

# INSIGHTS ON TRANSITION AND ADJUSTMENT

for Women Veterans of the  
Canadian Armed Forces



**ATLAS  
INSTITUTE**  
FOR VETERANS AND FAMILIES



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## SUGGESTED CITATION

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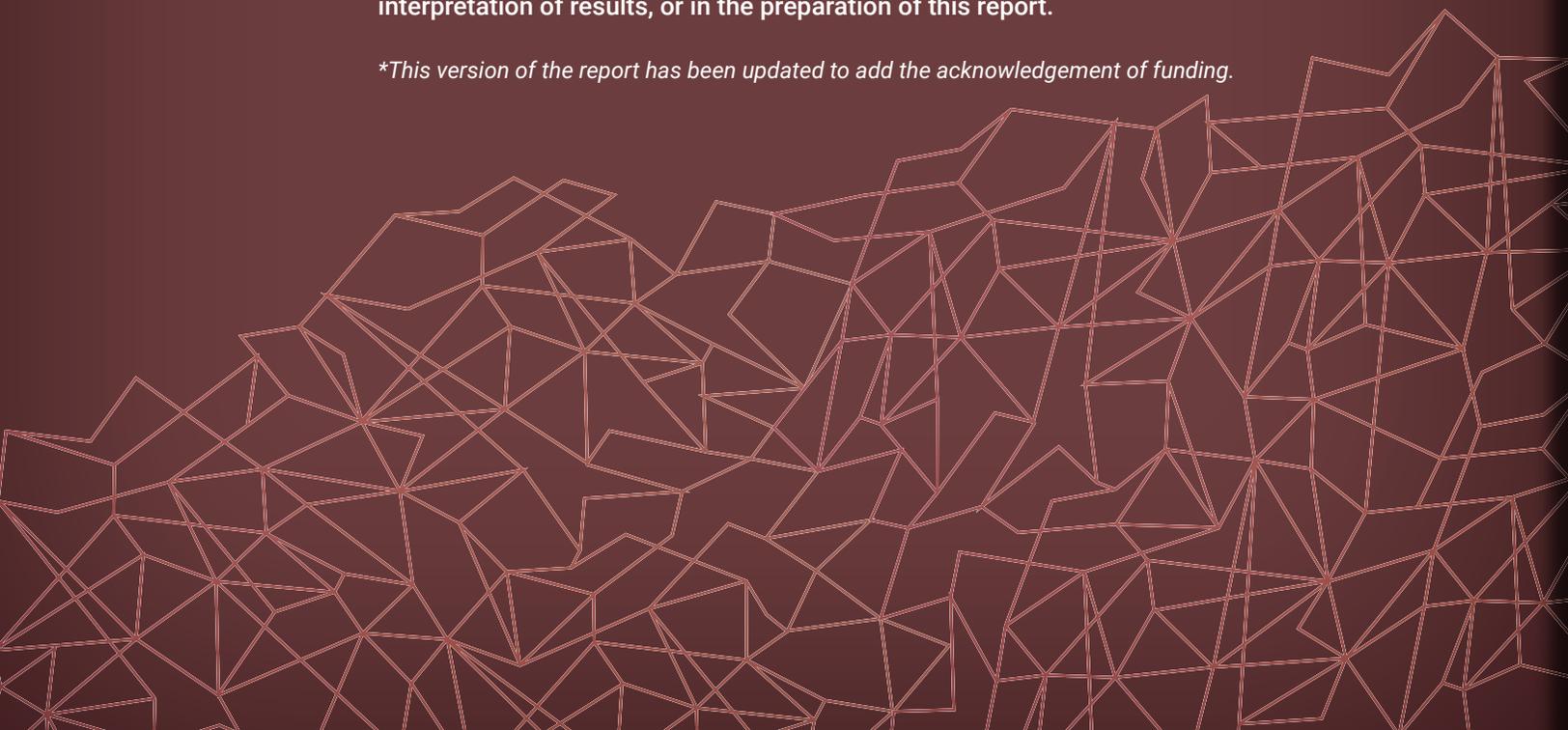
Atlas Institute for Veterans and Families. Insights on transition and adjustment for women Veterans of the Canadian Armed Forces. Ottawa, ON: 2026. Available from: [atlasveterans.ca/womens-transition-report](https://atlasveterans.ca/womens-transition-report)

## ACKNOWLEDGEMENT OF FUNDING

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This research was supported by funding from the Canadian Legacy Project. The funders had no role or influence in study design, data collection and analysis, interpretation of results, or in the preparation of this report.

*\*This version of the report has been updated to add the acknowledgement of funding.*



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# FOREWORD

Military transition is often described as lonely and complex, with each Veteran facing unique circumstances. However, when we share our stories, we discover common threads that connect us, bring us closer and help us see that we are not alone. We are also able to amplify our voices and educate others on what it means to have served in the military and how that stays with us even after we leave. This has been a critical piece of this research and one of the reasons why I am excited to be a co-Principal Investigator of this study.

Historically, women Veterans have been under-represented in research. However, from the inception of this research, lived expertise (LE) has been at the heart of this process. It has been essential in shaping meaningful and culturally competent inquiry, while bringing authenticity, nuance and depth to research and ensuring that the voices of women Veterans are guiding the process. This brings a depth to research that allows the results to be more than just data: they reflect the lives of women Veterans.

When LE voices are being amplified throughout the entire research process, it helps build trust within the community and provides more opportunity for those who are under-represented. There are many reasons why individuals may choose not to participate in research, but one common challenge that is often expressed by women Veterans is building trust. Throughout someone's time in the military, you participate in many studies or questionnaires but rarely see the results or outcomes. This can make it hard to trust that the people completing this work have an understanding of women Veterans, have good intentions for wanting to complete their research and have confidence in whether the findings from their work will reach those who will most benefit from it. By weaving LE into research, we can help study participants to see themselves in the research and to know that their voices matter.

Transition from the military is an area of study that is vitally important to help understand Veterans' well-being after service. While the community has shared their experiences and there is a lot of anecdotal evidence, it is essential to generate empirical evidence through research so we can transform personal experiences into credible evidence that informs policy, program design and decision-making. My first reaction to many of the results presented in the report was not one of surprise. It is so much of what I have heard from friends, colleagues and from other women Veterans that it didn't feel like new information, but it was a confirmation of these things I had been hearing. I encourage those reading the report to read with curiosity and an open mind, which will allow an opportunity to carry the conversation past this report.

Finally, in recognizing the significance and weight of sharing our thoughts, opinions, experiences and interpretations, we are honoured to do so while also being mindful that what we say may not reflect the experiences of all Canadian women Veterans.

We are hopeful that this research can be used to better support women Veterans and provide an opportunity for those with different experiences to come forward and share their voices.

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## EXECUTIVE SUMMARY

In 2024, the Canadian Legacy Project engaged the Atlas Institute for Veterans and Families to conduct a research project aimed at gaining deeper insights into the transition experiences of women Veterans in Canada. The organizations recognized a necessity for research that would guide the development of improved support programs for women Veterans.

