

A Path Forward

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

September 23, 2021 | 1:00-3:30pm ET

SUMMARY

On September 23, 2021, the third and final 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.

Through a series of presentations, the event aimed to:

- 1 → Share perspectives from those impacted by MST,
- 2 → Learn about how, together, we can influence and promote sustained culture change, and
- 3 → Discuss what moving forward together with individuals impacted by MST, policy makers, government, leadership within the Canadian Armed Forces and Department of National Defence, researchers and service providers might look like.

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

REGISTRANTS AND ATTENDEES



272
registrants



83%
of those registered
actually attended the
event



87.5% English
speakers
12.5% French
speakers



16.5% impacted by MST
65.5% not impacted by MST
18% did not disclose

SPEAKERS

The event featured presentations from practitioners, researchers, people with lived experience, and sector leaders.



Dr. Alan Okros
Royal Military College of Canada



Shoba Ranganathan
Director of Operations, Sexual
Misconduct Response Centre



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



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



Colten Skibinsky
It's Not Just 700



Ret'd CD Maggie Van Tassell
LGBT Purge & MST Survivor



Sam Samplonius
Co-Chairperson, Communications,
Policy and Governance,
It's Not Just 700



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



Vice-Admiral Craig Baines
Royal Canadian Navy

KEY MESSAGES

1 Institutional responses to MST have been incomplete.

- Institutional responses to MST have primarily focused at the individual level of behaviour, including the behaviour of the offender, the bystander and the chain of command. While these are important to address, they do not address the sweeping formal and informal culture change needed within the CAF.

2 We need to avoid medicalizing MST.

- MST is not a disorder - it is a traumatic experience that can impact everyone differently. There is no right or wrong way to react.
- These impacts of MST can manifest in different ways, including experiencing symptoms consistent with diagnosable and treatable psychiatric or mental health conditions, such as Post-Traumatic Stress Disorder (PTSD), anxiety disorder, or major depression, as well as a number of physical health problems.
- We need to support the whole individual and find holistic ways for healing and restorative justice.

3 Peer support is valuable and diverse.

- Connecting with others who have been through similar experiences helps break the silence and isolation – you are not alone.
- There is no one size fits all approach to peer support. Various forms of peer support are needed to meet the diverse needs of the community and be inclusive of marginalized groups.
- Peer support programs should be co-designed with people who have been impacted, as they are best positioned to identify needs and ways to respond to these needs.

4 Healing is a personal journey.

- It may take time to build trust with others, whether a therapist or peer support community.
- Give yourself grace – it is okay not to be okay.

5 Mental health providers need to take a trauma-informed and culturally competent approach to care.

- Stigma and lack of awareness are significant barriers to reaching out for support. MST affects many members of the military – including men, women, gender diverse folks, and survivors of the LGBT Purge.
- Service providers supporting individuals impacted by MST need to provide care from a trauma-informed lens. Service providers also need to be informed on the wider military culture and context in which MST occurs.

6 Military leadership has an important role to play in addressing MST.

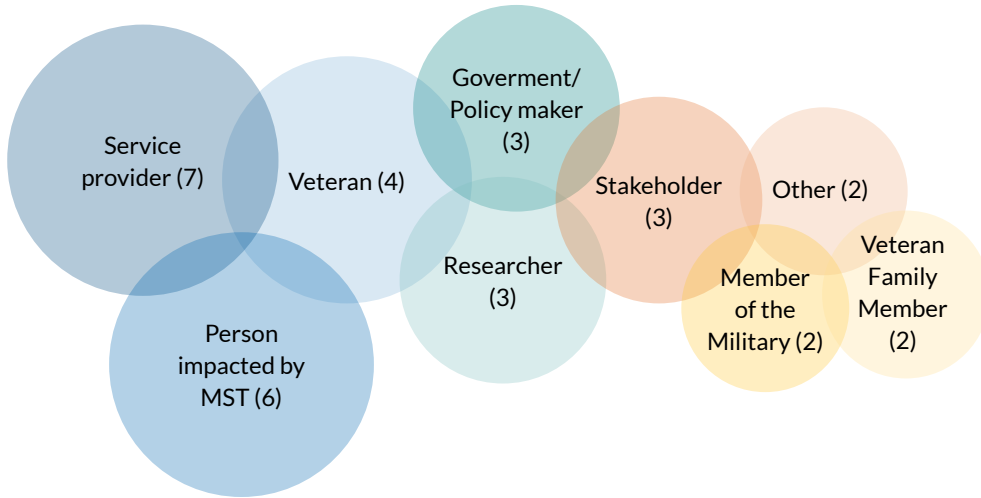
- Cultural change will take time. Change starts with establishing trust, and will only be possible through collaboration and attention to formal and informal culture within the Canadian Armed Forces.
- Creating opportunities to listen and learn from people impacted by MST will be an important step to recognition and reconciliation.

WHAT WE HEARD

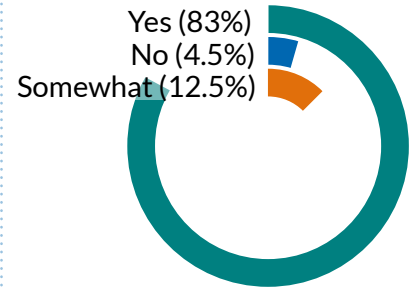
This section summarizes feedback obtained from our post-event survey. A total of 27 attendees provided feedback. Data from partially completed surveys were included where applicable.

ATTENDEE PROFILE

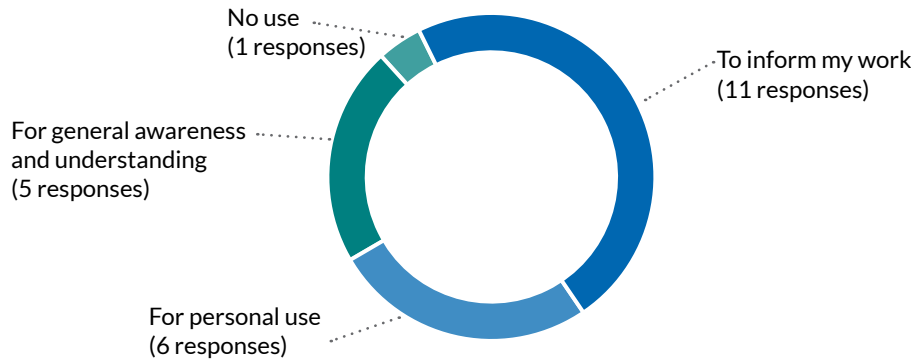
*Some attendees were part of multiple groups



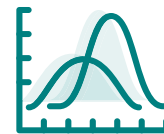
DID THE SYMPOSIUM MEET YOUR EXPECTATIONS?



THE VARIOUS WAYS IN WHICH ATTENDEES PLAN TO USE INFORMATION FROM THE SESSION



AVERAGE OVERALL SATISFACTION WITH THE EVENT



4.3/5
Very Good

ATTENDEES EXPRESSED INTEREST IN LEARNING MORE ABOUT THE FOLLOWING TOPICS:

- Progress updates
- Culture change and prevention
- Resources, supports and services
- More lived experience perspectives
- Role of families
- Suicide prevention
- Moral injury
- New and ongoing research
- Restorative engagement
- Moving forward
- Power and privilege

This image, created by graphic recorder Aaron Russell, is a visual representation of the key themes and insights from the session:



Figure 1: Graphic recording of session. Each image or word visually summarizes key themes of the event proceedings and points of discussion, from start to finish (top left to bottom right).