Marie-Claude Gagnon

Itsjust700@gmail.com

Abstract

Analysis of the current situation and recommendations to Veterans Affairs Canada to ensure that Military Sexual Trauma Survivors dealing with physical or mental injuries receive adequate care and benefits

Care for Military sexual trauma survivors of the canadian armed forces

Facilitating access to adequate care and benefits

Contents

[Summary 3](#_Toc452929622)

[Background 3](#_Toc452929623)

[Definition 3](#_Toc452929624)

[Canadian Research on Military Sexual Trauma almost non-existent 4](#_Toc452929625)

[Current Canadian Statistics 4](#_Toc452929626)

[Proven consequences of Military Sexual Trauma 5](#_Toc452929627)

[Disability compensation for conditions related to a Military Sexual Trauma is not as accessible as being attributable to military service 6](#_Toc452929631)

[Less care and no peer-support is offered to Military Sexual Trauma survivors 8](#_Toc452929635)

[Transition to civilian life services are not communicated to MST survivors, are hard to obtain in time for the transition and does not take into consideration MST related needs 10](#_Toc452929639)

[It’s Just 700 Recommendations 12](#_Toc452929642)

## Summary

There is an urgent need for a number of changes to how VAC and DND handle mental health disability benefit claims arising from rape, sexual assault, and sexual harassment in the military.

Specifically, regulatory reform as well as improved training, oversight, transparency, and record keeping are necessary to improve the adjudication process for Military Sexual Trauma-related PTSD claims.

## Background

In June 2014, the Liberal Party of Canada stated that “…it is necessary to address prevention and treatment not only of combat based PTSD in the CAF, but to address other causes of service-related PTSD such as sexual assault.” [[1]](#footnote-1)

The Liberal Party of Canada also made the following recommendations:[[2]](#footnote-2)

* “The Department of National Defence and the Canadian Armed Forces conduct a formal evaluation of sexual assault prevention programs with a view preventing sexual assault and the resulting to adverse mental health effects.”
* “The Department of National Defence and the Canadian Armed Forces conduct a formal evaluation of the response process and support services available to CAF members affected by sexual assault and ensure that these support services are integrated within the existing mental health care framework with an emphasis on PTSD.”
* “National Defence and CAF annually post a public report of incidences of sexual assault and measures implemented to reduce and/or eliminate this abhorrent problem.”

## Definition

In this document, Military Sexual Trauma (MST) is defined by as “psychological trauma resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training.” Sexual harassment is defined as "repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.”[[3]](#footnote-3)

## Canadian Research on Military Sexual Trauma almost non-existent

According to a literature review from July 2015 of the Military Family Services Canadian Forces Morale and Welfare Services “Medical release stemming from past military sexual trauma has not been well researched in Canada”. [[4]](#footnote-4)

Without an adequate pool of MST veterans, it is difficult to properly research or establish behavioural patterns. Finding ways to remediate the situation is consequently difficult. There is enough Canadian data to provide an embryonic portrait of the current situation.

## Current Canadian Statistics

* CAF Military Policy records an average of 160 sexual assault investigations a year. [[5]](#footnote-5)
* “…military culture is unfriendly toward women, femininity, and LGBTQ members, and sexual harassment is commonplace, especially in the combat arms, even if it is likely under-reported.” [[6]](#footnote-6)
* “…female military members were less likely to experience deployment-related trauma, but more likely to experience sexual trauma and suffer from PTSD, than their male counterparts.” [[7]](#footnote-7)
* “The link between sexual assault either in the theatre or at home and PTSD is well established, particularly for female service members.” [[8]](#footnote-8)
* “We know practically nothing about other aspects of female Veterans' experiences in Canada.” [[9]](#footnote-9)

## Proven consequences of Military Sexual Trauma

### Health

* Studies shows MST to be a far stronger predictor of PTSD than the kinds of stresses otherwise associated with military duty, including risk of death.[[10]](#footnote-10)
* Military sexual harassment and assault are highly correlated with PTSD in both women and men.[[11]](#footnote-11)
* Females reported more symptoms of depression, PTSD and generalized anxiety disorder.[[12]](#footnote-12)
* The psychological consequences of MSA are typically worse for men who were sexually assaulted by other men.[[13]](#footnote-13)

### Income loss

“Research conducted by Veterans Affairs Canada indicates that female Veterans experience a significantly steeper decline in income compared to their male counterparts, but we lack an understanding of why this is the case.” [[14]](#footnote-14)

### Suicide attempts

* Sexual and other interpersonal traumatic events are associated with suicide attempts in a representative sample of active Canadian military men and women.[[15]](#footnote-15)
* Since data on Military Sexual Trauma veterans is not kept and no support or services are adapted to MST veterans, MST veterans often completely leave the “military circle” after their service. It is therefore difficult to tracked MST veterans died from suicide or attempted suicide.

