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# Experiences of CAF members affected by sexual misconduct: Perceptions of support

*Top-line findings*

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## **Experiences of CAF members affected by sexual misconduct: Perceptions of support**

*Top-line findings*

### **Background**

In 2014, following negative media reports on sexual misconduct in the Canadian Armed Forces (CAF; Mercier & Castonguay, 2014a; 2014b), then-Chief of the Defence Staff (CDS) General Tom Lawson commissioned an independent external review to investigate sexual misconduct in the CAF. The review examined CAF policies, procedures, and programs related to sexual misconduct (Deschamps, 2015). The External Review Authority (ERA) found that current procedures used to report, investigate, and resolve incidents of sexual misconduct were perceived by CAF members as inadequate, leading to a lack of trust in the system and the underreporting of incidents. The programs and services available to support victims of sexual misconduct were also perceived as inadequate and ineffective by CAF members who were interviewed for the external review.

The Directorate Professional Military Conduct – Operation HONOUR (DPMC-OpH)<sup>1</sup> was tasked with developing an action plan to address the recommendations in the ERA’s report. Their plan identified four major lines of effort. This Scientific Letter (SL) is concerned with the third line of effort, which is to support victims of sexual misconduct effectively and with sensitivity. Three major activities fall under this line of effort: (1) to ensure CAF members have the required skills to effectively and sensitively support victims of sexual misconduct; (2) to ensure the existence of a comprehensive and accessible support system that meets the need of victims; and (3) to ensure that victims of sexual misconduct have continuing support available to them for as long as required.

In 2017, DPMC-OpH asked Director General Military Personnel Research and Analysis (DGMPRA) to conduct interviews with current and former CAF members affected by sexual misconduct on their experiences seeking and receiving support from the CAF following disclosure of the incident.

This Scientific Letter is the first in a series that will provide a summary of findings of these interviews. The specific objective of this Scientific Letter is to highlight the top-line findings regarding *perceptions of support*. Future reports will examine these findings and additional themes<sup>2</sup> in greater detail.

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<sup>1</sup> DPMC-OpH was formerly known as the CAF Strategic Response Team on Sexual Misconduct (CSRT-SM).

<sup>2</sup> In addition to perceptions of support, other research themes were coded but are not reported here. They included details about first disclosures, impacts of sexual misconduct and the CAF response to sexual misconduct, and related contextual factors. These themes have been retained for future analysis.

## Statement of results<sup>3</sup>

Between January and June, 2018, 67 semi-structured interviews were conducted with active and retired CAF members who self-identified as having experienced sexual assault or sexual harassment while serving. Interviews took place in the following locations: Borden, Calgary, Cold Lake, Edmonton, Gander, Gaagetown, Halifax, Kingston, Moncton, Montreal, Niagara Falls, Petawawa, Ottawa, Quebec City, Toronto, Trenton, Vancouver, Victoria, and Winnipeg. The vast majority of interviews were conducted in person, while some were conducted by telephone<sup>4</sup> when travel was not possible or at the request of the participant.

All interviews were audio-recorded, transcribed, and subjected to a thematic qualitative analysis in order to identify salient themes reflecting participants' experiences seeking and receiving support following an incident of sexual misconduct. The organization of broad themes, which included perceptions of support, was guided in part by the overarching research questions. However, the categorization and refinement of the sub-themes described below were based on the salient details and patterns that emerged from the interviews during data analysis.

### Snapshot of participants and sexual misconduct experiences:

Participants included 39 currently serving CAF members and 28 retired CAF members<sup>5</sup>. The majority of the participants were female Regular Force (Reg F) members, and almost half the participants were junior non-commissioned members (NCMs). A detailed breakdown of participant demographics is provided in Table A-1.

General information regarding the incidents of sexual misconduct discussed in the interviews was compiled, and is presented in Table A-2. Participants were not required to share specific details of these incidents; however, most participants voluntarily indicated that they had been sexually assaulted or coerced to engage in sexual acts. In addition, almost all of the participants described being sexually harassed at some point while serving. About two-thirds of the participants had experienced more than one incident of sexual misconduct, and many described these incidents as occurring throughout the length of their career in the CAF, beginning in basic training.

