories
- Digital Story creation and collection, social media commentary and blogging campaigns

The Canadian Servicewomen's Salute & Peridot Productions presents an invitation to participate in:

AN INVISIBLE FORCE

A PHOTO NARRATIVE
& DOCUMENTARY
SERIES

Exploring the many stories of
Canadian veteran servicewomen
in their own words

For more information about
participating, please contact
peridotproductionhouse@gmail.com



#JoinedByService

An Institution changing moment

You can find us here:

 info@servicewomensalute.ca

 www.servicewomensalute.ca

 [ServicewomenSaluteCanada](https://www.facebook.com/ServicewomenSaluteCanada)

 [servicewomensalute](https://www.instagram.com/servicewomensalute)

 [servicewomen_ca](https://twitter.com/servicewomen_ca)

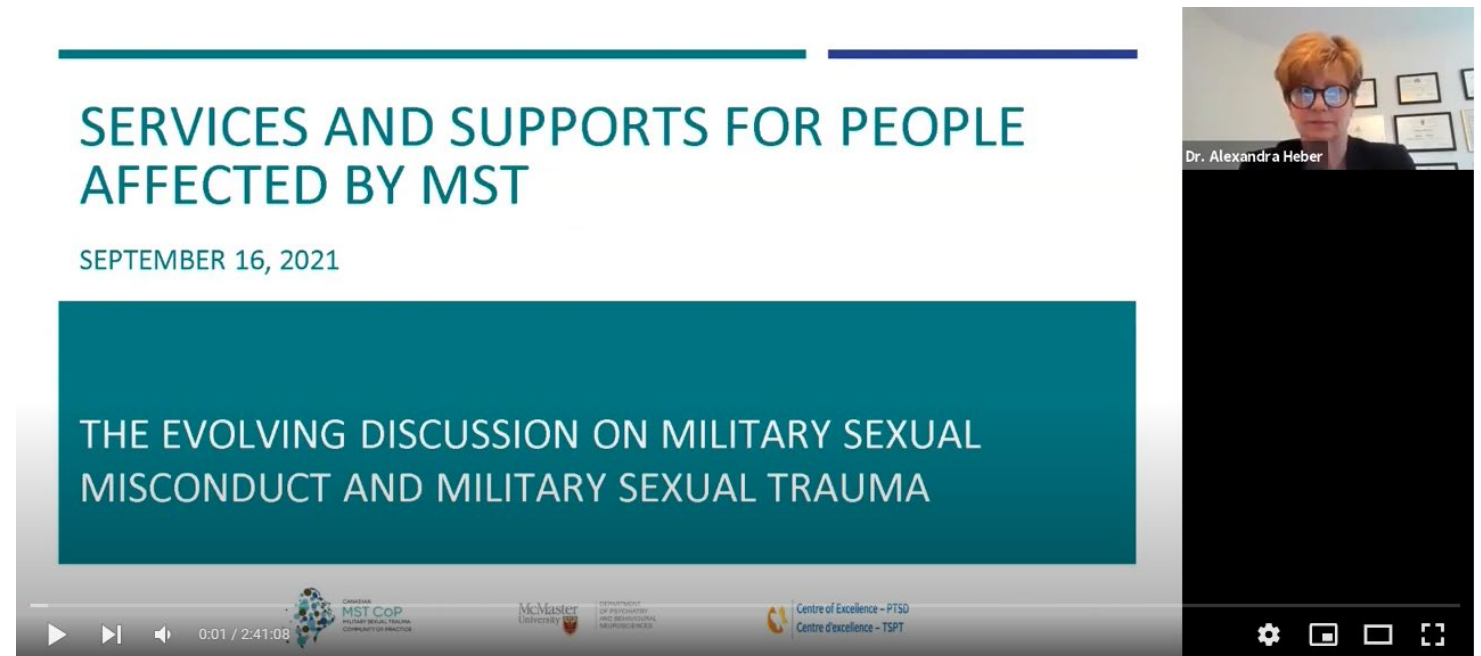


Lieutenant (ret'd) Michelle Douglas

Executive Director, LGBT Purge Fund

Healing from Canada's LGBT Purge

You can access
this presentation
in the recording of
the full event.



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SERVICES AND SUPPORTS FOR PEOPLE
AFFECTED BY MST

SEPTEMBER 16, 2021

THE EVOLVING DISCUSSION ON MILITARY SEXUAL
MISCONDUCT AND MILITARY SEXUAL TRAUMA

Dr. Alexandra Heber

0:01 / 2:41:08

MST CoP
McMaster University
Centre of Excellence - PTSD
Centre d'excellence - TSPT



Dr. Linna Tam-Seto, Ph.D., O.T.Reg.(Ont.)

Research Associate, McMaster University

Network and Support: The Benefits of Mentorship

Network and Support: The benefits of mentorship

Linna Tam-Seto, Ph.D., O.T.Reg.(Ont.)
Research Associate
McMaster University

MST Symposium
September 16, 2021



Research Question



What can a gender-informed, culturally competent mentorship program aimed at supporting women in the Canadian Armed Forces look like?





Experiences with Mentoring

”Growing up as a mentee...”

“I’ve really enjoy it to be honest. I find it really rewarding. I was super fortunate to have a few women early on in my career that did that for me so I’m super keen to pass it on.”

“They were great leaders and good mentors. And some of them, I mean, mentored me right up until their retirement a couple years ago.. Yeah! So um, for me, mentorship is, you know, I was fortunate enough to have met those people at the very start of my career. So as a pay it forward uh, you know, act in some respects, but also as a responsibility.”

“The first time I’d ever personally interacted with a female *[high ranking officer]* in my life, I was kind of like holy shit if she can be a *[high ranking officer]*, I can be [one too]. It was this mind-blowing moment. From that moment on that’s what piqued my interest in mentorship. I was around her all the time and got to see her interact with male officers and her other staff and it was just like it changed a lot for me. I was motivated and wanting to help.”

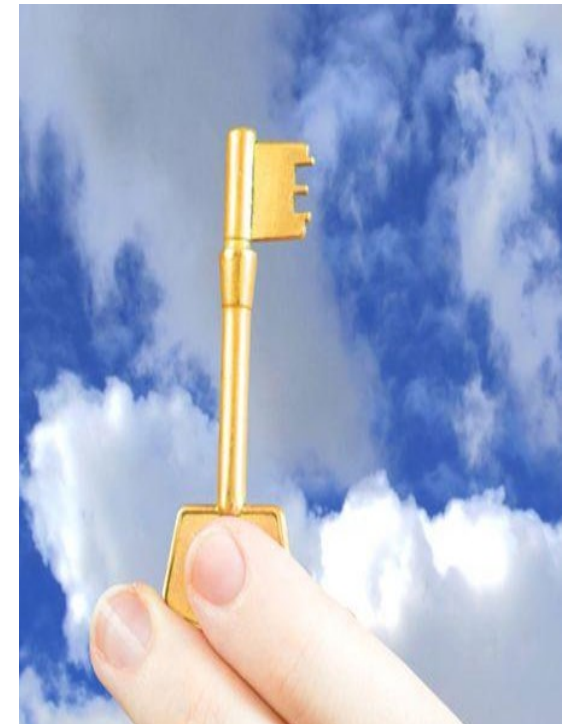
Navigating “the system” as a woman

Psychosocial Development

“I'll give them my own personal experiences what worked what might not have worked and how things have changed too...So my challenges 25 years ago are not the same challenges that they would have today. I also show them the options that are there now for them...like Military Family Services. Twenty-five years ago, it didn't exist...So it's a combination of things. I might provide advice what worked or not worked for me”

Career Development

“I ask them, wanna get promoted? Here's what you have to do to get promoted. The system is the system. I can't change that system. I can tell them how the system works and the best way to go forward...So, I can help teach them the rules. What I'm doing is I'm teaching them the system. How best to use the system to do what they want to do with it. Not to exploit it but to make it work.”



Shared Experiences

“I would say the women come to me for different reasons...They know [that] I was a victim of sexual misconduct...sexual assault when I was in military college. They heard, reached out to me on that aspect because they too had encountered a similar situation and wanted guidance and help on that aspect and moving forward in their careers. They thought that I would be a good mentor to them on how to continue on in your career despite some initial challenges like that.”

Necessary for Success

“When we joined, women, we didn't have anyone to be there for us. During my first posting...we were all *[rank type]* there was one female *[rank type]* and there was no one else higher than that. There was no one to to guide us on things like starting families and stuff like that because it hadn't been done. I was actually the first woman in the entire *[unit]* to have a woman officer to have a baby. It was still relatively new that women had been in *[unit]*, so we had no one to reach out to. So, over the years as younger people came in behind me they would reach out to me about ‘How are you balancing with kids?’, ‘How are you doing deployments with kids?’. I was kind of mentoring without calling it mentoring all along.”

Creating a Support Structure



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

“Oh, I think [the benefits are] huge in the CAF. I think we all just want to see somebody who looks like us or who's in a similar circumstance or who has had a similar circumstances as us just to validate that we have a place and our thoughts and feelings are important too. Where I think sometimes women can really feel dismissed or when they're the only woman sitting at the table it can be very intimidating.”