## Disability compensation for conditions related to a Military Sexual Trauma is not as accessible as being attributable to military service

Clarification: Veterans are not granted compensation for the traumatic event itself, but can be granted disability compensation for conditions that result from MST.

### Current situation

Based on It’s Just 700 members (55 members)…

* Treatment and services provided for MST-related PTSD claims vary widely from one VAC regional office to another;
* VAC granted disability benefit claims for PTSD related to MST at a significantly lower rate than claims for PTSD unrelated to MST;
* VAC granted disability benefit claims for PTSD related to MST at a significantly lower rate for women than men; and
* Some petitioners who lost in military court were told that it was not possible to refer to the “alleged rape” in their VAC claim.

### Definition of a service-related injury discriminates against MST related injuries

* Sexual assaults on military staff, perpetrated by military personnel, on military property, off-working hours is not considered a work-related injury; and
* The trauma assessment focuses on the time and the place of the incident and ignores the secondary trauma cause by a hostile working environment after reporting an incident.

### The proof required to obtain benefits for MST related PTSD is harder to obtain

Evidentiary standards that MST survivors must satisfy ignore the following realities and unique circumstances surrounding military sexual trauma:

* MST wounds are often invisible;
* The CF98 injury reporting process used by DND is not used for sexual assault. Despite this procedural discrepancy, VAC still requires MST survivors to provide corroborating evidence identical to non-MST injuries;
* The “…fear of reprisal, delays in complaint processing, and lack of real consequence for wrongdoing were reasons people do not come forward on alleged sexual harassment.” [[16]](#footnote-16) it is therefore difficult to provide the same evidence as other types of incidents that occur during military service;
* Fears of retaliation shies away by-standers from offering the much needed witness statements required by VAC to corroborate the occurrence of a sexual assault;
* VAC benefit adjudicators do not give adequate weight to the evidence, also called “markers”, that MST survivors produce. Ex.: medical recommendations found in personnel files are not considered to be medical documents. Documented gynecological injuries is not a sufficient evidence to prove an assault; and
* VAC procedures lack flexibility, understanding and empathy during the evaluation process: Ex.: requiring gynecological testing even when after providing a detailed medical report.

#### Consequences

* Many petitioners were instructed to “find” a different trauma other than their military sexual assault in order to increase their chances to receive care and benefits;
* Some VAC offices turned down claims, lacking police reports or a “rape kit”; and
* Petitioners are abandoning the claim process for fear of aggravating their mental state.

## Less care and no peer-support is offered to Military Sexual Trauma survivors

“MST and combat exposure together increase women's risk of experiencing PTSD symptoms. Female Veterans may face a higher risk of PTSD, yet they tend to be under-diagnosed and, therefore, under-treated. Consequently, female Veterans may face challenges accessing appropriate health services. Female Veterans who seek help for MST may experience victim blaming and secondary victimization in the process.” [[17]](#footnote-17)

According to many survivors of military sexual trauma in the group *It’s Just 700*, the claiming of benefits for PTSD usually results in an appeal process. The appeal process is handled in a similar way as a court setting where the petitioner’s statements and actions following the assault are questioned. The petitioner is often left feeling blamed and re-victimized.

### OSISS Peer Support Program excludes non-operational MST-related injuries

In October 2001, Armed Forces Council (AFC) endorsed the Operational Stress Injury Social Support (OSISS) program by providing OSISS with the following mandate:[[18]](#footnote-18)

1. Create a national Peer Support Network for **injured** Canadian Armed Forces (CAF) members, Veterans and their families;
2. Validate the development of education packages and pre-deployment training modules in partnership with CF and civilian health care professionals; and
3. Take the lead in developing the methodology required to effect an institutional cultural change regarding the realities of operational stress injuries.