As reflected in Table A-2, most of the participants reported that their perpetrators were CAF members of higher rank, and many were in the participants' direct chain of command. Almost half of the participants reported that their perpetrators were CAF peers. In most cases, the participants had known their perpetrators prior to the incident(s) of sexual misconduct.

### Overall findings and general observations

During the interviews, participants discussed seeking out care and/or support from at least one CAF member or resource, and many had experience with several types of care and/or support services (e.g., medical, psychological/emotional, investigative/judicial, administrative, informational, or other informal CAF support). Upon examining the collective summaries of these experiences, a few general observations were noted. First, the majority of participants had at least one positive interaction or felt supported by at least one CAF representative after being affected by sexual misconduct, and these experiences were often significant in the participants' overall narratives. However, for most participants, these positive interactions were heavily outweighed by numerous negative experiences, which were frequently accompanied by feelings of frustration and disappointment. In other words, most of the participants felt some degree of dissatisfaction with the CAF response to these incidents,

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<sup>3</sup> A detailed summary of the methodology including the recruitment strategy, development of study and interview materials, and analysis procedures will be provided in a separate report.

<sup>4</sup> Participant locations were not compiled for telephone interviews.

<sup>5</sup> During the interviews, it was discovered that three participants were out of scope for this study because they had not directly experienced sexual misconduct (e.g., one bystander and two spouses), and one participant was out of scope because they were deployed outside of Canada (OUTCAN) during the study. These interviews were retained for future analysis but are not included in the findings of the current report.

and with the level of care and/or support they had received overall. Only a small minority of participants reported having overall positive experiences in seeking support.

A second general observation was noted while examining the timespan in which participant experiences took place. Collectively, participants affected by sexual misconduct in the more distant past were found to have the most consistently negative experiences across all of the various CAF services and resources discussed. Unfortunately, many of these participants shared the perception that they had a universal lack of formal and informal support from the CAF. By contrast, when examining more recent incidents and experiences, the perceived quality of support received from each CAF service or resource was more variable across interviews: while some participants still felt their experiences had been generally negative, reports of mixed experiences were more common in this subset of the sample.

Thirdly, while all participants discussed their own experiences seeking support, many also described challenges and obstacles their peers had faced because of sexual misconduct. These anecdotes were excluded during the coding of the results outlined below, in order to compile findings from direct experiences. However, they are important to consider because of their unexpected prevalence in the interviews. Ultimately, participants' evaluations of CAF support were based on their own personal experiences, but were also affected by what they had seen and heard from other victims and survivors of sexual misconduct.

## **Findings based on specific areas of support**

To better isolate particular sources of strength or areas for improvement in victim support, relevant passages were coded and subsequently grouped into three principal themes, based on the overarching type of support provided: health and mental health care; formalized CAF resources; and workplace support.

A fourth major theme was also created that captured factors related to CAF culture that impacted perceptions of support. The following sections briefly describe these four support-related themes, specify the CAF support providers and resources identified within them, and list the most salient aspects of support (called *sub-themes*) that emerged from these discussions.

When appropriate, coding results were also contrasted between events and experiences that took place prior to the onset of Operation HONOUR and those that took place afterwards, based on the timelines provided by the participants. This step was added to identify specific differences in the patterns of experiences as noted above with respect to timespans, especially where marked improvements or ongoing barriers and challenges were evident.

## **Health or mental health care related to sexual misconduct**

Participants commonly discussed the need for health care and mental health care after sexual misconduct, particularly after sexual assault. Support providers implicated in these discussions included physicians, nurses, medical assistants/technicians, psychologists, and social workers (in the context of providing psychological services). The most salient aspects discussed in this context included *availability and accessibility* of care and support services (which also included efficiency of care delivery); receiving care marked by *respectful and sensitive* interactions; and whether the care and support received was *effective and appropriate* for addressing the participants' needs. For this theme, several differences were noted in the patterns of responses between those participants whose experiences took place before and after Operation HONOUR; as such, these differences are outlined below.