Moving Forward with a Support Structure

“I’ve reached out to [my mentees] to tell them about more about the sexual misconduct lawsuit. I emailed saying, ‘If you’re like me, you probably got the email, thought it was good that something was being done but you weren’t planning on joining in yourself. You probably deleted it without even clicking on the link’. I said ‘Here’s some of the information that I’d like you to know because it helped me make my decision and I actually changed my mind and I did fill out the form’...Just a few details that I emailed out to everyone. The response has been pretty positive...I also said, ‘you know, you might not realize that you were victim of sexual harassment because back in the day it was so common and prevalent that that’s just the way people talked and whatever else, but really it is.’”



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Amplifying Voices

“I think the generation that's coming behind me is not okay with some of the behaviors or some of the negativity in the military culture that was accepted when I first joined. So, I think it's a really exciting time that people who are joining are [coming into] a place where people have more of a voice whether in terms of initiatives such as Op Honour when we're talking about sexual misconduct or hateful conduct. I think we're finally saying these thing out loud and we're giving people a voice to call out unacceptable behavior. I feel when I first joined there were things that happened that crossed all of those spectrums and you just didn't say anything.”



[This Photo](#) by Unknown Author is licensed under [CC BY](#)

A Role for Mentorship

1. Creates a support structure and network of support
2. Safe arena to share and validate experiences
3. Amplifies voices
4. Increases visibility of women



Thank you

Transcription Team: Bibi Imre-Millei, Melika, Anna, Maddy, Elana, Claire, and Kaiya

CPO 1 Robert (Sean) Wilcox

Canadian Forces Training Development Centre,
Canadian Armed Forces

Women and men in the CAF

Thank you for your service!





Linna Tam-Seto, PhD, OTReg(Ont)

Research Associate

Trauma and Recovery Lab

tamsetol@mcmaster.ca

Twitter: @linnaseto



**Dr. Heidi Cramm, PhD,
OT Reg. (Ont.)**
School of Rehabilitation
Therapy, Queen's University



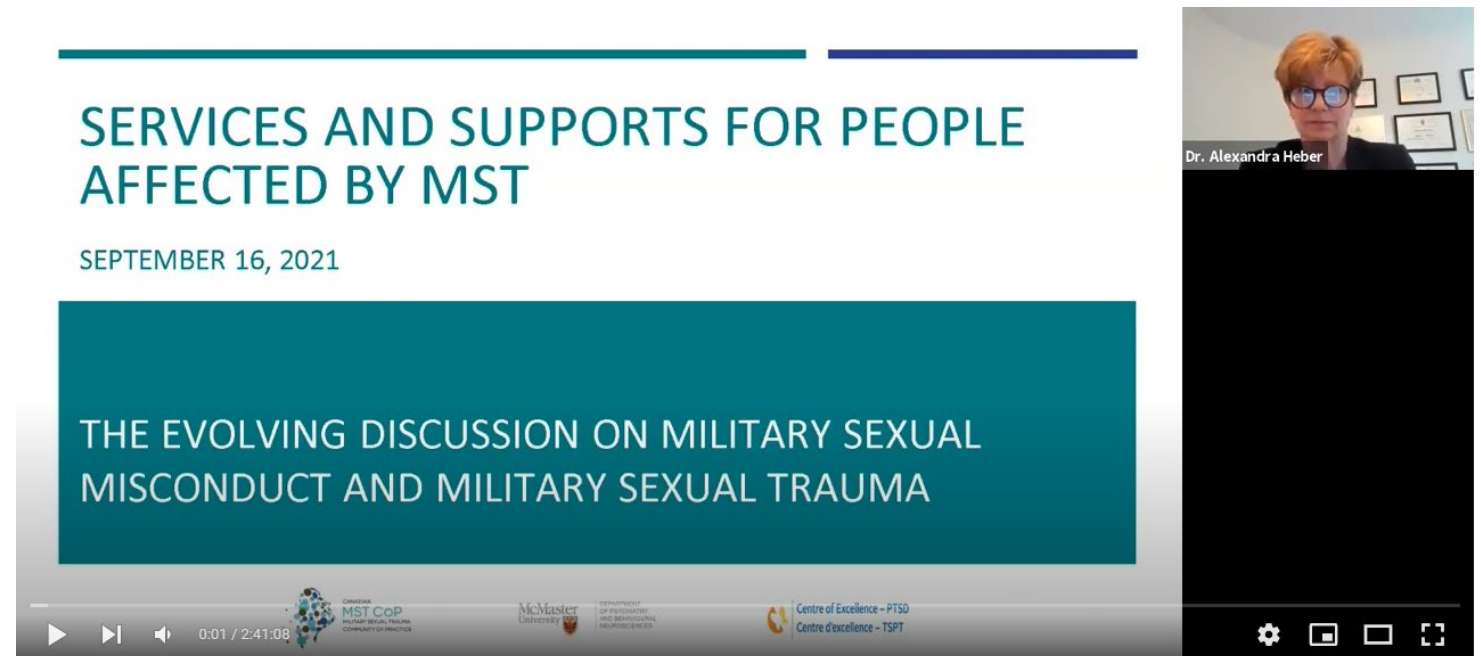
Laryssa Lamrock
Strategic Family Advisor,
CoE - PTSD



Annalise Schamuhn
Army Captain (Ret'd),
Executive Coach and
Leadership Consultant

Military Families: A Primer

You can access
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Dr. Alexandra Heber

0:01 / 2:41:08

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Centre of Excellence - PTSD
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HEALTH BREAK



DEPARTMENT
OF PSYCHIATRY
AND BEHAVIOURAL
NEUROSCIENCES



Centre of Excellence – PTSD
Centre d'excellence – TSPT



CANADIAN
MST CoP
MILITARY SEXUAL TRAUMA
COMMUNITY OF PRACTICE



Dr. Denise Preston, PhD, C. Psych

Executive Director, Department of National Defence, Sexual Misconduct Response Centre

Restorative Engagement: Transformation in Action



National
Defence

Défense
nationale

SEXUAL MISCONDUCT Response Centre **SMRC**

Restorative Engagement: Transformation in Action



Presentation to MST Symposium
16 September 2021

GOALS FOR THE SESSION

- Impetus for the Restorative Engagement program
- Program goals
- Restorative principles
- Restorative approach to program development
- Restorative approach to culture change

FINAL SETTLEMENT AGREEMENT

- 2016 & 2017 several class action lawsuits across 4 provinces launched against Canada
 - sexual harassment, sexual assault, and/or discrimination on the grounds of sex, gender, gender identity or sexual orientation in connection with their military service or in connection with their military workplace
- Consolidated into one class action lawsuit
- Final settlement agreement approved by court 25 November 2019
- Compensation and policy measures (DND/CAF & VAC)

PROGRAM GOALS

Restorative Engagement aims to:

- Create opportunities where class members are supported to share their experiences, knowledge and understanding of sexual misconduct and its causes and impacts.
- Create opportunities for representatives of the DND/CAF to acknowledge, understand, and learn from class members' experiences of sexual misconduct and to take responsibility, individually and collectively, for its causes and responses.
- Create opportunities for class members and Defence representatives to identify lessons learned and to take action, in real time, to contribute to broader DND/CAF culture change efforts.
- Model, learn about, and build capacity for the use of a principle-based restorative approach as a response to harm and as a way to build an inclusive and respectful institutional culture now and into the future.

Principle-based approach:

- Relationally Focused
- Comprehensive / Holistic / Integrative
- Inclusive / Participatory
- Responsive
- Focussed on Individual and Collective Responsibility
- Collaborative / Non-Adversarial

RESTORATIVE APPROACH TO PROGRAM DEVELOPMENT

- By design, began by consulting affected persons
 - Virtually
 - Online anonymous questionnaire
- Expanded consultations to other stakeholders, including Defence Advisory Groups, the Restorative Engagement Working Group, CAF members, DND employees & SNPF
- On-going consultations
- Co-development
- Significant input from various subject matter experts

STAKEHOLDER CONSULTATIONS

| Breadth and Scope | Meaningful Participation |
|---|---|
| <ul style="list-style-type: none"> • Widespread participation • Buy-in and participation at all levels • Integrated into broader culture change work • Potential for enduring capability • Systemic change | <ul style="list-style-type: none"> • Acknowledgement of institutional role and shared social responsibility • Recognition/validation of experience & harm • Tied to actionable culture change • Lessons learned |
| Supporting Participants | Accessibility |
| <ul style="list-style-type: none"> • Safe space • Trauma-informed • Holistic support • Agency & choice | <ul style="list-style-type: none"> • Flexible options: logistical and procedural • Enabling participation • Diversity & GBA+ • Privacy & confidentiality |
| Concerns Expressed | |
| <ul style="list-style-type: none"> • Limited reach / awareness • No impact on culture • Lack of or insufficient support | <ul style="list-style-type: none"> • Not confidential (& Duty to Report) • Fear of reprisal / Career implications • Risk of further harm |