As stated above in the first mandate of the OSISS policy statements, AFC did not exclude non-operational stress injuries in the OSISS mandate. However, currently, the term “**Operational”** seems to be used by many OSISS offices to deny access to the OSISS program to survivors traumatized by military sexual assaults that occurred in a **non-operational** setting (often referred as an **“Occupational”** stress injury).

Consequences

* Some OSISS Coordinators includes MST survivors with **“occupational”** stress injuries in their programs, while many others deny MST survivors access to much needed peer support services and information about other related events and programs;
* The Peer Support Coordinators do not receive training about Military Sexual Trauma. As a result, there are cases where the untrained Peer Support Coordinator (generally male) redirects the MST survivors (generally female) to local civilian support group or to the female OSISS Family Peer Support Coordinator (also untrained in MST);
* Educational packages developed by the OSISS program do not include MST;
* The training modules and educational packages developed by the OSISS program are not accessible to military personnel who did not deploy; and
* The OSISS program does not take the lead in developing the methodology required to effect an institutional cultural change regarding the realities of MST.

### No support for MST family caregivers

Differences in type of injury and gender may result in different impact to family members; therefore, different support strategies may be required depending on the diagnoses and larger context.  [[19]](#footnote-19) However, without a proper mandate to assess the needs of caregivers of MST survivors, OSISS will not assess discrepancies on services provided to caregivers of MST survivors. At this time, there are no existing entities responsible to do such an assessment.

### OSI clinics excludes non-operational MST related injuries

#### Term “Operational”

Similar to the Operational Stress Injury Social Support (OSISS) program, the term “Operational” is excluding MST survivors who were assaulted in a non-operational setting, and therefore, deals with an “**Occupational”** Stress injury.

#### Scope of OSI groups

OSI clinic support groups are set based on “goals” such as “improving sleep” or “reducing anxiety”; this does not allow people the ability to create a group for MST survivors. Without a scope and sufficient number of participants who fit the “operational” requirement, OSI clinics are unable to create support groups aiming to help MST survivors.

## Transition to civilian life services are not communicated to MST survivors, are hard to obtain in time for the transition and does not take into consideration MST related needs

### Previous recommendations

In 2014,

* “Colonel Gerry Blais assured the committee that all of the programs offered by the CAF’s Joint Personnel Support Units (JPSU) “are for everyone”. However, Col Blais’ statement that “[w]e treat all our injured and sick members in the same way” does not reflect the specific psychological and social aspects of women service members experiencing PTSD and other mental health issues, and particularly those who have suffered military sexual trauma.” [[20]](#footnote-20)
* Colonel Gerry Blais also added that “Reintegration programs and mental health services should take into account the higher rates of sexual assault women service members suffer while deployed in Canada and abroad.” [[21]](#footnote-21) and that “…since women are often the primary caregiver in families, DND should provide specific reintegration programs that help women service members with children during their post-deployment phase.” [[22]](#footnote-22)

In 2015,

* It was mentioned in the External Review into Sexual Misconduct and Sexual Harassment in the CAF that “a common response to allegations of sexual harassment or sexual assault seems to be to remove victims from their unit,” potentially leading to an unanticipated and involuntary release from the military that may negatively impact health and well-being during the transition.[[23]](#footnote-23)

In 2016,

* A Canadian research published in the Journal of Military, Veteran and Family Health stated that “There is no Canadian research on the potential effects of sexual harassment and assault on female Veterans' health and well-being and on their transition from military to civilian life.” [[24]](#footnote-24)

### Cannot fully benefit of the Rehabilitation Services and Vocational Assistance

* According to the [Veterans Affairs Canada website](http://www.veterans.gc.ca/eng/services/transition/rehabilitation): “A Veteran of the Canadian Armed Forces who has medically-released within the last 120 days or has any health problem resulting from your military service that is making it difficult for you to adjust to life at home, in your community or at work” can benefit from Vocational Rehabilitation to help them better transition to the civilian life.
* Based on information gathered in the group *It’s Just 700*, it can be difficult for a service member who is choosing to voluntarily release from the military after a sexual assault to benefit from the Rehabilitation Services and Vocational Assistance.

#### Consequences:

Potential candidates to the program often end up graduating before being able to prove the connection between their mental injury and their military service. Unfortunately, the Rehabilitation Services and Vocational Assistance is not retroactive.

