



Institutional support after military sexual trauma: The experiences of Canadian women service members

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Land Acknowledgement

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

McMaster
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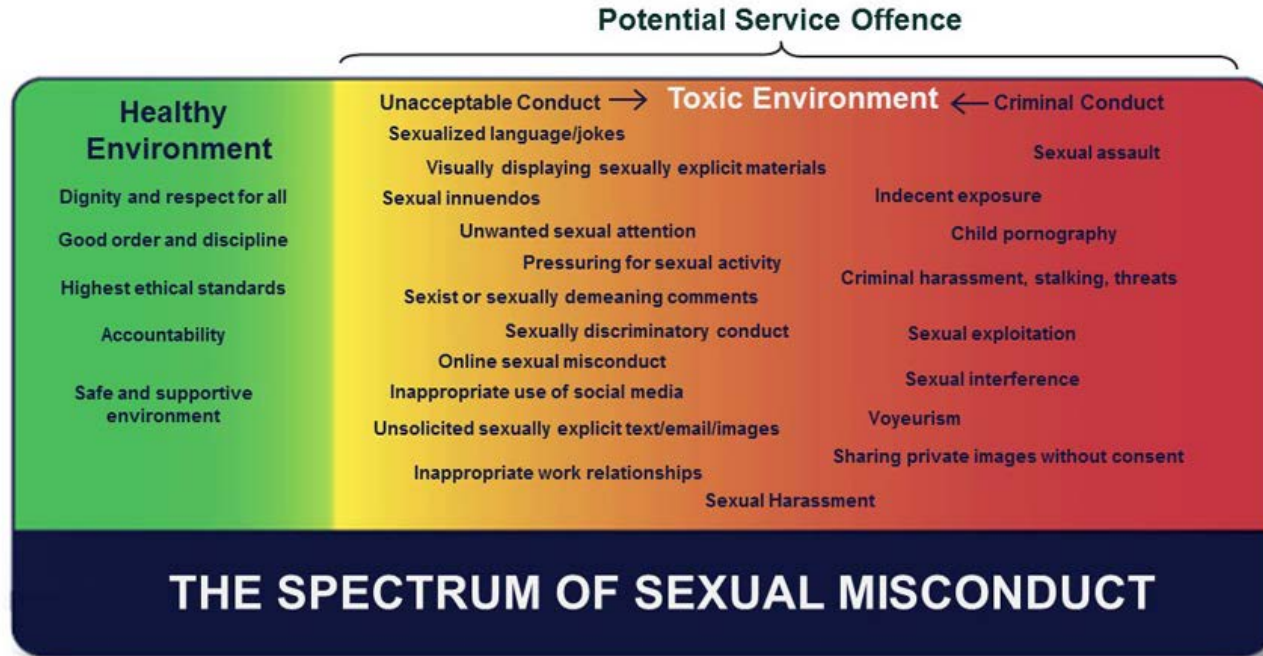
Trigger Warning:

- This presentation includes mention of military sexual misconduct, military sexual trauma, and sexual assault.

Presentation Overview

1. Background on military sexual trauma in Canada
2. Research study overview, methods, and results
3. Discussion
4. Ongoing efforts to assist the Canadian Armed Forces

The Spectrum of Sexual Misconduct



MISCONCEPTION:

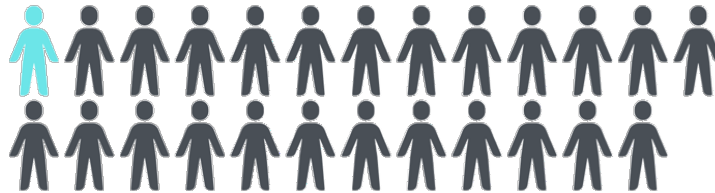
Men are perpetrators and cannot experience sexual misconduct

Since joining the Canadian Armed Forces, approximately

1 in 4 women



1 in 25 men



have experienced **sexual assault** at least once
(Cotter, 2016)



Over a 12 month period, approximately



of men



of women



of gender diverse people

who are Canadian Armed Forces Regular Force members experienced **targeted sexualized or discriminatory behaviours** (Cotter, 2019).