Affected Person Participation: Flexible Options

- Multiple options including direct/indirect individual engagement, circles with/without Defence representative, written/recorded submissions
- May focus on experience of sexual misconduct, how it was responded to, harm and impact, and/or ideas for culture change

Defence Participation: Cohorts

- Full range of ranks/levels, no exclusions. Inclusion of Senior Defence Representatives in each cohort
- Includes learning and preparation, engagement with class members, identification of lessons learned, and planning for action

Restorative Practitioners

- Facilitating Defence leader cohorts: relationship building, preparation, education, assessment, reflective learning and planning for action
- Coordinating, preparing and facilitating a variety of engagement processes between affected persons and Defence representatives
- Facilitating processes to identify lessons learned about sexual misconduct, about the RE program, and solutions for change

Lessons Learned, Planning and Action

- Needs to be ongoing, in real time, and involve affected persons and Defence representatives in the analysis and sharing of information, and the planning for action towards culture change

RESTORATIVE APPROACH TO CULTURE CHANGE

- Facilitated learning about sexual misconduct through the sharing of AP and DR experiences, knowledge and insights
- Planning for action - individually and collectively, for impact at the micro and macro level - throughout DRs' engagement in cohorts and beyond
- Ongoing analysis and communication of lessons learned and outcomes
- RE situated within and intrinsically linked to broader culture change efforts/initiatives and mechanisms
- Current and future leaders must be enabled to participate

- Fall 2021
- Start small, but not narrow
 - Learn about the needs and choices of class members
 - Learn about the level of effort for RPs and DRs
 - Learn about what works, what doesn't and what's missing
 - Learn about the efficacy of the program structure, protocols, and different operational models
- Ramp up to full operating capacity Summer 2022

For information about RE:

- Web: Canada.ca/restorative-engagement
- Email: RE-DR@forces.gc.ca
- Phone (toll free): 1-833-998-2048



Dr. Margaret McKinnon, PhD, C. Psych

Homewood Chair in Mental Health and Trauma

Professor and Associate Chair, Research

Department of Psychiatry and Behavioural Neurosciences, McMaster University

Coping with MST during the COVID-19 pandemic

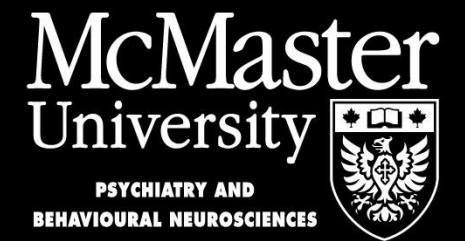
Coping with MST during the COVID-19 pandemic

Margaret McKinnon, PhD ,
CPsych

Homewood Chair in Mental Health
and Trauma

Professor and Associate Chair
Research

Department of Psychiatry and
Behavioural Neurosciences,
McMaster University



St. Joseph's
Healthcare  Hamilton

The Research Institute
of St. Joe's Hamilton

Land Acknowledgement

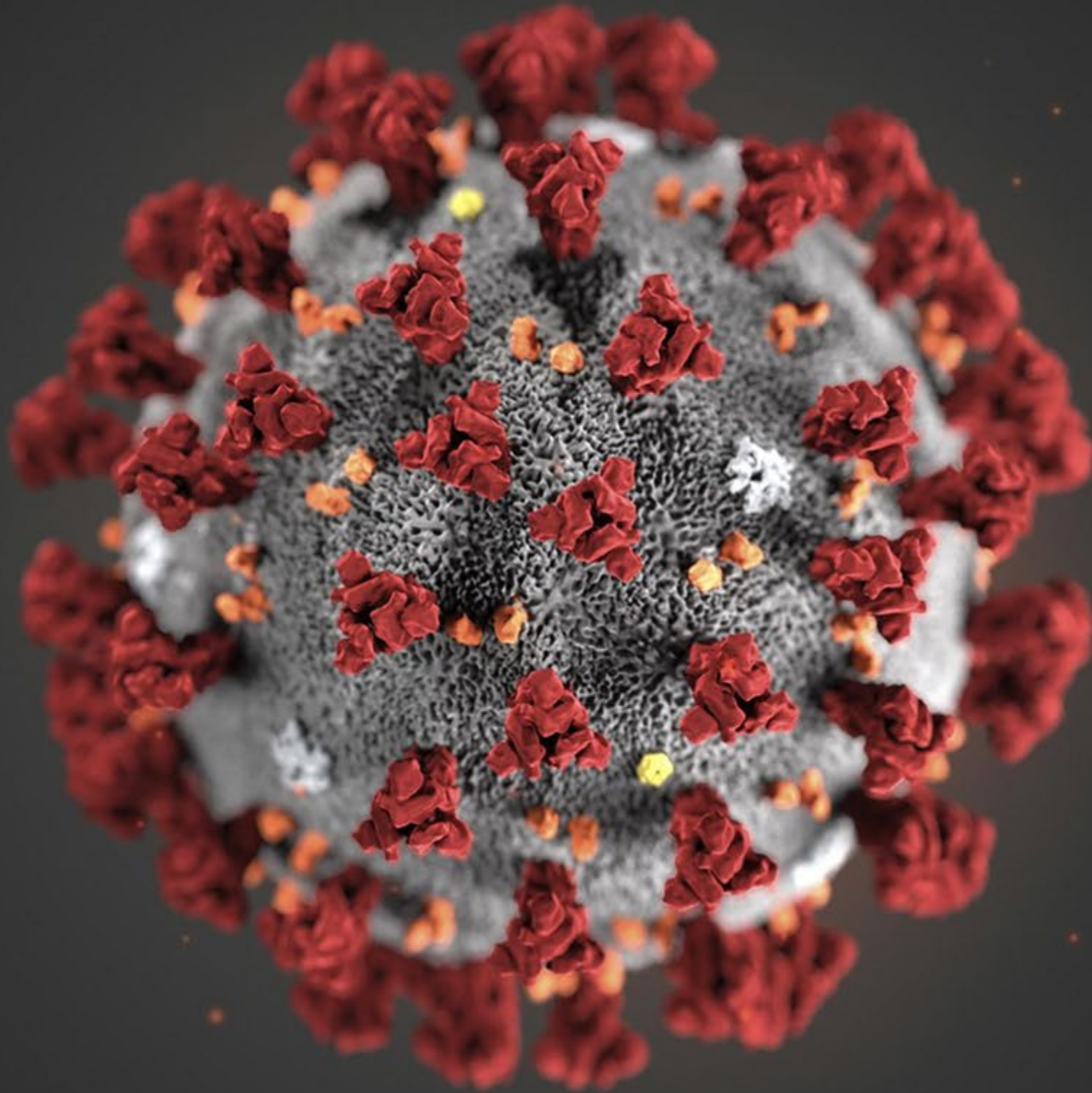
We meet on the traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the “Dish with One Spoon” wampum agreement.



Our world has
shifted during
the COVID-19
pandemic.

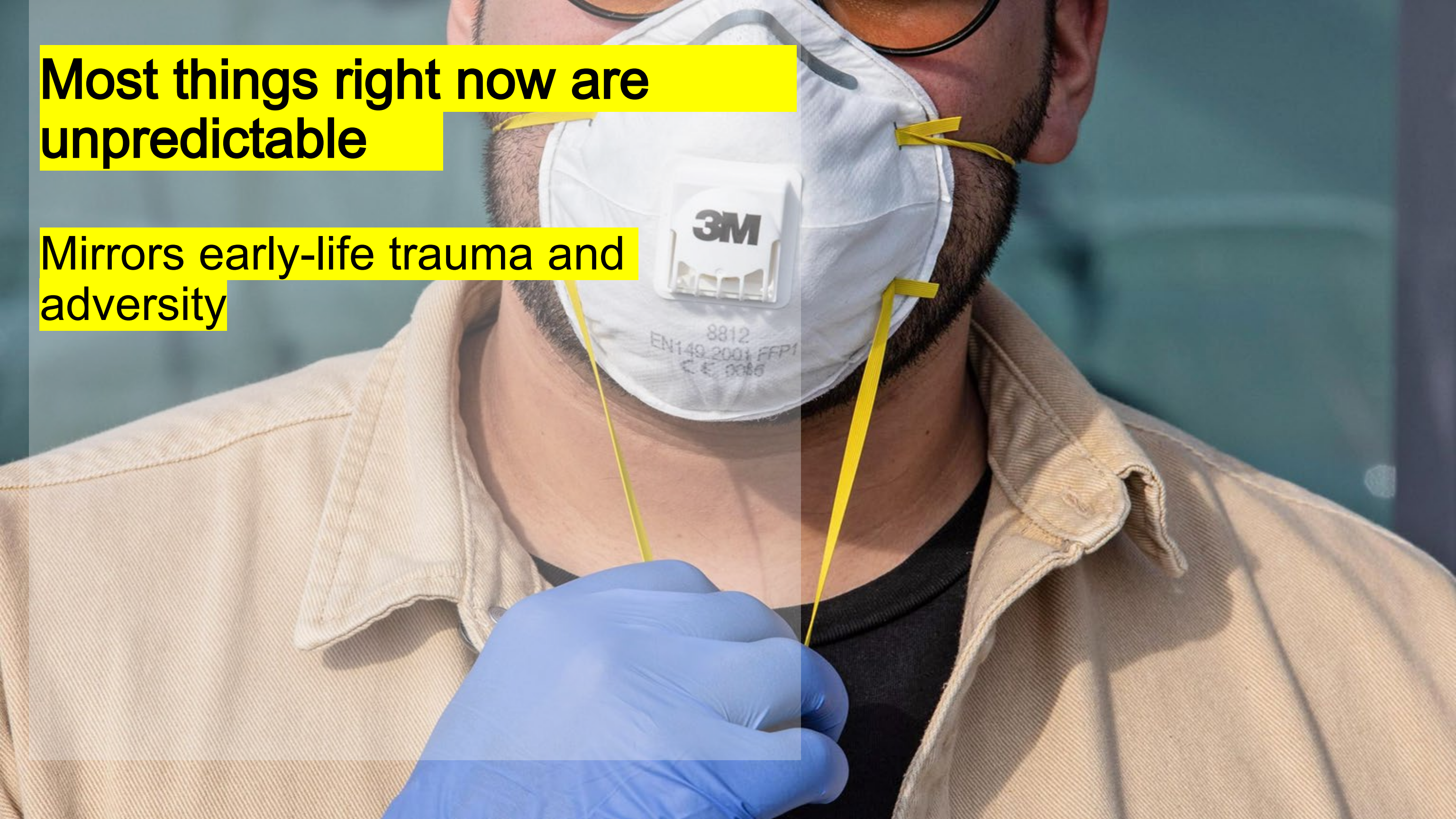
Mandates,
expectations,
roles changed
overnight.