**Before Operation HONOUR:** One of the most common observations shared by participants was that until more recently, specialized health and mental health services for sexual trauma were considered largely unavailable or inaccessible to participants following an incident of sexual assault or sexual harassment. For example, when the following participant was asked if she sought mental health care after an incident of sexual misconduct that she experienced over a decade ago, she responded:

*I didn't seek it out and I didn't get what I needed, but I also felt like there wasn't a big advertisement for services either. I mean, certainly now it's everywhere. It's much more prevalent, and it definitely wasn't then. It wasn't talked about.* (F.H.P, Female Junior NCM [Ret]).

Many participants noted the fear of being stigmatized as a barrier to disclosing mental health concerns in the years prior to Operation HONOUR, both in general, and as a consequence of experiencing sexual misconduct. When mental health care was sought out, some participants expressed disappointment in the quality of interactions with health care providers, sharing examples of insensitive or dismissive treatment. The following participant described such an exchange with a base physician: "I remember the first thing she ever said to me was, 'well, you have to forget about that and move on'..." (D.C.K, Female Junior Officer [Ret])

**Since Operation HONOUR:** When discussing events that occurred after the onset of Operation HONOUR, the most commonly reported participant experiences differed in a number of ways. First, many participants stated that they had access to health and mental health care following an incident of sexual misconduct. Many participants described having positive interactions with their health care providers, although a few participants mentioned that this was contingent on having a good "fit" with the practitioner.

While participants reported being able to access health and mental health care more generally, some mentioned having challenges accessing *specialized therapy for sexual trauma*, either due to a lack of available options, or because wait times were prohibitively long. This was a significant challenge for participants whose mental health and career were suffering because of an incident of sexual misconduct, including the following participant:

*They put me on my first TCAT...and they told me I was on a waiting list, so okay. Then I go on to my second TCAT, and I'm like, wait a minute...I'm not even in therapy, and I'm on a TCAT. There's no way I can get off this TCAT until I get my therapy.* (M.A.H., Female Senior NCM, Reg F).

A few participants also noted similar challenges in finding and receiving effective, specialized mental health care because they were serving in the Primary Reserves (P Res) and did not have access to mental health care providers who understood the military context.

## **Formalized CAF resources for sexual misconduct**

Participants discussed seeking out and receiving support from a variety of CAF services and organizations responsible for the investigative, judicial, administrative, and informational responses to sexual misconduct. This theme included participant experiences with representatives from the Canadian Forces Military Police Group (CF MP Grp), the Canadian Forces National Investigative Service (CFNIS), the Judge Advocate General (JAG), the Ombudsman's Office, the Integrated Conflict and Complaints Management (ICCM) office, the Canadian Forces Members Assistance Program (CF MAP), the Royal Canadian Chaplain Service, and the Sexual Misconduct Response Centre (SMRC). The salient sub-themes in this area were similar to those in the Health/Mental Health theme, and included the *availability and accessibility* of responses and support services (which also included efficiency of formal processes); having *respectful and sensitive* interactions with representatives; and the *effectiveness* of existing processes and services. Once again, differences were noted in patterns of responses with regards to experiences that took place before and after Operation HONOUR, as described below.

**Before Operation HONOUR:** When discussing their experiences that occurred prior to Operation HONOUR, most participants did not feel they received effective support when seeking information or trying to report an incident of sexual misconduct. Many participants did not believe services were available to them, or that their complaints were sufficiently addressed. Several participants noted a perceived lack of communication between the civilian and military police, and a lack of direction in how these organizations determined jurisdictional authority. Relatedly, some participants noted that statutes of limitations were sometimes a problem when the initial report or a subsequent process was

delayed, limiting their options when seeking support and accountability. Finally, many participants described interactions with police, investigators, or other formal service providers that reflected a lack of trauma-informed and victim-centred care, including specific examples of victim-blaming and insensitive responses from CAF representatives. One participant described an MP's response to his disclosure of sexual assault:

*The other thing they said to me was, 'you know, everyone on the course is going to know if you tell us. And then everyone in your unit—we're going to have to inform them too'. So I was obviously concerned about...it was hard to deal with already, and then everyone knows it. And they said, 'do you really want to be that guy that accuses someone of, like, rape?' kinda thing. (S.C.E., Male Junior NCM, Reg F)*