This report provides results from this pan-Canadian survey on the transition experiences and adjustment to post-military life for a group of women Veterans of the Canadian Armed Forces (CAF). To facilitate an understanding of transition, transition experiences and the current health of women Veterans in Canada, this report begins with an overview of recent literature. Overall, research with Veterans in Canada is sparse and research with women Veterans is even more limited. Yet, there is much that can be gleaned from the work that has been done and importantly, these efforts informed the design of the present study. The review of literature begins with information about women Veterans' mental health, discusses the available literature on transition and adjustment, and ends with a summary of programs and services available to Veterans in Canada. Evidence shows increasing rates of mental health conditions and reported difficult adjustment to post-military life. Furthermore, while programs are available and accessed by many, women have been vocal in their desire for tailored and sex- and gender-informed service and program provision. This study was designed to respond to the limited research on women Veterans' transition experiences and support, building evidence to inform the development of relevant programs and services.

To gather evidence to understand the health and well-being of women Veterans, identify transition challenges and assess program/service use and access, an online, single time-point, self-report survey was launched in October 2024. The survey was open to women (female at birth or identifying as a woman) who had served in and were honourably discharged from the CAF and were living in Canada. The results presented in this report are based on responses from 170 women Veterans who, on average, were 54 years old and had served for 20 years.

The results show that more than 60% of respondents reported a difficult adjustment to post-military life and many had been diagnosed with a mental health condition,

with posttraumatic stress disorder (PTSD) and anxiety being the most diagnosed conditions. In addition, one in three reported experiencing sexual harassment at least once during their service and many women experienced some form of discrimination at least monthly during their military careers. Furthermore, more than half of the sample identified dealing with a mental health condition as being moderately or extremely stressful. Finally, the vast majority had accessed services from Veterans Affairs Canada (VAC), while just over 50% had accessed services or programs from not-for-profit organizations, and more than 60% identified mental health support as the service or program to which they would like better access. When asked about characteristics that could improve programming for women Veterans, participants identified the importance of trauma-informed, psychologically safe and women-specific approaches. They also highlighted the value of programs incorporating peer mentorship, online and women-only options.

### ***Results highlight mental health as a critical factor related to challenges during transition and adjustment for women Veterans in Canada.***

The higher number who reported diagnosed mental health conditions points to a high burden for women. This aligns with broader trends showing increasing rates of mental health concerns among Canadian Veterans, particularly among women Veterans. Experiences of discrimination and sexual harassment were also prevalent and associated with more difficult transitions. Furthermore, while the results indicate many women engaged with the programs or services offered by VAC and by not-for-profit organizations, current support may be insufficient in meeting the unique needs of women Veterans based on their experiences. Despite program use, participants reported difficulty adjusting to post-service life, a high proportion of mental health condition(s) and poor self-rated mental health. The report concludes with a discussion of the results, with a focus on mental health, transition and adjustment, and programs and program needs.

The following are the key takeaways from this report, based on the results presented in the report and in line with the current literature on women Veterans' health and well-being:

#### KEY TAKEAWAYS

- Mental health is a critical component of women's lives both during and after transition.
  - Addressing mental health and creating programs that support women Veterans' mental health should be a priority.
- Women want — and need — better and increased access to programs, particularly those focused on health (both physical and mental).
  - Organizations that deliver programs and services to women Veterans should consider how they can better reach women, including offering virtual options.
- Programs need to be trauma-informed and psychologically safe. Many women Veterans have had difficult and traumatic experiences in service. This needs to be acknowledged, considered and supported in program design and delivery, as well as incorporated into evaluation frameworks.
- The knowledge base would benefit from longitudinal work in order to examine the complexities and interaction of factors in transition and post-military life for women Veterans. In addition, evaluation of current and new programs and/or services would help identify critical features of effective programs.

# INTRODUCTION



## MENTAL HEALTH

### KEY TAKEAWAY

- Mental health concerns among Canadian Veterans are increasing, with women Veterans facing particularly high rates of mental and physical health problems compared to women who have not served and to men Veterans.

Concerns about the mental health and well-being of Veterans have been growing in recent years, with research indicating rising mental health challenges for some Veterans in Canada. Trends from the only nationally representative survey of Regular Force Veterans show an increase in those who report fair or poor self-rated mental health, up from 15.3% in 2010 to 28.2% in 2019<sup>1</sup>. The factors that contribute to this increase remain unclear, but are undoubtedly complex. Available evidence clearly shows a disproportionate burden of mental and

physical health conditions for Veterans, with many reporting higher rates of diagnosed mental health disorders, including anxiety, depression, PTSD<sup>2</sup> and chronic pain<sup>3</sup> compared to the general population<sup>1</sup>. These disparities are even more pronounced among women Veterans of the CAF, who report higher prevalence rates of specific mental and physical health conditions when compared to men Veterans and to women in the general population<sup>4</sup>. Specifically, women Veterans are more likely than men Veterans, active CAF women and women in the general population to have a mood disorder or anxiety and are more likely than women in the general population to have PTSD<sup>5,6</sup>. ***Women Veterans' mental health is a critical aspect of their post-service well-being. Understanding their mental health trajectories as it relates to transition and adjustment is crucial.***

Recent evidence also demonstrates a connection between the transition phase and long-term mental health. This relation is often examined through the lens of adjustment to post-service life, with studies emphasizing how one's perception of adjustment is linked to mental health. For the purpose of this report and based on the literature, *adjustment* refers to both a specific indicator of how one perceives one's transition and in relation to indicators of well-being, such as employment, financial stability, relationship status and mental health. Generally, research has demonstrated an association with poor self-rated mental health linked to a higher likelihood of reporting a difficult adjustment<sup>7</sup>. In the first study to assess the long-term impact of a difficult adjustment, MacEachern et al. reported that, for Regular Force Veterans, a difficult adjustment was associated with two and a half times the likelihood of reporting fair or poor mental health six years later<sup>8</sup>. Such results underscore the need for evidence about the transition phase and to better understand factors associated with adjustment difficulty for those entering post-service life, as well as for those who have completed their transition from the CAF.

## TRANSITIONING FROM THE MILITARY

### KEY TAKEAWAYS

- The number of Veterans reporting a difficult adjustment to post-service life is increasing, with personal and professional factors — such as education, income, type of release and exposures — playing a role.
- Women Veterans are particularly at risk for a difficult adjustment due to a higher likelihood of experiencing medical releases, increased rates of mental and physical injury, and greater exposure to military sexual trauma, discrimination and harassment.

**ADJUSTMENT** refers to both a specific indicator of how one perceives one's transition and in relation to indicators of well-being, such as employment, financial stability, relationship status and mental health.