Uncertainty
over how long
this will last
(timelessness).



**Most things right now are
unpredictable**

**Mirrors early-life trauma and
adversity**



Moral arc of the universe (MLK)

- Social movements to rectify racial inequity and injustice
- We all have multiple identities that intersect to create our unique selves
- Double burden that is currently unaddressed
- Other forms of minority stress (e.g., sexual minorities; [dis]ability; ethnic or racial)
- Revelations surrounding residential schools in Canada



Intersectionality


Toronto

Women's participation in labour force reaches lowest level in 3 decades due to COVID-19: RBC

f t e r in

'Men are already being rehired as certain industries get back on their feet,' RBC says

Tara Deschamps · The Canadian Press · Posted: Jul 16, 2020 6:42 PM ET | Last Updated: July 16



A woman walks through Toronto's financial district on Monday, July 30, 2018. A new study from the Royal Bank of Canada shows COVID-19 pushed women's participation in the labour force down to its lowest level in three decades. (THE CANADIAN PRESS)

In N.Y.C., the Coronavirus Is Killing Men at Twice the Rate of Women

More men also are infected than women, and they are hospitalized more frequently, new data show. A similar pattern was seen in China.



Bodies being transferred to refrigerated trailers at the Wyckoff Heights Medical Center in Brooklyn on Saturday. Victor J. Blue for The New York Times

PART 2/3

THE COMBINED EFFECTS OF SYSTEMIC RACISM & COVID-19 ON RACIALIZED HEALTHCARE WORKERS

COVID-19 has amplified the impacts of systemic racism on the physical and mental health of racialized people.

Racialized people are at a **HIGHER RISK** across these 7 domains:

1 COVID-19 EXPOSURE

Racialized people are at a **HIGHER RISK OF EXPOSURE** to COVID-19 because they are **MORE LIKELY** to:

Sources: 9-14



Experience income inequity & poverty



Live in high-density neighbourhoods



Live in congregate housing settings



Experience housing inequity



Use public transportation



Work 'essential service' jobs with greater workplace exposure

3 SEVERE OUTCOMES

Racialized people experience inequities that increase their risk of developing chronic health conditions. As a result, they are at **HIGHER RISK OF DEVELOPING SEVERE OUTCOMES** when infected with COVID-19.

Sources: 10, 11, 13

In Ontario, Canada, the most diverse neighbourhoods have:

4x

COVID-19 HOSPITALIZATION RATES THAT ARE **4 TIMES HIGHER** than the least diverse neighbourhoods.

COVID-19 INTENSIVE CARE UNIT (ICU) ADMISSION RATES THAT ARE **4 TIMES HIGHER** than the least diverse neighbourhoods.

Source: 13

2 COVID-19 INFECTION

Racialized people are at a **HIGHER RISK OF COVID-19 INFECTION**.

Sources: 9-14

3x

In Ontario, Canada, COVID-19 INFECTION RATES ARE **3 TIMES HIGHER** in the most diverse neighbourhoods compared to the least diverse neighbourhoods.

Source: 13

4 COVID-19 MORTALITY

Racialized people are at a **HIGHER RISK OF COVID-19 MORTALITY**.

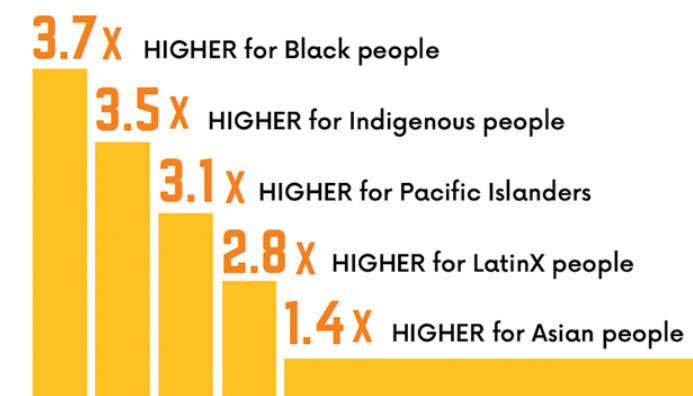
Sources: 9-14

2x

In Ontario, Canada, COVID-19 MORTALITY RATES ARE **2 TIMES HIGHER** in the most diverse neighbourhoods compared to the least diverse neighbourhoods.

Source: 13

In the US, compared to white people, COVID-19 MORTALITY RATES are:



Source: 9





DANGER

Can't assume response

"This is everything I ever expected"

**"Others now know what I live through
everyday"**

"I am fine."

A photograph showing a woman with dark hair looking down with her hand to her face, appearing distressed. Another person with curly hair is seen from behind, comforting her by placing a hand on her shoulder. The image is split vertically, with the woman on the left and the comforting person on the right.