Over a 12 month period, approximately



of men



of women

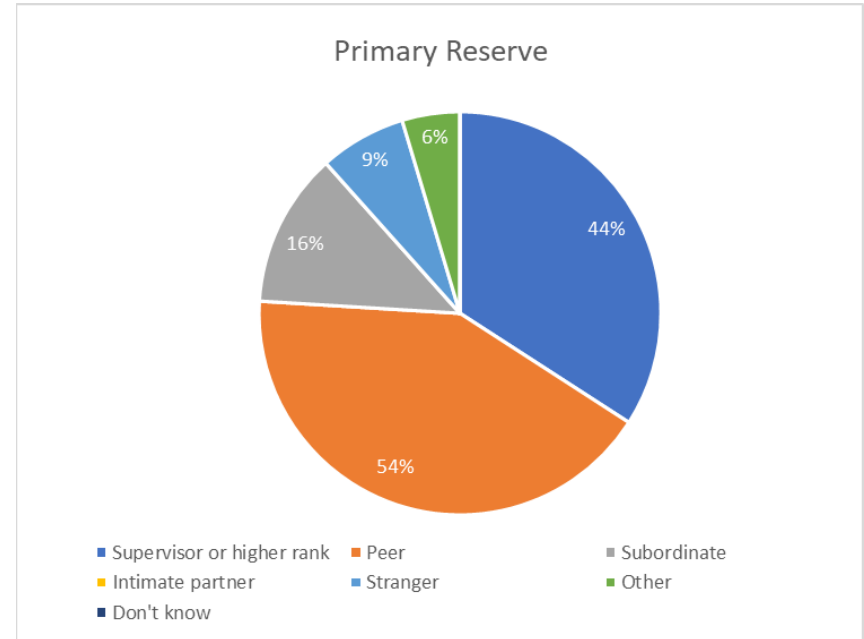
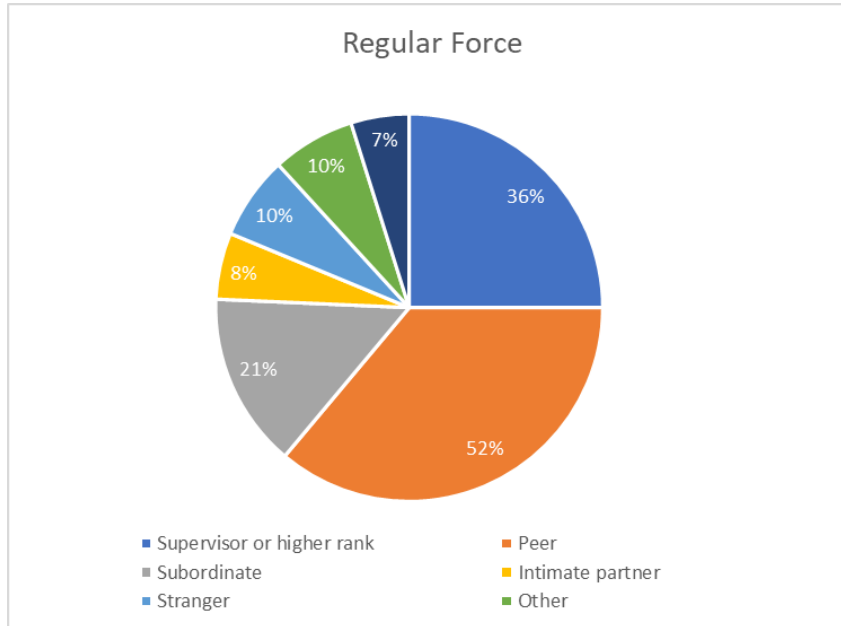


of gender diverse people

who are Canadian Armed Forces Regular Force members **witnessed or experienced sexualized or discriminatory behaviours** (Cotter, 2019).

MYTH:

Perpetrators are usually strangers



Study Overview



- Multi-method approach
- Interviews, demographics, and psychometric questionnaires (PTSD, depression/anxiety, emotional regulation, dissociation, ACE, trauma, shame, guilt, resilience, moral injury)
- Questions:
 - Impact on functioning (work, self-care, leisure)
 - Relationships
 - Identity
 - Health and well-being
 - Experiences with CAF, DND, VAC, health services



What were your experiences of departments, organizations, programs, and services through your journey after exposure to military sexual trauma?



Only people identifying as women participated

N=19

Canadian Army (53%), RCAF (32%), Navy & Reserves (Class B)

Alberta, British Columbia, Newfoundland, Saskatchewan, Ontario

90% identified as white female, majority as straight and cisgender women (few identified as bisexual, lesbian, asexual)

Half were married/living with partner and monogamous relationship

Half were divorced/separate or never married or not in committed relationship

Peer-led Supports

- Desire for more peer-led supports

It was one of the things we wanted is to have a peer support network because uh, that can be very powerful but every individual does healing in a different way and needs different resources so some may be fine uh, with nothing, some may be fine with getting a hug from a friend, all the way up to intense counselling and intense uh, peer sessions, right, like it really is, is different so I think it's important that we have many tools in the toolbox uh, to give people just different avenues of how to get help if they need it.