Each year, approximately 9,000 members of the CAF leave military service and enter post-service life<sup>9</sup>. While many do not have difficulty with adjustment, there are many who do experience challenges and recent research suggests that that number may be on the rise. In 2016, 32% of Canadian Regular Force Veterans reported a difficult transition to post-service life. This number rose to 39% in 2019<sup>3,10</sup>. Research into the factors associated with transition to post-service life and subsequent adjustment is limited, but it does provide some insight. For instance, consistent with general population health frameworks, there is an association between sociodemographic factors and adjustment indicators. Higher education<sup>11</sup>, higher income<sup>12</sup> and being married/partnered<sup>13</sup> have all been shown to be associated with good physical and mental health. This does appear to be true for Regular Force Veterans during and after the transition phase<sup>10,14</sup>, which is generally understood to be two years after release. In addition, professional military characteristics, such as rank, element and force, play a role in well-being in post-military life. More specifically, holding a higher rank at the time of release is associated with full-time employment, positive mental health and social

integration when compared to those who leave the military at a lower rank<sup>15-17</sup>. Similarly, serving in the Army has been shown to be associated with more negative outcomes as a Veteran, such as poorer self-rated mental health and greater perceived difficulty with transition when compared to those who served in other elements<sup>14</sup>.

Women Veterans are more likely than men Veterans to experience transition challenges<sup>17</sup>, including difficulties with employment and financial stability<sup>18,19</sup>. Women Veterans are less likely than men Veterans to be working full-time<sup>20</sup> and are more likely to take on primary caregiver roles in the home<sup>18</sup>. This may place women in more financially precarious or dependent situations. Research has shown that women Veterans of the CAF face income disparities post-release, earning less than men Veterans and often receiving smaller pensions<sup>21,22</sup>. Women are also more likely to medically release from the military<sup>4</sup>, which inherently suggests specific adjustment challenges, including higher levels of mental and physical illness or injury<sup>23</sup>. According to findings outlined in Poole's 2021 review<sup>4</sup>, the issues that many women Veterans face in the transition phase originate in aspects of military experience that are related to gender yet are rarely acknowledged as "Veteran issues"<sup>24,25</sup>. This can leave women Veterans with few resources to support their specific needs.

Prominent among the service-related challenges that disproportionately affect women are military sexual trauma and harassment. According to Mota et al., almost half of military women in Canada (44.6%, both serving and formerly serving) have experienced military sexual trauma<sup>26</sup>. For the purposes of this study, military sexual trauma is defined as "a trauma caused by experiencing or witnessing any unwanted sexual or sexualized activities in a military context<sup>27</sup>." International evidence shows that military sexual trauma can have serious impacts on women's mental and physical health<sup>4,28</sup>. Military sexual trauma is associated with such conditions as anxiety, depression,

PTSD and chronic pain<sup>29-31</sup>. As highlighted by evidence from a study by the Standing Committee on Veterans Affairs on the experiences of Canadian women Veterans, military sexual trauma has important implications for transition and for adverse long-term outcomes due to the impacts on mental health. Pritchard reported in a 2024 study that Veterans who experienced military sexual trauma were almost twice as likely to be unemployed or out of the workforce due to disability compared to other Veterans<sup>32</sup>. Women who have experienced military sexual trauma have also reported feeling less prepared for post-military life. Military sexual trauma experiences are linked to lower transition readiness, alongside factors such as shorter time in service. These findings further underscore the lasting impacts of military sexual trauma on Veterans' lives.

## SERVICE AND PROGRAM USE

### KEY TAKEAWAY

- A range of services is available to Veterans across Canada and evidence suggests they are generally effective. However, recent reports and advocacy from women Veterans indicate that targeted and accessible support is needed to adequately address their unique needs.

In Canada, a range of support services are available to transitioning members through three main channels: the CAF Transition Group (CAF TG), VAC and not-for-profit organizations. The CAF TG is the first line of support for members while they are still serving. This is a relatively new mechanism that offers various programs and workshops specifically designed to support the transition to post-service life. Once they officially leave service, VAC provides support to eligible Veterans primarily through benefits. Among other things, these benefits include pensions, disability benefits, vocational rehabilitation,

education benefits and income replacement. According to VAC<sup>33</sup>, more than 100,000 Veterans were clients in 2022, with slightly more than 18,000 identifying as women. Of these 100,000 VAC clients, 80,000 accessed disability pensions, treatment benefits and/or the Veterans Independence Program (VIP). Furthermore, more than 25,000 accessed the Additional Pain and Suffering Compensation and the Income Replacement Benefit, while 2,600 used the Education and Training Benefit.

Assessments of individual programs conducted by VAC suggest that several are effective. For example, in 2022 VAC found that participants who used the Education and Training Benefit were generally satisfied with the program. These participants also reported a positive adjustment and rated their mental health as good/excellent, compared to those who used the Career Transition Services<sup>34</sup>. Yet, evidence from the Standing Committee on Veterans Affairs 2024 study on women Veterans indicates that many existing services are perceived as underdeveloped, particularly by those with lived experience of military sexual trauma<sup>35</sup>. There have been calls across media platforms<sup>37</sup>, in government reports<sup>37</sup> and in qualitative work<sup>38</sup> for more tailored programs that consider and address the specific needs of women Veterans.

A variety of Veteran-focused programs and services are also offered by not-for-profit organizations in Canada, providing well-being supports, skills training, housing and employment assistance, peer connections and assistance navigating government services. Organizations that provide services to Veterans include the Canadian Legacy Project, La Fondation québécoise des vétérans, the Pepper Pod, Soldier On, and the Veterans Transition Network, among several others. Some programs do provide an indication of effectiveness through official evaluation or through anecdotes and testimonials. For example, the Veterans Transition Network performs regular evaluations of its programs and, most recently, reported positive outcomes, including reduced symptomology and improved well-being for

the 158 participants in programs across the 2024–2025 fiscal year<sup>39</sup>. Anecdotal evidence from conversations with women Veterans and through testimonials on organization websites show positive experiences for many who have participated in programs or accessed services from these not-for-profit organizations.

Although this report focuses on program access and use and does not provide indications of program effectiveness or evaluation, it is important to note the importance of having this type of information available to Veterans. Without evaluation,

what is known and what can be learned about effective programming — including understanding what leads to positive outcomes for service users and program participants — is quite limited. Such information can provide important evidence to those who are funding, developing or scaling programs and helps to identify critical features. This may be particularly important for women Veterans, as these evaluations can help determine whether programs are trauma-informed and responsive to sex- and gender-specific needs.

## REPORT OBJECTIVES

This report adds to the current knowledge base by providing evidence on the transition experiences, adjustment and mental health of a sample of women Veterans in Canada. Specifically, this report presents evidence to meet the following objectives:

- Provide a descriptive analysis of transition experiences of a sample of women Veterans in Canada, including preparedness, stressors and adjustment to post-service life;
- Provide a descriptive analysis of service and program use, identify gaps in access and identify what programs and program features are desired by the present sample of women Veterans; and
- Identify sociodemographic variables, military characteristics and health variables associated with adjustment.