**Since Operation HONOUR:** At the time of these interviews, several participants had formally reported an incident of sexual misconduct to CAF authorities after the onset of Operation HONOUR. Many participants described having positive interactions with MPs and NIS investigators, and shared experiences that reflected a focus on victim-centred and trauma-informed care. The following quote describes one participant's disclosure to military investigators:

*I have the most amazing NIS people...I kept saying at the time that I didn't remember [peperator's] name. All I remembered about him was that he had very dark eyebrows /.../ And I said, it really bothers me that I can't place this face with his name. And he said, 'it's a normal victim response. It's a normal trauma response, it doesn't mean there's anything wrong with you. This is your brain dealing with it.' And I said I know all that, but it's sure nice to hear that back. (R.D.O., Female Senior Officer, P Res)*

However, several participants also expressed frustration with delays in various processes, and disappointment with the level of information they were receiving or had received from CAF representatives, particularly with regards to getting updates on the progress of their case, or explanations for subsequent decisions and outcomes related to investigations. One participant described how a long trial delay has affected her well-being and her view of the CAF: "Like this is 2.5 years of not knowing, waiting, imagining just how it's going to be, and you know, like this is long. I think it's too long. They actually just abandoned me. That's how I feel." (L.J.C., Female Senior Officer [Ret])

Some participants were happy with the victim support services available to them (i.e., SMRC, CFMAP, and victim support representatives at the NIS); however, a few participants stated that they were unhappy that these representatives were limited to emotional and informational support. In other words, these participants expressed a desire for support services with a more active advocacy component, rather than simply a means to receive information. For example,

*The [SMRC] is not the problem, they were providing a listening ear, but that's not necessarily what you need, right? You do need someone to listen. A lot of times you will have, you know, a girlfriend or boyfriend or somebody you can talk to. It's...who's going to do something about it? (T.S.D., Female Senior NCM, Reg F)*

## **Workplace support after sexual misconduct**

This theme refers to all interactions between participants and their chain of command that were either directly or indirectly related to their incident of sexual misconduct. Unlike the other major themes, these types of interactions were discussed to some degree by every single participant, and collectively comprise the most commonly discussed source of support, regardless of when the incident of sexual misconduct took place. Coding for this theme led to the generation of two major sub-themes: the chain of command's *responses to sexual misconduct*, which encompassed any statements participants made about the nature of the treatment they received from the chain of command in direct response to a reported incident of sexual misconduct; and chain of command responses to requests for *job-related support and accommodations* that emerged following an incident of sexual misconduct.

Unfortunately, many participants in this study described feeling unsupported because of interactions with individuals in their chain of command following an incident of sexual misconduct, regardless of whether the incident took place before or after Operation HONOUR. In fact, the overwhelming majority of participants described feeling unsupported by at least one supervisor or leader because of their reactions or responses to these incidents. The nature of these interactions also varied, but participants described feeling dismissed, ignored, or not believed by their supervisors and other leaders. In a few cases, these interactions included reports of bullying, harassment, and being singled out by their chain of command. One participant described such an interaction with her battery sergeant:

*...my battery sergeant major, a master warrant officer, dragged me into a meeting with another captain and proceeded to tell me that he was friends with the individual and doesn't believe it ever happened and that I had made it up and everybody was going to see that I was a liar.*  
(F.C.F., Female Junior NCM, Reg F)

Another major area where several participants reported challenges was when they were seeking job-related support and accommodations, such as changes to work and living conditions. These accommodations were often based on a desire to avoid contact with their perpetrator, or reduce environmental triggers related to the incident of sexual misconduct. In many cases, participants reported that their requests were denied or revoked in a manner perceived as unfair. In other cases, alternative accommodations were applied, but either required that the participant make occupational concessions, or had secondary effects that were detrimental to the participants' psychological well-being. The following statement describes one participant's request for an occupational transfer because of ongoing contact with her perpetrator:

*I've asked to be posted off this base. And they're, 'Nope, no money in the budget'. And I'm like, 'You know what's going on, right?', and they're like, 'Yeah, but there's no money in the budget.' So I am forced every day on the base with my attacker. Yep. That's why they, finally—because I put in for JPSU and everything—I only work three days a week.* (P.T.F.F., Female Junior NCM, Reg F)

It should be noted that, in many cases, participants stated that their supervisors were either unsure how to respond to these incidents, or failed to respond supportively in an attempt to remain neutral; however, these interactions were ultimately not seen as supportive from the standpoint of the participants.