- Benefits of peer-led supports

Back in March I went to this um, uh, this uh, a life shop for Veteran women and um, it was a weekend retreat type thing. I went, I was completely out of my comfort zone but something was telling me I needed to do this so I went there, there was absolutely nobody there that I knew um, and I walked outta there with some pretty amazing female bonds who all live in the (name of city) area and that was the biggest thing is I moved to this area in, in the midst of Covid so I didn't know what type of resources and stuff were out there for me but because I've met all of these women who are also MST survivors um, they um, have hooked me up with a lot of other types or resources that I can tap into with regards to support um, and I think that's very important is to have, have a network of people that you can trust and um, and they can help you with those types of things

Better Communication to Facilitate Access

They need to have these teams that can actually sit down and be like okay we need to discuss, we need to whatever or just also have people more readily available and let people know that they can access outside sources without going through your medical team. So like I know that if I wanna go see somebody off base, I can go see them off base, like and if they wanna slap my hand for it they can fucking do it, I don't care but my care and my health and my mental state is gonna come first from now on, period, end of story. Whereas a lot of other people don't have that mentality, right, they have that nope the military tells me I can only do this one thing so I have to go and I have to see my clinician and this is the only thing I can do. So there just needs to be more um, more verbalization that you can access outside services too, 'cause there are sexual assault centres and, and services outside of the military right now that could be totally utilized but um, yeah, they just aren't because they tell you nope everything has to come on base.

Need for Military Cultural Competency

...It's the (name of city) Wellness and before they did my assessment, they watched The Fruit Machine and they had my whole binder of my purge documentation, it had all the military medical, all the paperwork, SIU stuff, it had everything in there. They took it and read through it, and watched The Fruit Machine to understand that the hell is this purge because they haven't seen it. This was all new to them because nobody could come forth. They didn't, they didn't know any of this went on in the Canadian Armed Forces, they were kinda shocked but because they took the time to understand it before they assessed me, I had great respect for them, trust, and that's why I, I refer people to (name of city) for their uh, assessments 'cause I know they're gonna get a proper assessment.

Need for Cultural Competency

The first therapist I saw had never met a Veteran in her life, you know, let alone a female so I felt like a shiny penny and, and I, she was very unreliable and not, not helpful at all so I quit seeing her.

I had asked to go to the Operational Stress Injury Clinic to see them in (name of city) and they kept telling me you didn't get hurt in Afghanistan you're not entitled to go so they just kept, they gave me different drugs and gave me all kinds of drugs and nobody put me in the hospital.

Discussion

- Need for more peer-led groups and programs
 - Brief Warrior Renew program (Katz & Sawyer, 2020)
- Innovative interventions
 - Trauma-sensitive yoga (Zaccari et al., 2022)
 - Trauma-informed yoga (Braun et al., 2021)
- Increasing military cultural competency as related to MSM and MST (Street et al., 2021)

Limitations

- May not be generalizable to the wider community of those impacted by MSM and MST in Canada.
- The sample size of the study is small and demographically quite narrow.
- The study would benefit from a larger range of participants representing the diversity of those affected by MSM and MST.
- Increased diversity in sex, gender, sexual orientation, race, ethnicity, rank, occupation, geographic location, and age are among the factors that require further representation.

Ongoing efforts to assist Canadian Armed Forces

Efforts in Canada we have assisted in:

- B.E.S.T.- Believe, Empower, Support: Together: A trauma informed sexual misconduct training for leaders at all levels of the CAF
 - Create a safe and open space for discussion and learning around sexual misconduct myths, misconceptions, and facts.
 - Engage with people with lived experience of sexual misconduct in the CAF to gain a deeper and fuller understanding of how to act as leader in difficult situations, and build empathic understanding.
 - Enable engagement with superiors, peers, subordinates, and teams on issues of sexual misconduct in a trauma informed way.
 - Learn to approach disclosures compassionately and gain the tools to support persons with lived experience of sexual misconduct in disclosure situations.
 - Create an opportunity to reflect on the meaning of leadership in the context of culture change and the goal of a more inclusive CAF.

Theme 1: Effects of the Critical Conversations on the Individual

- i. Giving voice to those previously silenced
- ii. Validation and empowerment
- iii. Tackling guilt and shame
- iv. Reclaiming identity and community
- v. Emotional cost of participation

“It helps me feel unified and has helped me to start to be proud [of my service]. I’m not fully there yet [but] I’m surprised at how much my outlook has changed [...].”

-Critical Conversations study participant

Theme 2: Perceived Effects of the Critical Conversations on the Institution

- i. “Humanizing” Military Sexual Trauma
- ii. A show of effort
- iii. Supporting organizational readiness

“[F]or the first time in twenty-five years, I felt like the institution had heard me.”

-Critical Conversations study participant

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