# METHODOLOGY

## COMMUNITY ENGAGEMENT AND LIVED EXPERTISE

Women Veterans in Canada have been historically under-represented in research on Veteran health. This has contributed to knowledge gaps and has limited the development of equitable policies and programs designed specifically for women after they leave service<sup>40</sup>. Addressing this gap requires research that not only centres women Veterans, but also meaningfully includes them in the research process. This project incorporated the principles of community engagement and brought together lived and learned expertise in the design and implementation of this project. Primarily, a co-Principal Investigator on this project is a CAF Veteran and brought her lived expertise to inform survey design and to the interpretation and understanding of key results. This project also involved the Athena Project Working Group. The Athena Project is a community-engaged research initiative at the Atlas Institute that brings together women Veterans with lived experience and members of the Applied Research team at the Atlas Institute. They work together on research projects that address the needs of women Veterans. Members of the Athena Project Working Group advised on the survey content, supported the interpretation of key findings and shared reflections that helped shape the creation of the foreword presented in this report.

## SURVEY DESIGN

Data were collected using an online self-report survey with a community-based sample of women Veterans from the CAF. Participants self-selected to participate in the study. Eligible participants who completed the survey and who agreed to receive compensation were sent a CAN\$50 Amazon.ca gift card as compensation for their time. The survey took approximately 45 minutes to complete. Data were collected from October 24, 2024 until May 31, 2025 using the Qualtrics online survey platform. The research project was reviewed and received ethical clearance from the Royal Ottawa Health Care Group Research Ethics Board (REB# 0184). Because the survey was accessible online through an open access link, steps were taken and measures put into place to ensure that the data and results were valid and reliable.

## PARTICIPANTS

Participants comprised 170 women Veterans of the CAF residing in Canada. To participate, participants were required to reside in Canada, able to complete the survey in English or French, and female at birth and/or identifying as a woman.

## MEASURES

To gain insight into women Veterans' transition experiences and their health and well-being post-service, this report includes the following: sociodemographic characteristics, military characteristics, transition preparedness and stressors, adjustment to post-service life, mental and physical health (self-rated and diagnosed), harassment, discrimination, and program and service use. Measures were drawn from previously published, validated scales or questionnaires, including from surveys administered by Statistics Canada, VAC or the CAF.

In addition, open-ended, text-based questions were included in the survey and asked women Veterans how they define and experience the transition to post-service life, whether they feel they have fully transitioned, what factors they view as most important to that process and what programs or services they believe would best support them. Quotes from participants are included in this report to emphasize results and provide a first-voice or lived experience perspective to the numerical data.

## DATA ANALYTIC PLAN

Analyses for this report were limited to frequencies and disaggregation by adjustment, based on the objectives of the study and nature of the data. For disaggregated results, differences in proportions were assessed within columns for each variable using a chi-square test of independence and Fischer exact test (where appropriate) with a *p*-value of less than .05.

# RESULTS

## KEY TAKEAWAY

- Participants primarily served in the Regular Force and in the Army and held non-commissioned ranks at release. Most reported good or excellent physical health but fair or poor mental health, the majority reported one or more diagnosed mental health conditions including PTSD, anxiety and chronic pain.

## DESCRIPTIVE STATISTICS

### Sociodemographic characteristics

Participants in the study were primarily white (88.2%), cisgender (i.e. female at birth and identifying as a woman – 98.8%), heterosexual (85.3%) and between the ages of 25 and 82 years ( $M_{age} = 54.1$ ). The majority of the sample was married or living with a partner (65.9%), college-/university-educated (72.4%), working outside of the home or

attending school (37.0%) and had a household income of \$90,000 or more (45.9%). The vast majority (84.4%) also owned their homes and were located mainly in the central and western provinces. See [Table 1 in Appendix A](#) for detailed sociodemographic information of the sample.

### Military characteristics

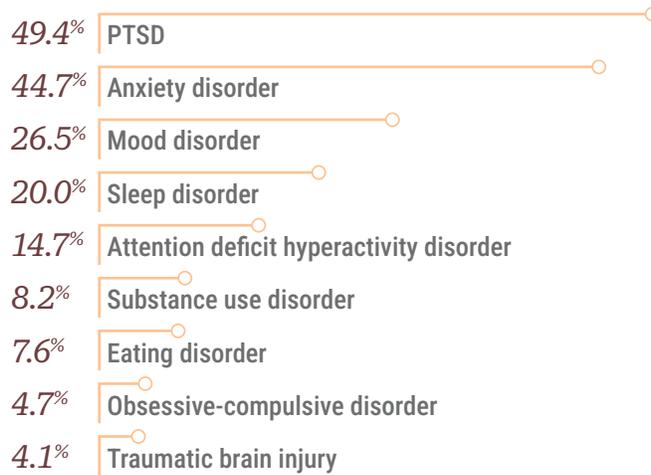
There was a wide range in the length of military careers (one year to 43 years), with more than half of the sample (62.9%) reporting 20 or more years of service. Almost 84% served in the Regular Force, either exclusively (49.4%) or with time in the Reserve Force as well (34.1%). More than half of the women reported serving in the Army (55.0%), followed by the Air Force (28.4%) and the Navy (16.6%). The majority of the women held non-commissioned member (NCM) ranks (62.2%), compared to officer ranks (37.9%) at the time of their release. Distribution was similar between junior or senior ranks. More than half (59.4%) reported deploying internationally during their career. Almost half (48.8%) were medically released and, for these participants, both physical and mental health conditions were cited as the reason (51.8%). See [Table 2 in Appendix A](#).

### Mental health

Overall, physical health was reported as good, very good or excellent by almost half the sample (49.1%). However, when reporting on mental health, only 39.1% indicated their mental health was good, very good or excellent. Many of the participants reported living with diagnosed health conditions, including PTSD, anxiety and chronic pain. Participants were asked if a doctor had ever diagnosed them with a mental health condition and were provided with a list of conditions. Nearly half of the sample had been diagnosed with PTSD (49.4%), just under half had been diagnosed with an anxiety disorder (44.7%), one-quarter had been diagnosed with a mood disorder (26.5%), and 20% had been diagnosed with a sleep disorder. More than half (60%) indicated that their current overall health was worse now when compared to their health during service. Figure 1 shows the proportion of diagnosed mental health conditions reported by participants.

**FIGURE 1**

PERCENTAGE OF  
DIAGNOSED MENTAL  
HEALTH DISORDERS



## WORKPLACE DISCRIMINATION AND SEXUAL HARASSMENT

Many women reported experiencing discrimination and/or harassment from the people they worked with during service. Discrimination was assessed using the Workplace Discrimination Scale<sup>41</sup>, which asks about the frequency of experiencing specific types of discrimination in the workplace. Responses to items from the scale are presented in Figure 2 and show that many women reported that, at least a few times a month during their career, they felt that they had to work twice as hard as others (71.2%), were ignored or not taken seriously by their boss (56.2%) and/or were not asked for their opinion (46.6%).