Despite these commonly reported challenges, many participants also described having at least one supervisor or leader whose support was considered helpful. The nature of these interactions varied as well, but included examples where the supervisor or leader took the participant's concerns seriously, treated them with kindness and compassion, or took steps to protect or advocate on their behalf after an incident of sexual misconduct. In addition, participants felt supported when their requests for job-related support and accommodations were granted, or when flexibility and options were presented to help the participants address their concerns. The following quotes illustrate these positive interactions:

*...I was really relieved, because when they sat me down, they explicitly told me, 'we believe you are the victim here'. And so from there I knew that they were...they were on my side. They weren't there to harm me; they were there to protect me.* (E.B.Q., Male Junior NCM, Reg F)

*My commander was great and he called my new supervisor saying, 'she's been through a lot. We want to give her...just give her some space to get better. We're going to give [her] the courses [she] was denied for two years.'* (F.C.O., Female Junior Officer, Reg F)



## Findings related to organizational culture<sup>6</sup>

### Organizational values

While the aspects of support summarized above could be linked to particular CAF services and resources, other important features of perceived support emerged regularly across several types of support. These recurring themes included judgments of *trust*, *transparency*, *impartiality*, and *fairness* regarding CAF responses to sexual misconduct. These themes represent four distinct values or principles, but it should be noted that they were often interconnected when discussed in the context of participant experiences. Given their prevalence in evaluating perceptions of CAF support and their association with one another, they were grouped as sub-themes under the larger concept of organizational values, and are discussed below.

**Impartiality.** During the interviews, several participants expressed concerns that the CAF processes employed to respond to incidents of sexual misconduct were biased or not sufficiently objective. These statements were either applied to individual CAF members carrying out their roles in various CAF processes, or to the structure of the processes themselves. Participants made these types of comments with regards to processes such as court martials, summary trials, and harassment prevention and resolution processes within the unit, including administrative reviews. Some participants noted that these internal, unit-based processes appeared biased because they relied on subjective decisions made by individuals (for instance, a commanding officer) with no external oversight. The following statement describes a lack of response from a commanding officer following a harassment complaint:

*And then the police wanted to tell me things, but they said as soon as I had the CO [get involved], he has control over [the file]. And he blocked out the police, everybody. And so I called the JAG...and they said we're here to help the chain of command, not you.*

(C.S.E., Male Junior NCM, Reg F)

These types of comments also commonly referred to individuals in their chain of command: Several participants indicated that they believed their perpetrator was favoured by their chain of command due to previously established relationships, and these participants described being treated poorly by their chain of command after complaining about an incident of sexual misconduct.

**Fairness.** This concept is linked to the discussions about impartiality, in that perceived biases in CAF responses to the participants' complaints of sexual misconduct were often viewed as unfair. However, this concept extended far beyond the evaluations of administrative and criminal proceedings, as discussed above. For example, several participants expressed their frustration that they had endured numerous negative consequences following these incidents, including long-term impacts on their mental health, repercussions for their career, and negative impacts on their relationships with peers and family. These outcomes not only resulted from the incidents themselves, but also from the consequences of *coming forward*, as illustrated here: "[In] the forces, it's the victim who seems to be re-victimized over and over again. And even if the person's found guilty, it might be cliché, but if you speak up in the Forces...you're the problem, not the person who did something wrong." (M.J.H., Female Senior NCM, Reg F). Indeed, most of the participants noted that their perpetrators were not punished for these incidents (to the best of their knowledge), and in some cases the perpetrators had since been promoted within the CAF, often at higher relative levels than the victims. Unfortunately, this sense of injustice was noted in many of the interviews.