Loss

**Routines/ office are safe
and predictable**

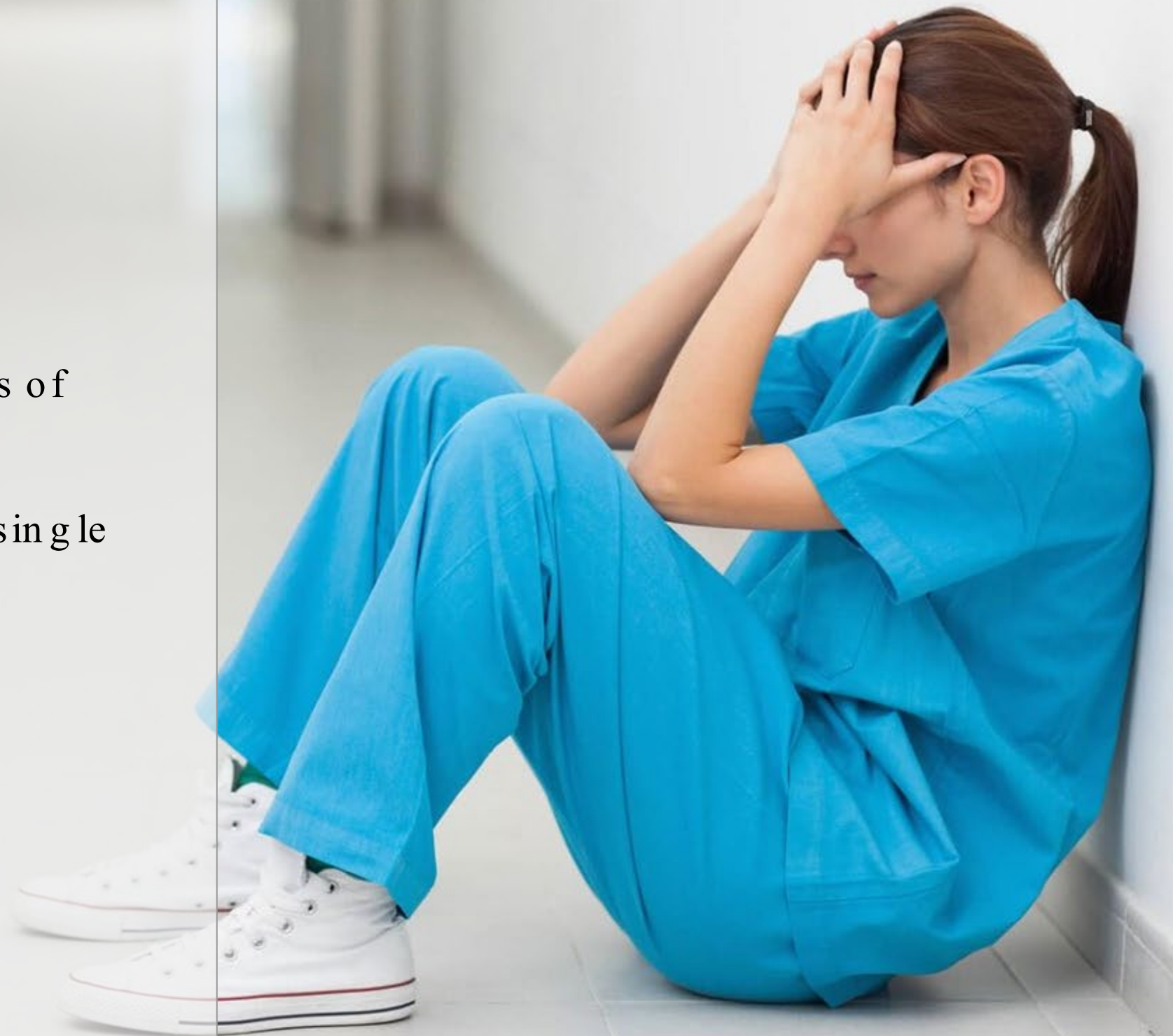
Re-traumatization

Control over your body and your space



“Physical Distancing” – can trigger feelings of rejection from the past

“Together but not alone” – Social support single greatest predictor develop PTSD





•
Virtual Therapy

Guilt/ shame

**Self-loathing –
difficult to see self
on screen**

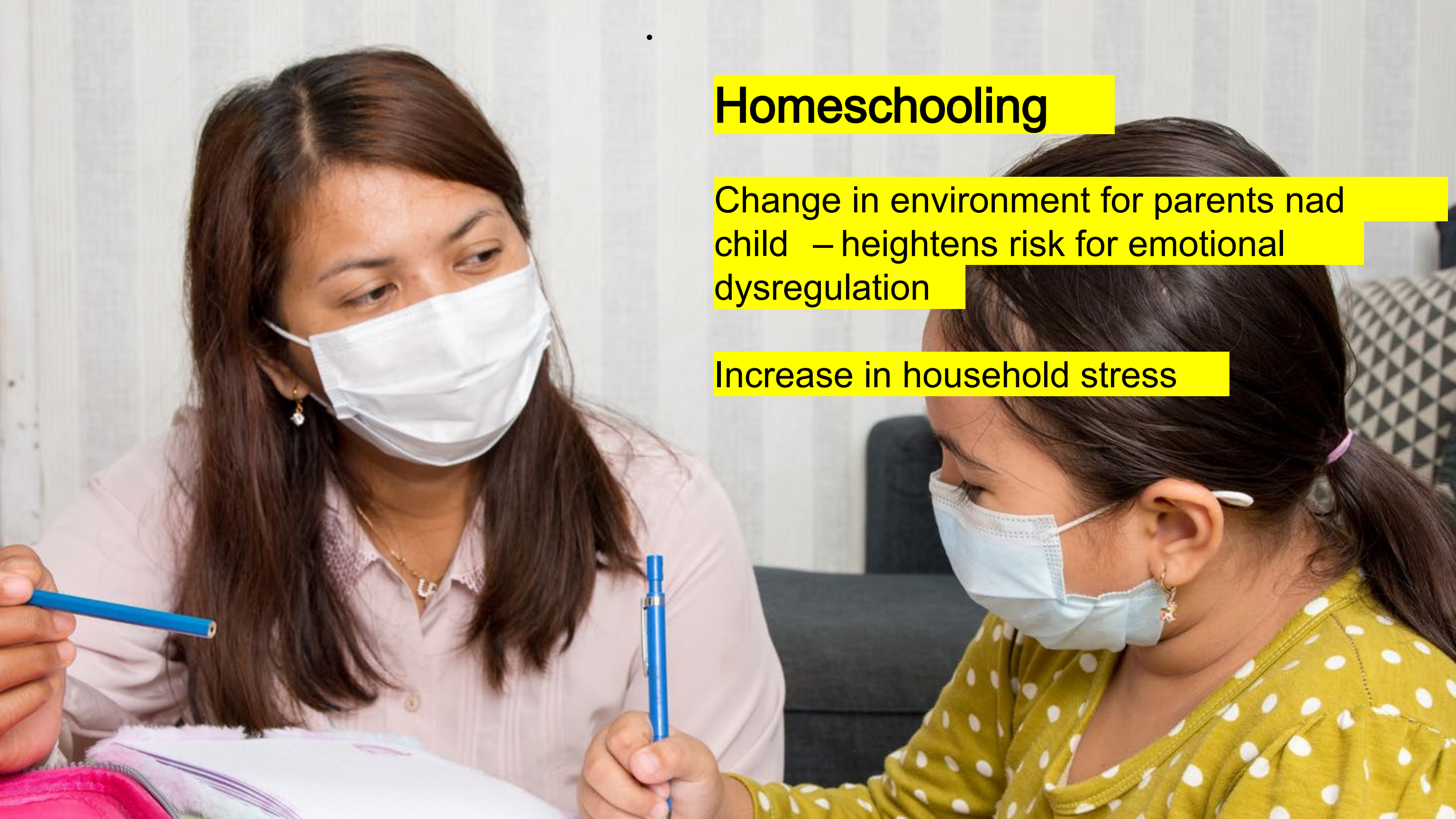
Phone

• **Look away and
focus on provider**

Difficulty Reading Emotions

- Virtual environment makes reading emotions more difficult

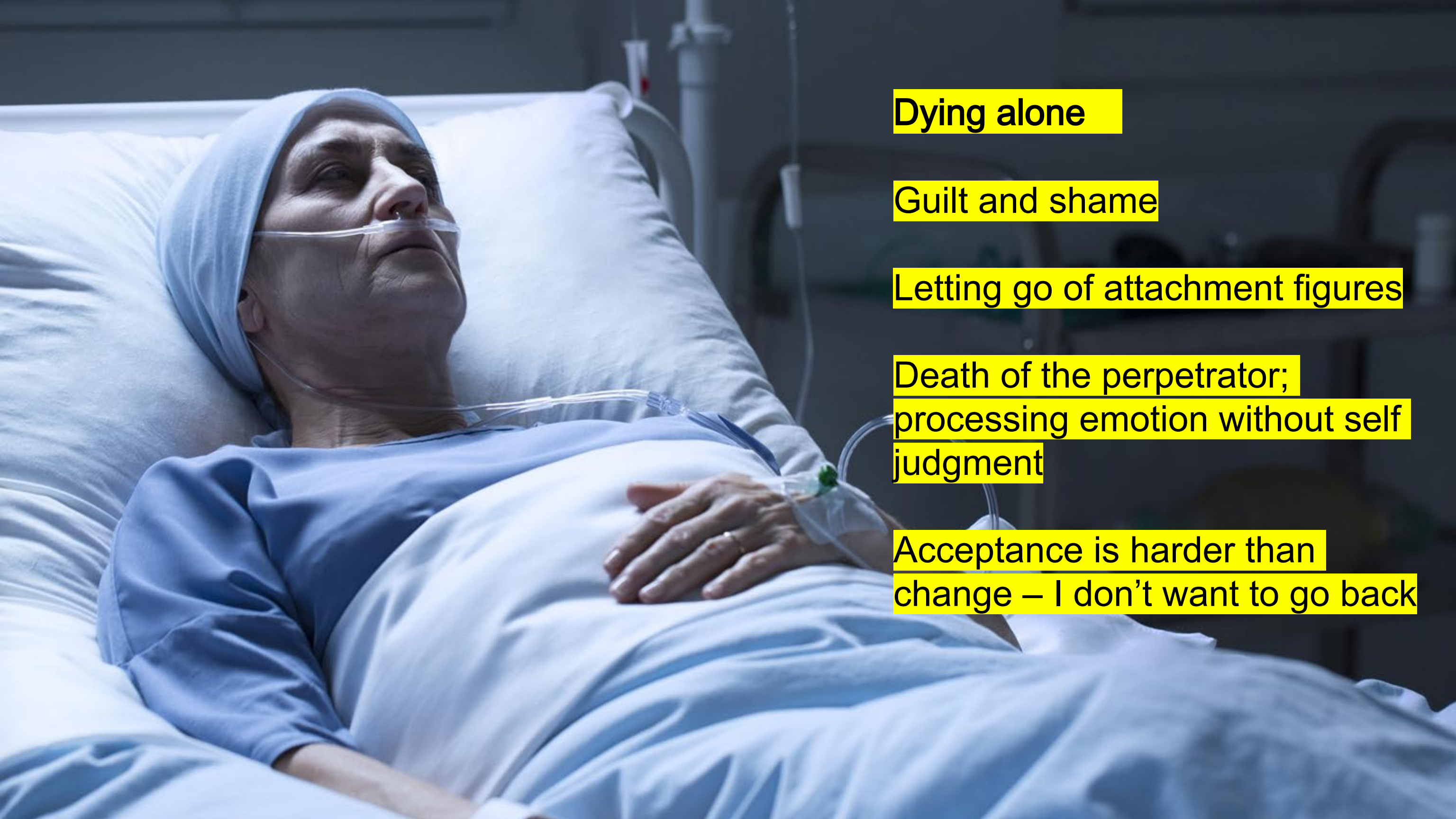




Homeschooling

Change in environment for parents nad child – heightens risk for emotional dysregulation

Increase in household stress



Dying alone

Guilt and shame

Letting go of attachment figures

Death of the perpetrator;
processing emotion without self
judgment

Acceptance is harder than
change – I don't want to go back

Personalized Approach

What are your warning signs?