**FIGURE 2**

FREQUENCY OF  
WORKPLACE  
DISCRIMINATION  
ITEMS OCCURRING  
AT LEAST MONTHLY



With regard to sexual harassment and/or trauma, the Sexual Harassment subscale of the Deployment Risk and Resilience Inventory-2 (DRRI-K-2)<sup>42</sup> was adapted to ask about frequency of different experiences of sexual harassment and/or trauma, consistent with the definition of military sexual trauma. Response categories were collapsed into *never* and *at least once*. As can be seen in Figure 3, nearly one in three participants reported having been exposed to some form of sexual harassment or trauma at least once during their military service. The vast majority of the sample experienced sexual comments or remarks (87.6%) and/or unwanted touching (72.2%), while nearly a third (31.7%) reported experiencing forced sexual activity at least once during their time in the military.

**FIGURE 3**

FREQUENCY FOR ITEMS ASSOCIATED WITH SEXUAL HARASSMENT AND SEXUAL TRAUMA



## TRANSITION AND ADJUSTMENT

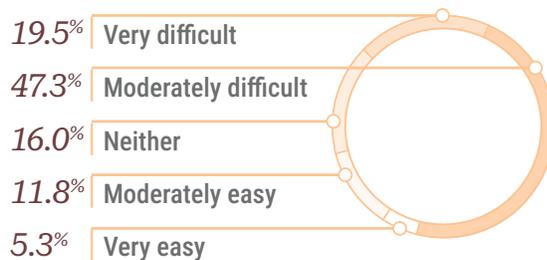
### KEY TAKEAWAY

- Women Veterans find the transition to post-service life stressful in a variety of areas such as being understood by civilians, managing daily life with a mental health condition and access to care for physical and mental health concerns.

The adjustment to post-military life was reported as difficult for the majority of participants. As can be seen in Figure 4, almost half (47.3%) of the sample reported a moderately difficult adjustment and almost 20% reported a very difficult adjustment.

**FIGURE 4**

PERCEIVED ADJUSTMENT DIFFICULTY



“ During my experience, it felt like I was discarded and a burden while trying to clear out of the service and utilize transition services. ”

Study participant #1163

Many participants reported experiencing stress in navigating a variety of areas of their life during the transition. The most stressful aspects (i.e. participants responded very stressful or extremely stressful) related to being understood by civilians (60.9%), daily living with a mental health condition (67.1%) and getting care for a physical (51.0%) or mental health condition (52.4%). See Figure 5 for percentages associated with each transition stressor.

**FIGURE 5**

**SOURCES OF  
EXTREME STRESS  
DURING TRANSITION**



## PROGRAMS AND SERVICES

### KEY TAKEAWAY

- Women Veterans used post-service programs and services related to benefits, pensions, education and career transition and identified a need for more accessible, trauma-informed, women-centric and virtual options, primarily to address their physical and mental health concerns.

### Program and service use

Most of the women who participated obtained services from VAC (88.8%), with disability benefits being the most frequently accessed (67.5%), followed by pension (65.3%), treatment benefits (64.9%) and VAC case management (64.7%). More than half the sample (55.9%) reported using six or more services from VAC at some point since leaving service.

CAF transition services were accessed by several participants, with Second Career Assistance Network Seminars (SCAN Seminars, now known as My Transition Seminars – 58.2%), CAF Nurse Case Managers (40.2%) and the *Guide to Benefits, Programs, and Services for Serving and Former Canadian Armed Forces Members and Their Families* (39.1%) being the most frequently reported. More than half (65.9%) of the sample were eligible to access newly integrated services from the CAF Transition Centres, with SCAN Seminars (41.2%), vocational rehabilitation programs for serving members (VRPSM – 26.6%) and CAF education and reimbursement (24.7%) being the most frequently reported. Organizational, grassroots and/or not-for-profit services were accessed by approximately 52.4% of the sample. The organizations that were most used were Soldier On (32.9%), The Pepper Pod (18.2%) and the Veterans Transition Network (14.1%). See [Appendix B](#) for a list of all organizations indicated in the survey.

## Program and service needs

Participants were provided with a list and asked to select what type of programs and services they wanted better or more access to in order to understand potential gaps in services. The most selected options were mental health counselling/therapy (61.2%), physical health programs (58.2%) and complementary health benefits (e.g. yoga; 51.8%). In addition to the types of programs and services to which they would like access, participants were also asked about the features that they would like to see in programs and services. Participants reported that they would like programs and services to be trauma-informed (65.9%) and have a virtual/online component (67.1%). They also reported they would like to see more women-only programs (68.8%).

**FIGURE 6**

TYPES OF PROGRAMS AND SERVICES WOMEN FELT WOULD IMPROVE THE TRANSITION EXPERIENCE



## ADJUSTMENT TO POST-MILITARY LIFE

### KEY TAKEAWAY

- Women Veterans' adjustment to post-service life is impacted by operational stressors during service, mental health challenges and diagnosed mental health conditions after service, and employment and financial insecurity, with those facing more challenges in these areas reporting a more difficult adjustment.

To further examine and identify factors that are associated with an easy or difficult adjustment, several variables of interest were disaggregated by adjustment. To facilitate interpretation, adjustment was organized into two categories. *Very easy*, *moderately easy* and *neither* were grouped together, with the other grouping made up of *moderately difficult* and *very difficult*. Similarly, variables with multiple response categories were collapsed or dichotomized to increase cell counts and facilitate interpretation.

First, sociodemographic characteristics, military characteristics and health variables were disaggregated by adjustment, with a few noteworthy differences among proportions in reported adjustment. Of the 56 women who reported an easy adjustment, 65% were over the age of 55.

Furthermore, of the 113 participants who reported a difficult adjustment, 76.8% also reported fair/poor self-rated mental health and 61.9% had diagnosed PTSD. A higher proportion of those who were medically released (62.8%) also reported a difficult adjustment and a higher proportion of those who voluntarily released (69.6%) reported an easy adjustment. Finally, 36.6% of those who reported a difficult adjustment were NCMs and roughly 30% who reported an easy adjustment were senior officers. See [Table 3 in Appendix A](#) for data breakdowns.

Transition stressors were also disaggregated by adjustment. This revealed a few potentially important stressors to perceived adjustment to post-military life. Response options for each item were collapsed into two categories: little or no stress, and moderate to extreme stress. Results showed that 93.8% of those who reported a difficult adjustment also reported moderate to extreme stress related to being understood by civilians. Additionally, a higher proportion reporting a difficult adjustment also indicated moderate to extreme stress associated with finding employment (84.4%) and financial security (73.0%). See [Table 4 in Appendix A](#).