**Transparency.** As noted in the sections above, many participants discussed their frustration when attempting to get updates on the status of their complaint, or explanations regarding subsequent decisions—particularly when a participant was dissatisfied with the outcome. These concerns applied

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<sup>6</sup> Findings for this section include experiences and perceptions from all actively serving CAF members (regardless of when the incident of sexual misconduct took place) and those retired members whose experiences occurred after Operation HONOUR, in order to highlight current perspectives of the CAF response to sexual misconduct.

when a complaint was under the jurisdiction of the NIS, but much more frequently when a complaint was under internal administrative review. As one participant explained, “I can’t even find out anything on my complaint letter. And they’re like, ‘well you’re not really entitled to know any of that information.’ ” (F.C.O., Female Junior Officer, Reg F). Similar frustrations were shared with regards to seeking out

job-related support and accommodations: some participants stated that they did not understand why their requests could not be accommodated, or why alternative options were not made available. This perceived lack of transparency contributed to some participants expressing uncertainty about whether their complaints and concerns were treated seriously or effectively by the CAF and its representatives.

**Trust.** The concept of trust was a prevalent theme, as it was related to each of the organizational values noted above, as well as the themes described in the previous sections. For example, trust was often discussed with regards to individual CAF members responding to participants’ incidents of sexual misconduct: participants were more trusting when these interactions were marked by compassion and kindness, and when participants believed these CAF representatives had their interests at heart. More broadly, the participants’ experiences (both personally, and those they witnessed second-hand) were linked to, and had an impact on, feelings of trust towards the CAF and their response to sexual misconduct. The following quote summarizes this perspective:

*And I think that also ties into the whole feeling of being let down by the chain and having serious trust issues [because], you know, I can’t blame them for what happened, but I can expect them to hold those responsible accountable, and to follow their own flippin’ rules, because otherwise, I don’t know who to trust. (A.C.O., Female Senior Officer, Reg F)*

## **Elements of CAF culture and structure**

Participants made comments about various elements of CAF culture and structure that were pertinent to their experiences seeking support, or to their attitudes about the CAF response to sexual misconduct more generally. Some of these broader contextual factors, which are discussed below, emerged in several interviews and have relevance for the CAF response to sexual misconduct.

**Military Culture.** During the interviews, several participants discussed various challenges of being a woman in the CAF, which remains a male-dominated organization. A few participants described more extreme examples, such as working in environments where sexualized language was commonplace. Other participants discussed how military culture includes expectations of physical and mental fortitude, which made it harder to ask for help due to fears about career repercussions. However, it should also be noted that some participants acknowledged that these types of attitudes and norms were evolving, and had improved in more recent years.

**Organizational Structure.** Some participants expressed challenges to feeling supported based on elements of the CAF organizational structure: for instance, the difficulty of maintaining space from perpetrators due to transfer processes, and trade specializations and shortages (precluding occupational transfer, for example), or rules about living arrangements that forced participants to live on base. A few participants also discussed how occupational rank and power imbalances impacted their comfort in reporting or their ability to advocate for themselves or others. One particular example that emerged on numerous occasions was basic training, when participants were in the most junior ranks, and reported feeling unsure of their rights and resources. As one participant explained,

*I was so new, and so junior, I had no idea how the system worked. And there was no one there to explain it to me, no single point of contact. And I think that would be a huge benefit to people. Especially more junior people who have no idea what their rights are, or what to expect from the system. (B.C.O., Female Junior Officer, P Res)*

**Operation HONOUR.** Several participants discussed their perspectives of Operation HONOUR. Overall, there were mixed responses in terms of satisfaction with the mission, with more negative comments being attributed to the initial roll-out and the first months after it was stood up. Specifically, a few participants recalled feeling triggered by the frequent exposure to messaging about sexual misconduct, and mandatory briefings for which they were not prepared. In two separate

interviews, participants stated that their perpetrators were tasked with delivering their Operation HONOUR briefings.