## It’s Just 700 Recommendations

### RECOMMENDATION 1: Conduct more research

A Canadian research released in May 2016 in the [Journal of Military, Veteran and Family Health (JMVFH)](http://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh.3394) made the following recommendations:

* “Make researchers pay more attention to the effects of a gendered and sexualized military culture on the health and well-being of military members and Veterans.”\*
* “broader gendering of Canadian Military and Veteran research and not just a focus on female military members or sexualized violence in the military.”\*

\*(Source: Journal of Military, Veteran and Family Health (JMVFH) [Learning from the Deschamps Report: why military and Veteran researchers ought to pay attention to gender](http://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh.3394))

The same research suggests to study the long-term impacts on health and the well-being of females as it pertains to the following topics:

* Family-related expectations;
* Isolation in the field;
* Inadequate recognition experienced by female military members during deployments;
* Gender differences in relation to social support, employment, homelessness, and family functioning;
* Female challenges in renegotiating gender identity after a return from deployment and reintegration into civilian life;
* Experiences of LGBTQ (especially transgender) military members and Veterans;
* The connections between MST and PTSD; and
* How the experiences of sexual harassment or assault, and the military's response to them, is affecting the conditions of military release.

### RECOMMENDATION 2: Start communicating services

* Create a website similar to the VA (USA), which provides information on VAC services, and other programs for MST;
* The Sexual Misconduct Response Centre (SMRC) should be able to redirect MST veterans to online information about VAC care for MST and a VAC case assessment manager trained on MST claims;
* Add information on services / benefits for Military Sexual Trauma (MST) in CAF transition/release procedures;
* Offer a leaving kit package and screening service that includes information on MST services and programs to all CAF regular and reservist personnel (with or without deployment experience); and
* Inform MST victims who have already released about current and new services available to them.

### RECOMMENDATION 3: Start conducting targeted training

* Issue guidance to case assessment managers and IRO’s on how corroborating evidence such as behavioural changes following the alleged sexual trauma should be treated. This training should focus on discovering “marker” evidence to support the claim;
* Offer special training for all VAC regional office mental health clinicians conducting the examinations related to MST claims;
* Provide front desk staff with additional training opportunities on how to respond sensitively to disclosures of MST;
* Train the staff from JPSU, OSISS and the Sexual Misconduct Response Centre (SMRC) about VAC and DND services for victims of sexual assault and harassment; and
* Train all NGO’s that facilitate VAC claims about VAC and DND services for victims of sexual assault and harassment.

### RECOMMENDATION 4: Have staff trained in Military Sexual Trauma Claims

* Have MST Case Assessment who serves as a contact person for MST-related issues to help veterans find and access services and programs related to MST; and
* Managers and MST Counselors are to be specialized in helping with MST injury related claims.

### RECOMMENDATION 5: Start keeping and tracking MST claims requests

The Completed Access to Information Requests A-2013-00032 from Veterans Affairs Canada revealed that no record existed for the number of individuals who, in December 2012, were receiving a pension or award for: a mental health problem, and, trauma stemming from a sexual assault, rape, or sexual harassment. [[25]](#footnote-25) According to the National Defense Ombudsman, collecting data will greatly help assessing the needs of MST survivors.

* “…The Ombudsman recommended to the Minister of National Defence that the total level of sexual violence in the military be more accurately determined for both reported and unreported cases and that there be a thorough review of existing educational programs on what constitutes sexual assault and what supports are available for   
  victims.” [[26]](#footnote-26)

#### MST Claims tracking

Current record-keeping practices do not allow anyone to accurately record when disabling conditions are allegedly the result of MST. Without adequate data it is impossible to accomplish the following:

* Ensure accountability;
* Study MST treatments in other NGO’s such as the Legion;
* Analyse the discrepancies in grant rates among MST-related PTSD and combat related PTSD; and
* Track the disposition of claims for disabilities that are based on MST.

#### MST Survivors Recordkeeping

Collecting contact information of MST survivors is essential to develop a diverse pool of MST survivors to do the following:

* Inform about new services;
* Perform climate surveys; and
* Find participants in Veterans Health researches about military sexual trauma.

### RECOMMENDATION 6: Strengthen oversight of VAC offices and enhance VAC transparency to MST-based disability claims.

* Release data annually on the grant rates for disability benefit claims for mental health conditions generally and for those specifically related to MST. This data should include a breakdown by gender; and
* Release more extensive, gender-specific data on major depressive disorder disability claims and the reasons these claims are denied.