Given the prevalence of discrimination and harassment and the negative impact they have on the lives and health of women Veterans, it was important to evaluate their associations with adjustment as they may represent important issues for targeted programming. As such, items from the Workplace Discrimination Scale and the DRRI-2K were disaggregated by adjustment. For analysis of the discrimination items, response options were collapsed into three items: at least monthly, at least yearly and less than once per year or never. Differences were detected for the items *unfairly given jobs no one else wants to do*, *watched more closely than others*, *had to work twice as hard as others* and *being unfairly humiliated*. Across each of these statements, a difficult adjustment was reported most by those who experienced discrimination at least monthly and an easy adjustment was reported most by those who experienced it never or less than once per year. Most notably, of those who reported a difficult adjustment, 78% reported that at least monthly, they felt that they had to work twice as hard as others. Items for the Workplace Discrimination Scale disaggregated by adjustment can be found in [Table 5 in Appendix A](#).

Items from the DRRI-2K were disaggregated by adjustment. Across the majority of the items, a higher proportion of participants who reported a difficult adjustment also reported having experienced sexual harassment at least once during their military careers. A high proportion of participants who reported a difficult adjustment also reported being touched in a sexual way against their will (81.4%), having rumours spread about them (77.7%) and being talked into performing sexual acts (77.0%) at least once during their careers. See [Table 6 in Appendix A](#).

# DISCUSSION



This report aims to provide insights into the transition experiences, adjustment and mental health of a sample of women Veterans in Canada. In line with this goal, the information presented brings together results on their experiences during and after military service. Overall, results indicate that women's health, particularly mental health, is an important part of transition and post-service adjustment, and that access to equitable and tailored services and programs are needed.

## MENTAL HEALTH AND ADJUSTMENT

### KEY TAKEAWAY

- Mental health is a central and ongoing concern for women Veterans, with diagnosed conditions such as PTSD, anxiety and chronic pain leading to challenges related to managing their impacts.

“Improving mental health and well-being through therapy and other supportive resources [were the most important part(s) of my transition process].”

Study participant #1053

female Veterans, with weighted results indicating that 35.2% reported anxiety, 25.4% reported a mood disorder and 22% reported PTSD<sup>10</sup>. By comparison, based on national data from 2020, 18.1% of women over 15 years of age in Canada have a diagnosed mood or anxiety disorder and 2.4% have been diagnosed with PTSD<sup>43</sup>. The results of this study are higher than what would be expected based on what has been reported for women Veterans and women in the general population – an important point to emphasize. While results cannot be generalized to the entire woman Veteran population, the frequencies of diagnosed mental health conditions should be noted as a cause for concern by those who seek to support women Veterans.

Almost 70% of the women who participated in this study reported a difficult adjustment to post-military life. Many women described challenges finding meaningful employment, navigating civilian work environments and achieving financial security. These findings are consistent with existing research indicating that employment and financial well-being are key determinants of successful transition and long-term health outcomes for Veterans<sup>44</sup>. They are also areas where women have reported more challenges than men<sup>18,19</sup>. As well-being frameworks place emphasis on employment and financial stability, more support may be needed to help women Veterans navigate employment and financial matters to ensure that they are able to thrive.

A difficult adjustment may also be related to the high number of participants who rated their mental health as fair/poor and those with diagnosed mental health conditions. Research has shown that Veterans with poor mental health are more likely to face difficulties during the transition<sup>45</sup>. When asked to identify specific stressors of transition, the most common stressors related to being understood by civilians, managing daily activities while living with a mental health condition and accessing the services and supports they required. Two of the three most cited stressors during transition were related to mental health and accessing care, providing further indication that mental health is at the forefront of transition experiences,

even beyond the presence or absence of mental health conditions. These stressors have also been identified by other research in this area. For example, research conducted in the United States by the Wounded Warrior Project in 2021 reported that 61% of 4,871 women respondents identified coping with mental health as their biggest transition challenge<sup>46</sup>. This suggests that management of these conditions is something that continues to be a part of their post-service life and that the difficulties of a mental health condition may be wider-reaching than the symptoms of the condition itself.

In sum, the results highlight that mental health remains a critical concern and feature of many women's experiences in their post-service lives. The combination of high rates of diagnosed mental health conditions and the added stress of living with and managing these challenges underscores the pivotal role of mental health in shaping women's post-service experiences. As such, it is vital that mental health remains central to the programming intended to support women Veterans.

“It’s difficult. If you’re transitioning to a civilian occupation the employer should understand the skills they are getting but the military individual has to understand they’re not in [the military] anymore and have to adjust. If [a member is] transitioning to retirement life and [they] want to volunteer, again, many [organizations] don’t understand a military member’s skills.”

Study participant #1100

## HARASSMENT, DISCRIMINATION AND IMPLICATIONS FOR PROGRAMMING

### KEY TAKEAWAY

- The harassment, discrimination and military sexual trauma experienced during service continue to affect women after leaving service, impacting not only their mental health but also their trust of and engagement with the post-service landscape. Supports and services must actively embed safe, holistic, trauma-informed and responsive approaches.

Many participants described experiences of military sexual trauma, harassment and/or discrimination during their military service. This finding is consistent with much of the previous literature of women Veterans' experience in service. Importantly, a substantial proportion of women who reported these experiences also indicated difficulty adjusting to post-service life. Literature has documented not just the prevalence but also the impact of harassment, discrimination and sexual trauma on women's mental health, including heightened psychological distress and increased rates of anxiety, depression and PTSD among women Veterans<sup>47,48</sup>. Given the

prevalence of these adverse experiences and the mental health challenges they contribute to, it is clear that women Veterans continue to be affected long after leaving service, raising important considerations about how these experiences shape their lives and how women are treated when seeking care and support in any area of well-being.

“ More peer support, women-with-women groups [are needed] where [...] we share/teach/learn a craft we have the opportunity to share our feelings and life experiences in a safe and guided space. ”

Study participant #1159

Harassment, discrimination and military sexual trauma can not only directly impact mental health but can also play a role in help-seeking and health care use and access, underscoring the need for trauma-informed post-service care. Women Veterans have described their experiences in accessing care and the frustrations of having to educate health care and service providers on their experiences. Women have also described being wary of attending programs or using services because they may not trust the organization and/or because they may not feel safe<sup>49</sup>. As was identified by women in this study, being trauma-informed is a desirable feature of services and programs that support women. This means recognizing that traumatic experiences associated with service may have myriad personal, psychological and social consequences that inform women's lives after service. It also means designing and adapting program and service delivery to create an environment that is trustworthy and where women feel psychologically and physically safe.

## PROGRAMS AND PROGRAM NEEDS

### KEY TAKEAWAYS

- Women Veterans are routinely accessing core government services related to benefits, pensions and treatment support, but not-for-profit and charitable programs appear to be underutilized.
- Programs that are attentive to women Veterans' circumstances — with designs that are accessible and flexible — may see better uptake, particularly if they emphasize features such as mentorship and community-building.