There were also mixed opinions about Operation HONOUR training: based on the data analyzed in these interviews, these sessions were delivered inconsistently, and varied in quality. Unfortunately, some participants felt that the training, and by extension, Operation HONOUR more broadly, was not being taken seriously by their peers. A few participants also said that they felt Operation HONOUR initiatives were not being taken seriously by their leaders, as reflected in this comment: “And she was laughing throughout the entire presentation, and a lot of us complained because we were like, well, it’s really unprofessional. And if a leader...if a lieutenant commander is not taking this seriously, how do you expect a junior...the juniors to take it seriously?” (K.J.V., Female Junior NCM, P Res).

Despite these mixed perspectives, some participants acknowledged that Operation HONOUR was their motivation to come forward and report their own experience with sexual misconduct. Other participants expressed a belief that attitudes were slowly changing for the better. Several participants stated that they believed more needed to be done to improve the CAF response to sexual misconduct, but that Operation HONOUR was a positive initiative. The following illustrates the ways in which Operation HONOUR has had a positive impact on one participant and her experiences:

*I’ve had a really, really good experience so far. I haven’t had any issues, and I’m fortunate with that because I see a lot of people who were assaulted 20 years ago and can’t do anything about it or feel like they can’t, and the resources we have within Op HONOUR are really good. Without it I don’t think I could have come forward because of the stigma/.../But since Op HONOUR, I feel like that’s changed a lot.* (D.E.H., Female Junior NCM, Reg F)

## Discussion

During the interviews, participants discussed seeking out support from a number of CAF resources and services after an incident of sexual misconduct. Many participants reported having isolated positive experiences with a particular service or individual, but these experiences were often overshadowed by the challenges they faced, leaving most participants to feel dissatisfied with the overall level of support they received.

Participant accounts of seeking support before Operation HONOUR, particularly in the more distant past, were notable because these interviews contained fewer positive experiences overall. The prominent features of these interviews also had many commonalities, such as a perceived lack of access to services that could address their needs effectively, and many descriptions of insensitive interactions with the CAF representatives responding to these incidents. By contrast, participant experiences seeking and receiving care and support from CAF services after the onset of Operation HONOUR were more variable across interviews and less consistently negative. Furthermore, some of the widespread obstacles described above were less common in these post-Operation HONOUR experiences. For instance, most participants reported that support and care services were available and accessible after an incident of sexual misconduct, and many interactions with CAF representatives responding to these incidents were described as sensitive and compassionate. This finding seems to reflect the CAF’s increased integration of victim-centred approaches into their training of MPs and others responding to sexual misconduct (Department of National Defence, 2019).

However, an examination of these more recent experiences seeking CAF care and support services revealed that challenges remain. Most notably, some participants reported barriers in accessing specialized therapy for sexual trauma due to a lack of available options or long wait times. This was particularly challenging for those living in remote areas or serving in the Primary Reserves. Many participants were frustrated by long delays in other formal processes, such as investigations and trials, especially when they struggled to get updates on their case. These findings support similar conclusions published by external sources (Deschamps, 2015; Office of the Auditor General, 2018), and must thus be given attention in order to improve perceptions of support.

The type and number of CAF resources utilized varied across interviews, but one area of support was discussed by every single participant in this study: workplace support. This finding is important because it emphasizes the significance of the chain of command as a principal source of victim support after an incident of sexual misconduct. Unfortunately, the most commonly reported obstacle for victims of sexual misconduct in this study, post-Operation HONOUR, was related to day-to-day support from their chain of command. The majority of participants in this study reported feeling unsupported by at least one supervisor or leader following an incident of sexual misconduct, whether the incident occurred pre- or post-Operation HONOUR. This perceived lack of support was illustrated by several participants recounting being dismissed or minimized by their supervisors, and in more extreme cases, being berated or harassed after disclosing an incident of sexual misconduct in their unit. For many participants, receiving insufficient job-related support also resulted in ongoing contact with their perpetrator, or working in environmental conditions that threatened their mental health and well-being. Participants indicated that having a supportive leader in their chain of command was important to their recovery after an incident of sexual misconduct. Given the prominence of these discussions in the interviews, emphasis should be given to better understanding and addressing issues and concerns related to workplace support after sexual misconduct.