### RECOMMENDATION 7: Provide equal care and access to care for MST Survivors

* Provide outpatient, inpatient and residential program services to assist Veterans in their recovery from MST at veteran’s hospitals;
* Provide formal psychological assessment and evaluation, psychiatry, and individual and group psychotherapy focusing specifically on MST or have specialized MST tracks;
* Provide peer support for men and women with MST, or include MST in the already existing OSISS peer support programs;
* Extend OSI clinic services to men and women who have had a non-operational MST;
* Create support groups for MST in OSI clinics; and
* Widen the Sexual Misconduct Response Centre’s (SMRC) scope to include ex-military dealing with an MST.**​**

### RECOMMENDATION 8: Put in place an injury report procedure for Military Sexual assaults/harassment similar as other military injuries

* Incorporate military sexual assault in the CF98 injury report process to help track injuries and to facilitate possible VAC benefits and support requests; and
* Request MST victim input for high level decision and incorporate selected MST victims in an advisory committee (for DND and Veterans Affairs initiatives).

### RECOMMENDATION 9: Include MST in the already established PTSD screenings

* Established comprehensive policies to address MST, which include optional screening for MST along with the already existing PTSD screening (as done in the American military);
* Include MST in the already existing PTSD screening for pre-release and post-deployments;
* Offer the screening service to all CAF Reservists, Cadets and Regular Force personnel with or without deployment experience; and
* Provide CAF Reservists, Cadets and Regular Force personnel with information about MST services and programs.

### RECOMMENDATION 10: Use the combat PTSD evidentiary model for MST claims

* Alter the regulation to put MST survivors on equal footing with veterans who suffer from PTSD for reasons such as combat or fear of terrorist activity;
* Accept new evidence to be reviewed when a claim is re-evaluated; and
* Allow previously denied MST related PTSD disability claims to be re-evaluated based on this new regulation.

#### Apply the same benefit of doubt criteria to MST claims as to Combat PTSD

In making a decision to grant a disability claim linked to MST, VAC adjudicators should base their decision using the criteria found in the [Injured Military Members Compensation Act (S.C. 2003, c. 14)](http://laws-lois.justice.gc.ca/eng/acts/i-9.8/page-1.html)

“(a) draw from the circumstances of the case, and the evidence presented to the Minister, every reasonable inference in favour of the applicant;

(b) accept any uncontradicted evidence presented to the Minister by the applicant that the Minister considers to be credible in the circumstances; and

(c) resolve in favour of the applicant any doubt, in the weighing of evidence, as to whether the applicant has established a case.”

### RECOMMENDATION 11: Reforming VAC regulations on disability claims based on PTSD related to in-service assault

To determine if an injury or disease linked with a MST is connected to service, VAC adjudicators should base their decision using the casual links criteria found in the [Disability Benefits in Respect of Peacetime Military Service - The Compensation Principle](http://www.veterans.gc.ca/eng/about-us/policy/document/1578). The constant harassment and the hostile working environment towards MST victims, even when proven, is not considered a service-related incident either. It is recommended that the regulation be revised to offer the same latitude for MST injuries and that it is offered to other types of injures.

* “the special hazards, circumstances, requirements and demands of military service, including the general military environment and culture;
* a military environment may include a military base, training camp/facility, ship/submarine, airplane;
* time and place can help to define a service connection, i.e. an injury sustained by a member while travelling from his/her home to work, would be considered service-connected if it occurred after he/she entered military property;
* not every death, disease, injury or event which occurs on military property, or during service, is service-related; and
* it is important to distinguish between mandatory events which are service-related and recreational events which are not. For example, a CAF member injured during physical fitness training outside of working hours and not on military grounds can be considered service-related by VAC adjudicators[[27]](#footnote-27), while a military sexual assault perpetrated by military personnel on military grounds outside of working hours is not considered service related. Moreover, a mess dinner is generally a mandatory event (unless a member is excused by the Commanding Officer, Base/Wing Commander, or the Regimental Sergeant Major or Base/Wing Chief Warrant Officer), an unofficial dance at the mess, on the other hand, is a recreational event, with a member free to choose whether to attend.”