What has worked for you in the past?

Proposed Strategies for Managing COVID-Anxiety: Grey Literature

Sources including the CDC and CAMH have published recommendations for managing stress and anxiety amidst the COVID-19 pandemic:

Stay informed, but know when to take a breather

- Stick to trustworthy sources, limit the number of times you check for updates, step away from the media if you're feeling overwhelmed

Focus on what you can control

- Wash your hands often, avoid touching your face, avoid all non-essential shopping and travel, get adequate sleep

Stay connected, even if you're physically separated

- Stay in touch with family and friends via video chat, don't let the pandemic dominate every conversation

Take care of your body and wellbeing

- Eat healthy meals, get adequate rest, exercise regularly, avoid excessive substance use
- Be patient with yourself, maintain a routine as best you can, make time for activities you enjoy, take up a relaxation practice
- Remember that you are resilient, you can challenge worries and anxious thoughts, and seek support

Give yourself permission to take a break from your anxiety.



Lt. Col. Dr. Andrea Tuka, MD, FRCP(C)
Chief Psychiatrist, Canadian Armed Forces



Maj Carra Greenhorn, CD,
BA, BSW, MSW, RSW
Social Work Program Development,
Directorate of Mental Health

*Services and Programs in the Canadian Armed Forces Supporting Victims
of Military Sexual Misconduct and Military Sexual Trauma*



National
Defence

CANADIAN FORCES HEALTH SERVICES GROUP

GROUPE DES SERVICES DE SANTÉ DES FORCES CANADIENNES



Canadian Armed Forces Services and Programs Supporting Victims of Military Sexual Trauma

Maj Carra Greenhorn, CD, BA, BSW, MSW, RSW
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National Practice Leader - Psychiatry
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Canada



Overview

- Available services and programs supporting the victims of Military Sexual Trauma (MST) in the Canadian Armed Forces (CAF)
- When to seek help and what resources to use
- Importance of confidentiality when seeking services from Canadian Forces Health Services (CFHS)
- Myths about seeking help



Canadian Forces Health Services provides medical and mental health care for actively serving members.

Spouses may be seen for couples counselling with the service members or for Pre-deployment Screenings, OutCan Screening or Social Work Report assessments.



What supports are offered to CAF members who have experienced MST?

- **Mental Health Services** – multidisciplinary teams with psychiatrists, psychologists, social workers, mental health nurses, addiction counsellors, mental health chaplains
- Walk-in, self-referral and referral from primary care clinicians
- Referral to community providers if requested
- Choice of gender of the clinician/ therapist
- Choice of language



What supports are offered to CAF members who have experienced MST?

- Members would also be linked with their **Primary Care Clinicians** as required for medical assessment, referral for secondary level MH care and medical leave if required.
- **Social Work Reports** – sometimes Compassionate Postings are requested for a member who was a victim of MST to relocate away from the perpetrator and/or have access to family supports while healing.



What happens when to a dual service couple when MST occurred within this family unit?

- Individual services would be provided by different therapists with appropriate risk assessments, safety planning and mandatory reporting (if required). Situation dependant, services may be provided by therapists external to the MH Dept.
- When services such as couples counselling are offered, there are individual sessions conducted as part of the assessment process. If family violence/MST is identified, couples counselling would not be provided, but individual services and appropriate risk assessments and safety planning would take place.



When is time to seek help?



Watch for:

- Duration of reaction
- Intensity of reactions
- Level of functioning



Friends/Family/Unit/Leadership

Primary Preventions

Resources enhancing resilience and keeping CAF members healthy:

- *Alternative Dispute Resolution*
- *Road to Mental Readiness*
- *Strengthening the Forces*

Supportive Interventions

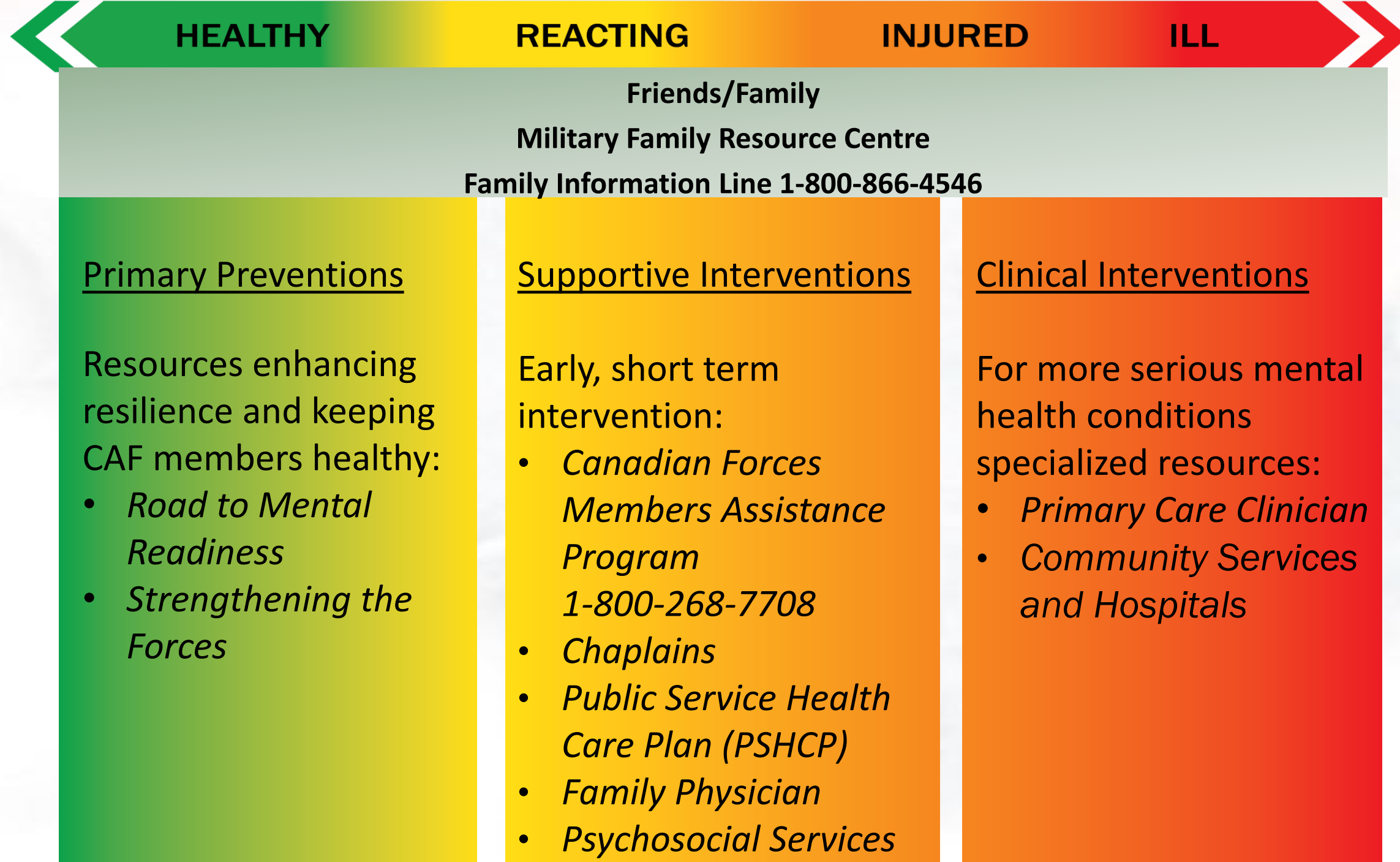
For early, short term challenges:

- *Psychosocial Services*
- *SMRC*
- *Canadian Forces Members Assistance Program*
1-800-268-7708
- *Chaplains*
- *Family Resource Centers*

Clinical Interventions

For more serious mental health conditions specialized resources:

- *Mental Health Services – multidisciplinary approach*
- *Primary Care Services*





Confidentiality is a Cornerstone of Canadian Forces Health Services.

When clients access services they are assured that their personal information will be kept private and not disclosed without their knowledge and consent.

CAF Clinicians *do not have the duty to report* to the proper authorities when members in the clinical setting share their experiences as being victim of military sexual trauma.



Confidentiality - How does it work?