Participant assessments of the broader CAF response to sexual misconduct, both generally and in terms of how it impacted their own cases, were also tied to perceptions of support. Participant concerns regarding impartiality, fairness, transparency, and trustworthiness appeared throughout the interviews, irrespective of the type of support being discussed. These values are important considerations in victim support because evaluations of one can impact evaluations of another: Examples include the link between transparency in legal proceedings and the perceived fairness of the outcome, or the link between a participant's trust in their chain of command, and their confidence that internal investigations will be impartial. Moreover, these assessments were impacted not only by participants' own personal experiences following sexual misconduct, but also by those they witnessed or heard about. Efforts to strengthen any of these values within the CAF response to sexual misconduct, including ongoing initiatives to implement the recommendations of the ERA report (Department of National Defence, 2019; Deschamps, 2015), could therefore have far-reaching positive impacts through these indirect associations.

Finally, participants discussed their experiences and perceptions of support within the environmental and cultural milieu of the CAF. Several elements of the CAF culture played a relevant role in these narratives and should be considered when developing and improving upon programs, policies, and services. For example, power imbalances based on rank structure might create barriers for victims trying to recover after an incident of sexual misconduct, especially for those in junior ranks. Current initiatives, such as the creation of reporting mechanisms outside the chain of command, the SMRC, and the ICCM, do address this potential barrier. However, considerations should also be given to how rank structures and the chain of command may impact victims' ability to advocate for themselves and each other when seeking support, particularly in occupational settings.

Attitudes and experiences with Operation HONOUR initiatives also had an impact on participants' perceptions of support. Some of the more pronounced concerns included participants' leaders and peers actively minimizing and disregarding the importance of these initiatives. Subject matter fatigue has already been acknowledged by the CAF as a potential issue for Operation HONOUR (Department of National Defence, 2019). These findings reiterate the importance of good leadership in protecting the effectiveness of future briefings, training, and messaging. Despite these issues, many of the participants expressed positive attitudes towards Operation HONOUR and believe it is a worthwhile endeavour.

## **Conclusion**

This Scientific Letter is the first in a series providing the results of interviews with current and former CAF members affected by sexual misconduct. The present letter outlined the high-level findings regarding perceptions of support. Forthcoming letters will describe these findings in more detail, and

a final report will include additional findings regarding first disclosures, impacts, and special considerations for various sub-groups.

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## Annex A Tables

*Table A-1: Demographic characteristics of interview participants.*

Characteristic	Frequency ( <i>n</i> )	Proportion (%)	Mean (range)
Sex			
Female	59	88.1%	
Male	8	11.9%	
Military status			
CAF member	39	58.2%	
CAF veteran	28	41.8%	
Rank			
Junior Non-commissioned Member	30	44.8%	
Senior Non-commissioned Member	13	19.4%	
Junior Officer	16	23.9%	
Senior Officer	8	11.9%	
Element (4 missing)			
Army	26	41.3%	
Air Force	16	25.4%	
Navy	13	20.6%	
Purple	8	12.7%	
Component (2 missing)			
Regular Force	49	75.4%	
Reserve Force	16	24.6%	
Years of service			15.1 (1–37)
First official language			
English	59	88.1%	
French	8	11.9%	
Age (2 missing)			41.1 (21–63)
Under 30 years	11	16.9%	
30 to 39 years	15	23.1%	
40 to 49 years	24	36.9%	
50 years and over	15	23.1%	
DGM status (3 missing)			
DGM	6	9.4%	
Non-DGM	58	90.6%	
Sexual/Gender minority status (2 missing)			
No	55	84.6%	
Yes	10	15.4%	

*Table A-2: Characteristics of sexual misconduct experiences discussed.*

<b>Characteristics</b>	<b>Frequency (n)</b>	<b>Proportion (%)</b>
Frequency (2 missing)		
Single incident	23	35.4%
Multiple incidents	42	64.6%
Perpetrator characteristics (7 missing)		
Lower rank	2	3.3%
Peer	15	25.0%
Higher rank (in CoC)	25	41.7%
Higher rank (not in CoC)	13	21.7%
Civilian	2	3.3%
Foreign Military	2	3.3%
Unknown	1	1.7%
Incident(s) – timeline (1 missing)		
< 2015	50	75.8%
≥ 2015	9	13.6%
Before and after 2015	7	10.6%