Many participants reported accessing and receiving benefits from VAC, including disability benefits, pensions, treatment benefits and VAC case management. This indicates that women are engaging with core VAC services designed to support transition and mental health. In recent years, more organizations have been established to support Veterans and supplement those offered by VAC, such as the Canadian Legacy Project, La Fondation québécoise des vétérans, the Pepper Pod, Soldier On, and the Veterans Transition Network. Yet, relatively few participants reported using programs delivered by non-governmental or not-for-profit organizations. Although this study did not assess reasons for the low use

of community-based services, prior research identifies several barriers that may be relevant, including limited awareness of available programs, limited local availability, competing life demands (e.g. childcare or eldercare demands) and financial constraints<sup>50</sup>. This echoes women Veterans' experiences more generally, where current services may overlook the realities of military sexual trauma and/or other gender-based experiences and may not feel safe for those with such histories.

“ More programs do need to have a better understanding of women's issues and concerns. ”

Study participant #1007

Women Veterans have consistently called for supports that reflect their lived realities, emphasizing the importance of peer mentorship, trauma-informed care and gender-sensitive programming<sup>35,51</sup>. Taken together, these factors and preferences may impact women Veterans in learning about, accessing and consistently attending

“ ...the majority of support groups are built with male Veteran[s] in mind ... or ones for women are geographic specific, limited in scope. ”

Study participant #1137

programs. In turn, community organizations need to be able to ensure women can learn about and attend their programs where possible and that these programs reflect the structural and content preferences of women Veterans. Dedicated investment in capacity building is imperative to strengthen and scale programs such that they can be gender-responsive and can consequently support enhanced and equitable access among women Veterans. This may require examining some of the current practices to understand how programs can be better designed to incorporate elements such as virtual options, flexible schedules, daycare, etc. However, by considering such sex- and gender-specific factors, programs can be optimized to more adequately and effectively support the women who need them.

## LIMITATIONS AND FUTURE DIRECTIONS

This report provides important information about the health and transition experiences of a sample of women Veterans in Canada. As with any research study, there are some limitations to note. Primarily, the results are representative of the sample and cannot be generalized to the entire women Veteran population in Canada. In addition, the nature of the data (i.e. categorical variables, single time-point, cross-sectional design) limits the type of information that can be gleaned. With respect to mental health conditions, participants self-reported diagnosed conditions and symptomology was not assessed. This may have excluded individuals who experience symptoms associated with a mental health condition but have not been diagnosed by a medical professional or are experiencing symptoms at a subclinical level. Future research should look to build on these results and incorporate additional measures of mental health and well-being to capture a wider range of mental health experiences. It is also recommended that future research incorporate longitudinal designs to be able to assess associations between constructs across time. This would allow for a better understanding of how different psychological, social and systemic factors may interact over time and may better capture the complexity of post-service life. Despite these limitations, the results support and build on previous work and offer evidence for ways in which programs, services and research can better serve women Veterans and more effectively meet their needs.

## CONCLUSION

Women Veterans face unique challenges that span multiple domains of well-being, including health, employment and social integration. High rates of mental health conditions, experiences of discrimination and sexual trauma and barriers to accessing gender-appropriate care collectively contribute to and may compound difficult transitions for many. Addressing these inequities through trauma-informed, gender-responsive and holistic programming is essential to fostering equitable and successful transitions for all women who have served in the CAF.

### KEY TAKEAWAYS

- Mental health is a critical component of the transition experience and of women's lives after transition.
  - Addressing mental health and creating programs that support women Veterans' mental health should be a priority.
- Women want and need better and increased access to programs, particularly those focused on health (both physical and mental).
  - Organizations that deliver programs and services to women Veterans should consider how they can better reach women, including offering virtual options.
- Programs need to be trauma-informed and psychologically safe. Many women Veterans have had difficult and traumatic experiences in service. This needs to be acknowledged, considered and supported in program design and delivery, as well as incorporated into evaluation frameworks.
- The knowledge base would benefit from longitudinal work in order to examine the complexities and interaction of factors in transition and post-military life for women Veterans. In addition, evaluation of current and new programs and/or services would help identify critical features of effective programs.

# APPENDIX A

**TABLE 1**

	VARIABLE	<i>n</i>	%
SOCIODEMOGRAPHIC CHARACTERISTICS	Gender identity		
	Cisgender woman	169	99.4
	Two-Spirit	1	0.6
	Gender queer	1	0.6
	Sexual identity		
	Heterosexual	145	85.3
	Lesbian	12	7.1
	Bisexual	5	2.9
	Queer	5	2.9
	Diverse sexual identity	10	5.9
	Ethnoracial identity		
	White	150	88.2
	Indigenous	14	8.2
	Black, Latin American, Filipino, South Asian, West Asian, other	13	7.6
	Residence		
	Alberta	18	10.6
	British Columbia	26	15.3
	Manitoba	11	6.5
	New Brunswick	9	5.3
	Newfoundland and Labrador	4	2.4
	Nova Scotia	20	11.8
	Ontario	65	38.2
	Prince Edward Island	1	0.6
	Quebec	15	8.8
	Saskatchewan	1	0.6
	Education		
	Secondary school or equivalent	14	8.2
	Some post-secondary school	22	12.9
	Apprenticeship or trade certificate	6	3.5
College, CEGEP or equivalent	42	24.7	
Bachelor's degree	30	17.6	
Postgraduate diploma	10	5.9	
Master's degree	38	22.4	
Degree in medicine, dentistry, pharmacy, other professional degree or doctorate	4	2.4	
Marital status			
Married, common-law or cohabitating	112	65.9	
Separated or divorced	29	17.1	
Single or never legally married or widowed	27	15.9	

*Note: N = 170; number of participants per category may vary due to missing data; cells greater than 100% due to multiple responses*

TABLE 2

	VARIABLE	<i>n</i>	%
MILITARY CHARACTERISTICS	Service type		
	Regular Force	84	49.4
	Reserve Force	28	16.5
	Both	58	34.1
	Rank at release		
	Junior non-commissioned member	52	30.8
	Senior non-commissioned member	53	31.4
	Junior officer	33	19.5
	Senior officer	31	18.4
	Primary element		
	Army	93	55.0
	Air Force	48	28.4
	Navy	28	16.6
	Were you ever deployed?		
	Yes	101	59.4
	No	69	40.6
	Time spent in service		
	Less than 10 years	22	12.9
	10–19 years	41	24.1
	20 years or more	107	62.9
	Release year		
Before 2006	36	21.2	
2006–2019	59	34.7	
After 2019	75	44.1	