- When members come to access services through the Mental Health Department, at the outset of services they are informed about the limits of confidentiality and informed consent obtained before proceeding with services.
- The encounter will be documented in their electronic medical record and information may be shared amongst the clinicians who are *part of their care team*.
- When spouses, colleagues or any other person asking for the member's personal medical information, it would not be provided by the Canadian Forces Health Services (CFHS).



Confidentiality - How does it work?

- Chain of Command has no access to members' medical file and the Chain of Command is not informed of the members medical conditions/treatments.
- Chain of Command could be provided proof of attendance of a medical appointment without specifying what type of services were attended.
- Medical Employment Limitations will also be provided by the primary care provider but no further medical information is shared without the member's consent.



Myths about seeking help

- If I seek help everyone will know why I am seeking help...
- If I seek help, my career is over...
- No one will believe me, so seeking help is a waste of time...

Don't wait until release from the CAF, seek help when you need to!



“Early intervention for military sexual trauma is key in mitigating the entrenchment of symptoms, development or worsening of comorbid mental health conditions, years of suffering in silence and shame, and possibly, early medical release. “

Psychologist providing treatment for CAF members



Review of Resources

- 911 for Emergencies only
- 24/7 SMRC Counsellors - confidential counselling and emotional support: 1-844-750-1648
- 24/7 Counselling Family Information Line: 1-800-866-4546
- 311 for local non-emergency resources
- **Canadian Forces Health Services Units across Canada** – 07:30-16:00 on working days
 - Primary Care
 - Psychosocial Services (Walk-in, self-referral, referral)
 - General Mental Health Services
- **CAF 24-hour resources:**
 - CFMAP: 1-800-268-7708
 - Military Police
 - Duty Chaplain

Dr. Linda Rose, PhD, R. Psych

Clinical Lead, Edmonton Operational Stress Injury Clinic (ret'd)

*A Pilot Project Examining the Tolerability of Group CPT for Female Veterans
with Lived Experience of Military Sexual Trauma (MST)*

Five Main Parts of MST/CPT Group

1. Education about military sexual trauma
2. Education about PTSD, CPT
3. Becoming aware of thoughts and feelings
4. Learning to challenge thoughts about trauma
5. Trauma themes

Consent must be:

- Clear
- Informed
- Voluntary and enthusiastic
- Sober
- Act and person-specific
- Ongoing
- Mutual and active



- Based on Canadian law, consent for sexual activity ***cannot*** be given in a situation that involves:
 - an abuse of trust, power or authority
 - an unconscious person
 - anyone who is under the age of consent (age 16 years)



COERCION
IS NOT CONSENT

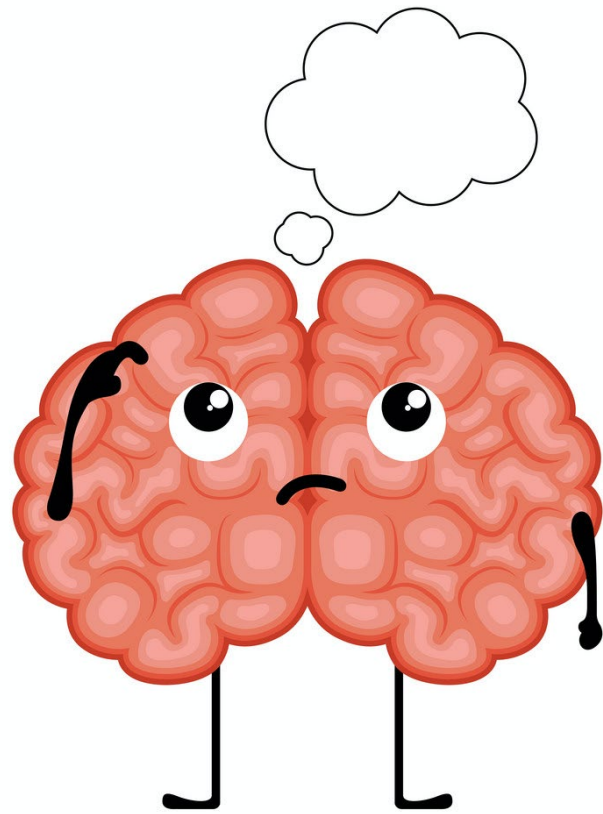
- Coercion means forcing another individual, through violence, threats (physical or emotional), pressure, deception, guilt, to engage in sexual activities against their will

SACE, 2020

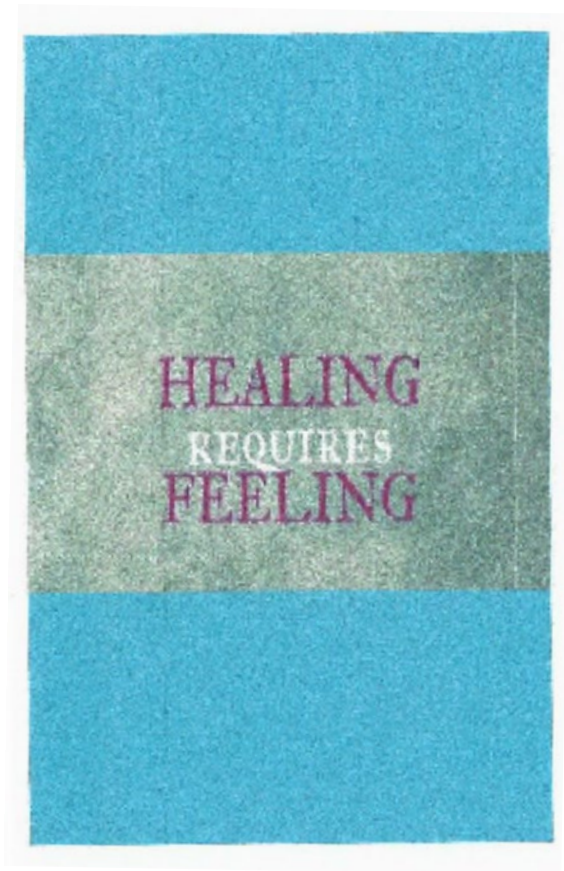
Myths and Misconceptions

- Sexual assault myths are a set of false beliefs and attitudes that serve to dismiss or even justify sexual assault and harassment
- Many sexual assault myths exist in Canadian society
- Sexual assault myth acceptance is associated with sexual assault and sexual harassment, negative attitudes towards women, and reinforce gender role stereotypes

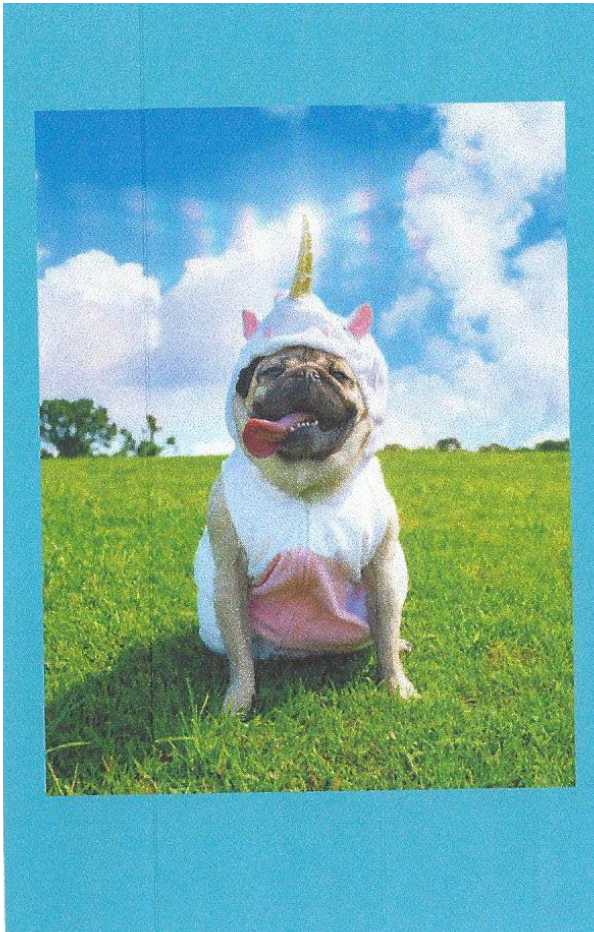
Most victims of sexual assault are at least partly responsible for the assault; their appearance, actions or behaviour directly contributed to what happened to them.