### RECOMMENDATION 12: Allow other evidence that can support a disability claim for PTSD as a result of MST, as done in the United States

Create a VAC process similar as the one in the American military to help reduce the burden of proof to obtain long term services and benefits for Military Sexual Trauma i.e. believe in good faith the victim if his/her career indicates a sudden change of function, attitudes, sickness etc. the evidentiary requirements adopted by the United States VA also include for “markers” (i.e., signs, events, or circumstances) that provides some indication that the traumatic event happened.

Evidence that can support a disability claim for PTSD as a result of MST in the United States includes the following:

* Non-military medical opinions;
* Records from law enforcement authorities, rape crisis centers, mental health counseling centers, hospitals, or physicians;
* Pregnancy tests or tests for sexually transmitted diseases;
* Statements from family members, roommates, fellow Service members, clergy members, or counselors;
* Requests for transfer to another military duty assignment;
* Deterioration in work performance;
* Sudden substance abuse;
* Episodes of depression, panic attacks, or anxiety without an identifiable cause;
* Unexplained economic or social behavioral changes;
* Relationship issues, such as divorce; and
* Sexual dysfunction.

### RECOMMENDATION 13: Involve survivors of Military Sexual Trauma when drafting or review policies.

Invite MST survivors to participate in the drafting or the review of policies regarding:

* Claims;
* Treatment;
* Health care;
* Climate Surveys;
* Transition;
* Support; and
* Care providers.