Note: *N* = 170; number of participants per category varies due to missing data

TABLE 3

SOCIODEMOGRAPHIC, MILITARY CHARACTERISTICS AND HEALTH VARIABLES BY ADJUSTMENT TO POST- MILITARY LIFE	VARIABLE	% DIFFICULT ADJUSTMENT <i>n</i> = 113	% EASY ADJUSTMENT <i>n</i> = 56
		Age	
	<55	52.9*	34.6*
	55+	47.1*	65.4*
	Self-rated mental health		
	Poor/fair	76.8**	28.6**
	Good	15.2**	35.7**
	Very good/excellent	8.0**	35.7**
	Self-rated physical health		
	Poor/fair	55.8*	40.0*
	Good	31.9*	29.1*
	Very good/excellent	12.4*	30.9*
	Diagnosed PTSD		
	Yes	61.9**	23.2**
	No	38.1**	76.8**
	Diagnosed mood disorder		
	Yes	31.9*	16.1*
	No	68.1*	83.9*
	Diagnosed anxiety		
	Yes	57.5**	17.9**
	No	42.5**	82.1**
	Income		
	<110 000	56.3	40.4
	>110 000	43.7	59.6
	Education		
	High school	24.5	16.4
	Post-secondary	50.9	38.2
	Graduate	24.5	45.5
	Marital status		
	Partnered	57.0	65.5
	Unpartnered	33.0	34.5
	Deployment		
	Yes	60.2	57.1
	No	39.8	42.9
	Element		
	Army	55.4	55.4
	Navy	17.0	16.1
	Air Force	27.7	28.6
	Release type		
	Medical	62.8	21.4**
	Voluntary	29.2**	69.6**
	Other	8.0**	8.9**
	Rank		
	Junior non-commissioned member	36.6*	19.6*
	Senior non-commissioned member	33.0*	26.8*
	Junior officers	17.0*	23.2*
	Senior officers	12.5*	30.4*

Note: \*  $p < .05$ , \*\*  $p < .01$

TABLE 4

	VARIABLE	<i>n</i>	% DIFFICULT ADJUSTMENT	<i>n</i>	% DIFFICULT ADJUSTMENT
TRANSITION STRESSORS BY ADJUSTMENT	Financial security	111		54	
	Little to no stress		27.0*		50.0*
	Moderate to extreme stress		73.0*		50.0*
	Relationship with partner	95		46	
	Little to no stress		34.7**		65.2**
	Moderate to extreme stress		65.3**		34.8**
	Engaging with friends or peers	113		53	
	Little to no stress		19.5**		69.8**
	Moderate to extreme stress		80.5**		30.2**
	Understood by civilians	113		55	
	Little to no stress		6.2**		52.7**
	Moderate to extreme stress		93.8**		47.3**
	Finding housing	74		44	
	Little to no stress		56.8		75.0
	Moderate to extreme stress		43.2		25.0
	Finding employment	77		51	
	Little to no stress		15.6**		60.8**
	Moderate to extreme stress		84.4**		39.2**

Note: \*  $p < .05$ , \*\*  $p < .01$

TABLE 5

	VARIABLE	% DIFFICULT ADJUSTMENT <i>n</i> = 113	% EASY ADJUSTMENT <i>n</i> = 55
WORKPLACE DISCRIMINATION BY ADJUSTMENT	Unfairly given unwanted jobs		
	At least monthly	42.7**	20.8**
	At least yearly	31.8**	32.1**
	Never to less than once per year	25.5**	47.2**
	Opinions ignored		
	At least monthly	52.3	35.8
	At least yearly	23.9	22.6
	Never to less than once per year	23.9	41.5
	Watched more closely than others		
	At least monthly	51.8**	22.6**
	At least yearly	23.6**	15.1**
	Never to less than once per year	24.5**	62.3**
	Supervisor made racial or ethnic slurs or jokes		
	At least monthly	43.6	32.1
	At least yearly	24.5	13.2
	Never to less than once per year	31.8	31.8
	Co-worker made racial or ethnic slurs or jokes		
	At least monthly	13.8	9.4
	At least yearly	14.7	3.8
	Never to less than once per year	71.6	86.8
	Had to work twice as hard		
At least monthly	78.0*	56.6*	
At least yearly	10.1*	17.0*	
Never to less than once per year	11.9*	26.4*	
Co-worker with less experience promoted			
At least monthly	26.4	18.9	
At least yearly	30.0	28.3	
Never to less than once per year	43.6	52.8	
Unfairly humiliated in front of others at work			
At least monthly	27.3*	17.3*	
At least yearly	34.5*	17.3*	
Never to less than once per year	38.2*	85.4*	

Note: Differences significant at \**p* < .05 and \*\**p* < .01; not all items included due to small cell counts

TABLE 6

	VARIABLE	% DIFFICULT ADJUSTMENT <i>n</i> = 113	% EASY ADJUSTMENT <i>n</i> = 55
SEXUAL HARASSMENT AND TRAUMA BY ADJUSTMENT	Crude and offensive sexual remarks made, either publicly or privately		
	At least once	92.0*	78.2*
	Never	8.0*	21.8*
	Touched in a sexual way against their will		
	At least once	81.4**	52.7**
	Never	18.6**	47.3**
	Spread rumours		
	At least once	77.7*	60.0*
	Never	22.3*	40.0*
	Talk into sexual acts		
	At least once	77.0*	54.5*
	Never	23.0*	45.5*
	Threatened with retaliation		
	At least once	36.3	23.5
	Never	63.7	76.4
	Offered rewards for sexual behaviour		
	At least once	39.3*	20.0*
	Never	60.7*	80.0*
	Used authority to pressure into sexual behaviour		
	At least once	62.8*	36.4*
Never	37.2*	63.6*	
Physically forced to have sex			
At least once	41.4**	10.9**	
Never	58.6**	89.1**	

Note: Differences significant at \**p* < .05 and \*\**p* < .01; not all items included due to small cell counts

## APPENDIX B

Participants were asked if they had accessed services or attended programs from any of the following organizations:

- Can Praxis
- Canadian Legacy Project
- Helmets to Hardhats
- Homes for Heroes
- Quebec Veterans Foundation
- Soldier On
- The Pepper Pod
- Wounded Warriors
- Veterans Transition Network
- VETS Canada – Veterans Emergency Transition Services

*\*Note: Participants were also given the option to specify other organizations.*

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## ABOUT THE ATLAS INSTITUTE FOR VETERANS AND FAMILIES AND THE ATHENA PROJECT

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The Atlas Institute for Veterans and Families works with Veterans, Families, service providers and researchers to bridge the divide between research and practice so Veterans and their Families can get the best possible mental health care and supports. The Atlas Institute was originally established as the Centre of Excellence on PTSD and Related Mental Health Conditions, through the Minister of Veterans Affairs.

The Athena Project is a strategic initiative dedicated to conducting responsive research and building connections in support of women Veterans' well-being. The Athena Project Working Group is composed of women Veterans of the Canadian Armed Forces and Royal Canadian Mounted Police, each of whom brings her unique voice, knowledge, skills and expertise to this project and ensures that the research we are undertaking reflects the needs and priorities of women Veterans.

## ABOUT THE CANADIAN LEGACY PROJECT

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The Canadian Legacy Project is a national registered charity established in 2008 to support Canadian Veterans in their time of need and advocate on their behalf. The Canadian Legacy Project builds, directs and supports free programs for our Canadian Veterans to help them successfully transition back to civilian life. In parallel to this, the Canadian Legacy Project works with Canada's youth to educate them about the heroism and sacrifice made by our Canadian Veterans.





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Funded by Veterans Affairs Canada  
Financé par Anciens Combattants Canada



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