- Learn to recognize negative thoughts created by the trauma - “stuck points”
- CPT teaches people how to *think* through stuck points and see things in a more balanced way



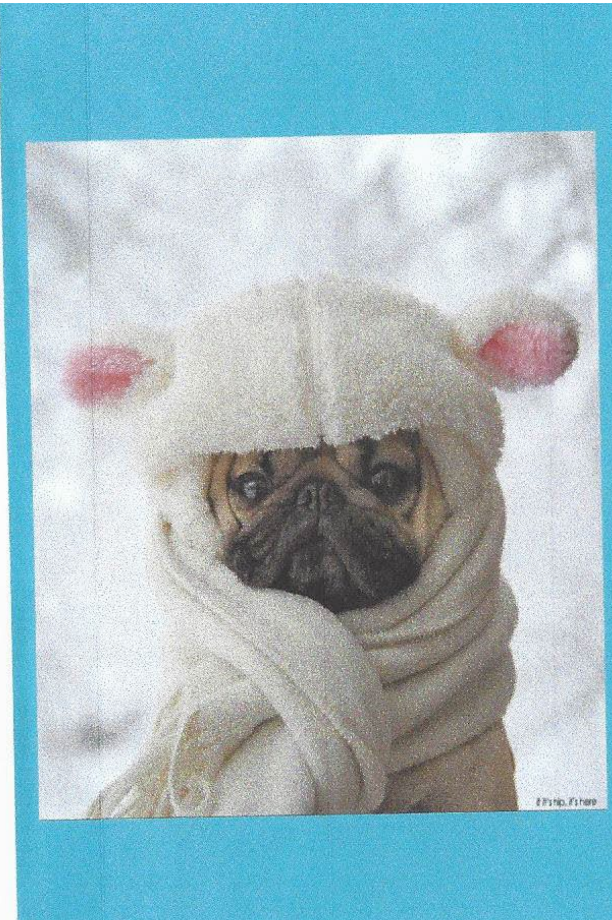
Normal versus Manufactured Emotions



Normal Emotions

- Hard wired
- Automatic, biologically driven
- Need to feel our natural emotions (e.g. sadness after loved one passes away)
- Must run their course

(Presley, 2020)



Manufactured Emotions

- Not hard-wired or automatic
- A result of our thoughts and view of the world
- Keep the natural emotions from running their course (e.g. putting the logs on the fire so the natural emotions “keep burning”)
- Avoiding feelings = “fire” burns longer

(Presley, 2020)

Q&A SESSION

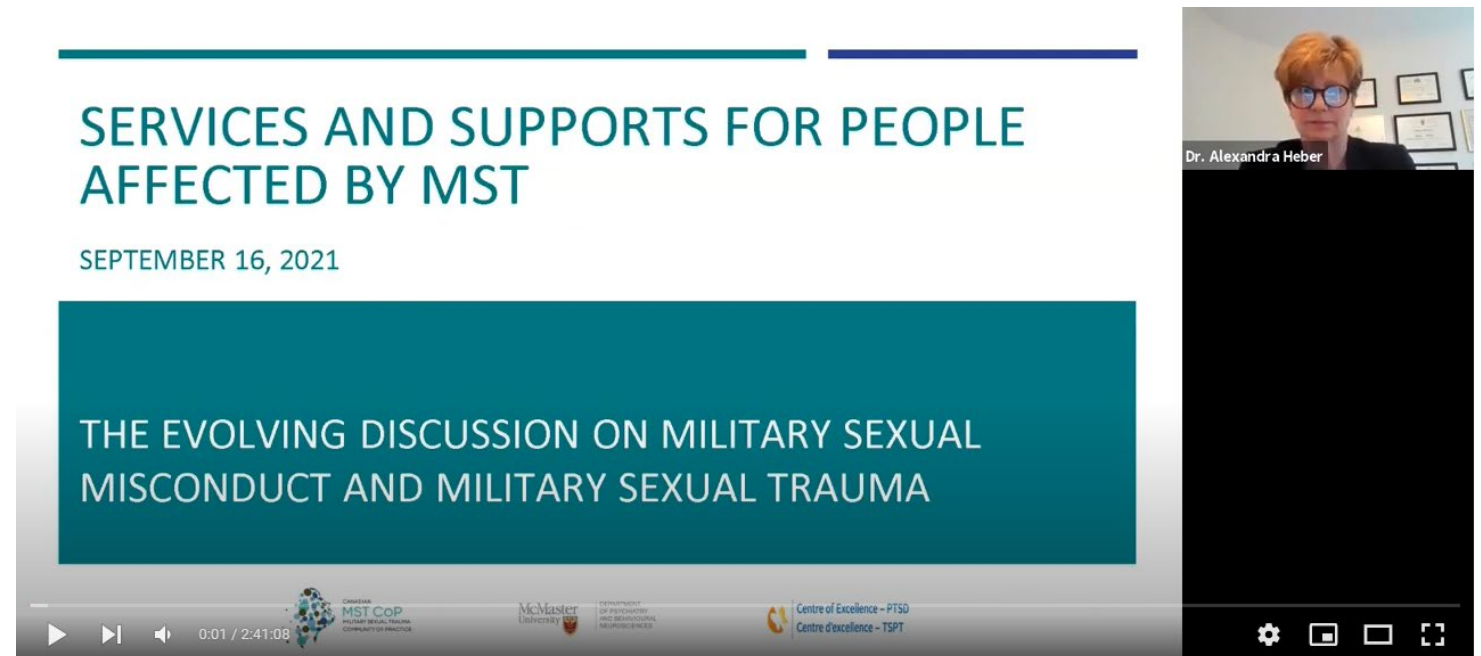


DEPARTMENT
OF PSYCHIATRY
AND BEHAVIOURAL
NEUROSCIENCES



Centre of Excellence – PTSD
Centre d'excellence – TSPT

You can access
this presentation
in the recording of
the full event.



The screenshot shows a video player interface. The main content area displays a presentation slide with the title "SERVICES AND SUPPORTS FOR PEOPLE AFFECTED BY MST" in teal text, followed by the date "SEPTEMBER 16, 2021". Below this is a teal rectangular box containing the text "THE EVOLVING DISCUSSION ON MILITARY SEXUAL MISCONDUCT AND MILITARY SEXUAL TRAUMA" in white. The video player controls at the bottom include a play button, a progress bar showing "0:01 / 2:41:08", and several logos: "MST CoP", "McMaster University", and "Centre of Excellence - PTSD / Centre d'excellence - TSPT". On the right side of the player, there is a small video feed of a speaker, identified as "Dr. Alexandra Heber", who is a woman with short red hair and glasses, wearing a dark top. The video player interface also includes standard icons for settings, full screen, and other controls.

SERVICES AND SUPPORTS FOR PEOPLE
AFFECTED BY MST

SEPTEMBER 16, 2021

THE EVOLVING DISCUSSION ON MILITARY SEXUAL
MISCONDUCT AND MILITARY SEXUAL TRAUMA

Dr. Alexandra Heber

0:01 / 2:41:08

MST CoP
McMaster University
Centre of Excellence - PTSD
Centre d'excellence - TSPT

TRIGGER WARNING & SUPPORT LINE INFORMATION

This webinar included content on topics such as sexual harassment, sexual assault, physical violence, and identity-based discrimination and harassment. This content may have been difficult to listen to and may bring up a range of emotions. We encourage you to care for your safety and well-being.

If you need to reach out for support, please contact:

Veterans Affairs Canada (VAC Assistance Service and Services for Families)

Call 1-800-268-7708 | TDD/TTY 1-800-567-5803 (available 24/7)

Canadian Armed Forces (Member Assistance Program)

Call 1-800-268-7708 | TDD/TTY 1-800-567-5803 (available 24/7)

Sexual Misconduct Response Centre (SMRC)

Call 1-844-750-1648 (available 24/7) | DND.SMRC-CIIS.MDN@forces.gc.ca

or dial 911 if it is an emergency.

Additional supports can be found here (<https://veteransmentalhealth.ca/resources/find-support/>)

- **Crisis Services Canada** (Crisis services for all Canadians) - Call 1-833-456-4566 (available 24/7), Text 45645 (available 4pm to Midnight Eastern Time Zone). Residents of Quebec: Call 1-866-APPELLE (1-866-277-3553)
- **VAC and Canadian Armed Forces** (Member Assistance Program & Assistance Services for Families) - Call 1-800-268-7708 | TDD/TTY 1-800-567-5803 (available 24/7)
- **Canadian Forces Morale & Welfare Services** (Family Information Line) - Call 1-800-866-4546 (available 24/7)
- **The Hope for Wellness Help Line for all Indigenous peoples** - Call 1-855-242-3310 (available 24/7)

- La prévention du suicide et le soutien **Service d'aide en situation de crise pour tous les Canadiens** - Tél. : 1 833 456-4566 (24 h sur 24, 7 jours sur 7), Texto : 45645 (de 16 h à minuit, HE). Pour les résidents du Québec: 1 866 APPELLE (1.866.277.3553)
- Anciens Combattants Canada et Forces canadiennes **Programme d'aide aux membres et services d'aide aux familles** - Tél. : 1 800 268-7708, ATS 1 800 567-5803 (24 h sur 24, 7 jours sur 7)
- Services bien-être et moral des Forces canadiennes **Ligne d'information pour les familles** - Tél. : 1 800 866-4546 (24 h sur 24, 7 jours sur 7)
- **La Ligne d'écoute d'espoir pour tous les peuples autochtones** - Tél.: 1-855-242-3310 (24 h sur 24, 7 jours sur 7)

BEFORE YOU GO

- Link to feedback survey in chat
- Session summary to be sent following the event
- Please join us for our final session on Thursday, September 23, 2021



THANK YOU



CANADIAN
MST CoP
MILITARY SEXUAL TRAUMA
COMMUNITY OF PRACTICE