1. [Caring for Canada’s ill and injured military personnel report of the Standing Committee on National Defence, June 2014 41st parliament, second session](https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjR_IrI64fNAhXEyoMKHV7BCMkQFggwMAI&url=http%3A%2F%2Fwww.parl.gc.ca%2Fcontent%2Fhoc%2FCommittee%2F412%2FNDDN%2FReports%2FRP6475808%2Fnddnrp04%2Fnddnrp04-e.pdf&usg=AFQjCNHlDDIo5b8by7uiCn35lXvc2eYJ3Q&sig2=qHNzGpt9HjsUAj5UWynAcw) [↑](#footnote-ref-1)
2. *Ibid* [↑](#footnote-ref-2)
3. Title 38 U.S. Code 1720D [↑](#footnote-ref-3)
4. *Manser, Lynda. (2015).* [*The Needs of Medically Releasing Canadian Armed Forces Personnel and Their Families – A Literature Review. Ottawa, ON: Military Family Services*](https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwi5u_iv9YfNAhUoxYMKHceNBxUQFggcMAA&url=https%3A%2F%2Fwww.cfmws.com%2Fen%2FAboutUs%2FMFS%2FFamilyResearch%2FDocuments%2FThe%2520Needs%2520of%2520Medically%2520Releasing%2520Canadian%2520Armed%2520Forces%2520Personnel%2520and%2520Their%2520Families%2520-%2520A%2520Literature%2520Review.pdf&usg=AFQjCNE_8V-2wT9MfilQ0hL6FdIur1IgHg&sig2=ZqWf93tNjvzQR2jHL-dTAw)*.* [↑](#footnote-ref-4)
5. *IbId* [↑](#footnote-ref-5)
6. *Journal of Military, Veteran and Family Health (JMVFH)* [*Learning from the Deschamps Report: why military and Veteran researchers ought to pay attention to gender*](http://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh.3394)*)* [↑](#footnote-ref-6)
7. *Ibid* [↑](#footnote-ref-7)
8. [Caring for Canada’s ill and injured military personnel report of the Standing Committee on National Defence, June 2014 41st parliament, second session](https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjR_IrI64fNAhXEyoMKHV7BCMkQFggwMAI&url=http%3A%2F%2Fwww.parl.gc.ca%2Fcontent%2Fhoc%2FCommittee%2F412%2FNDDN%2FReports%2FRP6475808%2Fnddnrp04%2Fnddnrp04-e.pdf&usg=AFQjCNHlDDIo5b8by7uiCn35lXvc2eYJ3Q&sig2=qHNzGpt9HjsUAj5UWynAcw) [↑](#footnote-ref-8)
9. *Ibidem* [↑](#footnote-ref-9)
10. Kang et al, 2005: 193; see also Wolfe et al, 1998 [↑](#footnote-ref-10)
11. *Ibid* [↑](#footnote-ref-11)
12. Pearson, Zamorski , & Janz, 2014 [↑](#footnote-ref-12)
13. J Gen Intern Med. 2013 July; 28, Suppl 2): 536–541 [↑](#footnote-ref-13)
14. *Journal of Military, Veteran and Family Health (JMVFH)* [*Learning from the Deschamps Report: why military and Veteran researchers ought to pay attention to gender*](http://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh.3394)*)* [↑](#footnote-ref-14)
15. 2009 Relation between traumatic events and suicide attempts in Canadian military personnel Belik, S-L., Stein M. B., Asmundson G. J. G., and Sareen J. Canadian Journal of Psychiatry) [↑](#footnote-ref-15)
16. [Message from the Ombudsman (May 28, 2015)](http://www.ombudsman.forces.gc.ca/en/ombudsman-news-events-messages/clarify-mandate-sexual-assault-harassment.page) [↑](#footnote-ref-16)
17. *Journal of Military, Veteran and Family Health (JMVFH)* [*Learning from the Deschamps Report: why military and Veteran researchers ought to pay attention to gender*](http://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh.3394)*)* [↑](#footnote-ref-17)
18. (November 18, 2002*) Operational Stress Injury Social Support (OSISS) Program- Policy Statements*, Director Casualty Support Management, National Defence Headquarters [↑](#footnote-ref-18)
19. *Manser, Lynda. (2015).* [*The Needs of Medically Releasing Canadian Armed Forces Personnel and Their Families – A Literature Review. Ottawa, ON: Military Family Services*](https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwi5u_iv9YfNAhUoxYMKHceNBxUQFggcMAA&url=https%3A%2F%2Fwww.cfmws.com%2Fen%2FAboutUs%2FMFS%2FFamilyResearch%2FDocuments%2FThe%2520Needs%2520of%2520Medically%2520Releasing%2520Canadian%2520Armed%2520Forces%2520Personnel%2520and%2520Their%2520Families%2520-%2520A%2520Literature%2520Review.pdf&usg=AFQjCNE_8V-2wT9MfilQ0hL6FdIur1IgHg&sig2=ZqWf93tNjvzQR2jHL-dTAw)*.* [↑](#footnote-ref-19)
20. [Caring for Canada’s ill and injured military personnel report of the Standing Committee on National Defence, June 2014 41st parliament, second session](https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&ved=0ahUKEwjR_IrI64fNAhXEyoMKHV7BCMkQFggwMAI&url=http%3A%2F%2Fwww.parl.gc.ca%2Fcontent%2Fhoc%2FCommittee%2F412%2FNDDN%2FReports%2FRP6475808%2Fnddnrp04%2Fnddnrp04-e.pdf&usg=AFQjCNHlDDIo5b8by7uiCn35lXvc2eYJ3Q&sig2=qHNzGpt9HjsUAj5UWynAcw) [↑](#footnote-ref-20)
21. *Ibid* [↑](#footnote-ref-21)
22. *Ibid* [↑](#footnote-ref-22)
23. External Review into Sexual Misconduct and Sexual Harassment in the CAF Deschamps, 2015,p.29 [↑](#footnote-ref-23)
24. Journal of Military, Veteran and Family Health (JMVFH) [Learning from the Deschamps Report: why military and Veteran researchers ought to pay attention to gender](http://jmvfh.utpjournals.press/doi/full/10.3138/jmvfh.3394)) [↑](#footnote-ref-24)
25. Veterans Affairs Canada-[Completed Access to Information Requests for September 2013](http://www.veterans.gc.ca/eng/about-us/organization/access-to-information-privacy/completed-access/sept-2013) [↑](#footnote-ref-25)
26. [CANADA’S INVISIBLE WAR:, Violence against Women in the Canadian Armed Forces](https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=8&ved=0ahUKEwiTlLfD5YfNAhUI2oMKHbOPC4AQFghIMAc&url=http%3A%2F%2Fvowpeace.org%2Fwp-content%2Fuploads%2F2013%2F03%2FCanadas-Invisible-War-Fact-Sheet.pdf&usg=AFQjCNH3pPMK4eY3sS9INaOGEsaHE15oMw&sig2=1fgSp1CpU9j0BimYKZdSUA) [↑](#footnote-ref-26)
27. DAOD 5023-2, Physical Fitness Program [↑](#footnote-ref-27)