



Guidelines for Journalists Covering Veterans and the Transition from Military to Civilian Life.

Dr Rob Whitley

01 September 2022

Contact: robert.whitley@mcgill.ca

1. Introduction

Recent [estimates](#) suggest that there are around 460,000 living veterans of the Canadian Armed Forces (CAF), with about 5,000 veterans leaving CAF every year. These veterans are a heterogeneous group of individuals with a variety of different service backgrounds. Around 5% of Canada's current veteran population served in World War II or the Korean war, but this population is decreasing with the passage of time. More recently, over 40,000 veterans served in Afghanistan, which was Canada's largest deployment since World War II. Another large proportion of Canadian veterans served in peacekeeping and humanitarian missions across the world in the last 50 years including Somalia, Haiti and the former Yugoslavia. Moreover, a large number of veterans did not serve in any conflict zones or peacekeeping missions, but it is important to note that all veterans are exposed to dangerous activities and hazardous materials in routine training, military exercises, standard duties and domestic operations.

Mental Health Issues

The research literature on Canadian veterans' mental health is growing, but it is still insufficient in comparison to US research. A [large-scale survey](#) of veteran mental health indicated that the majority of veterans rated their own mental health as very good or excellent. However, this survey found that 24% of regular force veterans reported a mental illness such as depression, anxiety or Post Traumatic Stress Disorder (PTSD). In contrast, results from a [similar survey](#) of the general population indicate that around 9 per cent of Canadians reported the same mental health conditions in a similar time period.

Physical Health Issues

A large corpus of [research](#) indicates that many Canadian veterans suffer from elevated rates of physical impairments and related chronic pain arising from their time in service. This can include injuries incurred in theatres of operation, or during routine training and military exercises. Research indicates that controlling this pain is often a core priority for affected veterans. Ideally, this is done through medical evaluation and intervention using appropriate analgesics (including medical cannabis), and other associated rehabilitation and psychosocial programs. However, evidence suggests that some veterans use a variety of substances to try and control such pain, including alcohol, cannabis, and opioids.

Suicide

A recent [2017 report](#) from Veteran Affairs Canada examined suicide among veterans in comparison to the general population. This report used a sophisticated methodology, including adjustments for age and sex, indicating that veterans have age-adjusted suicide rates of around 37 per 100,000, around [40%](#) higher than age and gender matched samples in the general Canadian population. Male veterans under 25 who had recently been deployed had the highest risk of suicide, indicating unique issues in transitioning from military to civilian life for these veterans. Given the gravity of this situation, a [joint suicide prevention strategy](#) was developed through a collaboration between the Canadian Armed Forces and the Department of National Defence (2017), which highlighted the importance of working with the media in suicide prevention and health promotion.

Transitional Challenges

Research indicates that many Canadian veterans have difficulty reintegrating into society. This can include problems finding appropriate employment, housing and health care. Others can struggle with issues of identity and belonging, often feeling out of place and unsupported in civilian society. One [review paper](#) examined dozens of scientific studies on the transition to civilian life among Canadian veterans, finding that between 25 to 48 per cent of veterans report a difficult adjustment to civilian life. Another [paper](#) surveyed social support among veterans, finding that only 29% of veterans reported high-levels of social support. This suggests many veterans are living lonely and isolated lives, with no one to turn to when times are tough. This may be a novel experience for veterans, as service life is known for high-levels of social support, group work and camaraderie.

Resources for Veterans

Of note, there are several different types of resources available to assist Canadian veterans. Veterans Affairs Canada is an official government body tasked with helping veterans in multiple domains including pensions, benefits and services. The Royal Canadian Legion is a non-profit organization existing to provide support and advocacy for veterans, with many towns and neighbourhoods containing a Legion Hall which acts as a social hub for local veterans. More recently, several non-profit peer organizations have emerged providing a variety of services and supports to veterans. These include Wounded Warriors Canada, the True Patriot Love Foundation and VETS Canada.

2. Media Portrayals of the Veteran Transition

Several studies have been conducted in the last year examining media coverage of Canadian veterans. This includes (i) a [case study](#) examining media reporting of the Lionel Desmond incident; (ii) an [examination](#) of daily media coverage of Canadian media over a one-year period; and (iii) an analysis of 6 months reporting on the veteran transition, including a comparison of mainstream media with military media (key results below).

The results from the analysis of the transition reveal a heterogeneity of themes spread over various topics, with PTSD, employment issues and social integration being the most common themes. Suicide (and to a lesser extent PTSD) were frequently discussed in the context of the transition, mostly focused on a single anomalous murder-suicide (Lionel Desmond). This means that more comprehensive stories of recovery, PTSD treatment, suicide prevention and hopeful narratives are rarely communicated by the media.

However, danger, crime and violence were rarely mentioned outside the context of the Lionel Desmond incident, which should be considered a positive sign, as such coverage can contribute to stigmas and stereotypes that all veterans are prone to anti-social behaviour and aggression. Interestingly, issues around chronic pain only emerged in around 1 in 10 articles.

In terms of further content, most articles about the transition quoted a Veteran, while almost 50% of articles quoted an expert, official or community leader. These should be considered positive signs, as such quotations can humanize and contextualize media pieces about the transition. Moreover, over 50% of articles discussed health, educational and social programs for veterans, which again is positive, given that these articles may provide information which may be helpful for veterans, their families and service

providers. Nevertheless, there are very few articles about Royal Canadian Navy, Royal Canadian Air Force and Female veterans.

In sum, the results indicate that Canadian journalists tend to report veterans and veterans' issues in a fair and accurate manner, but there is still room for improvement in terms of expanding coverage, balance of positive stories and more hopeful messaging. To this end, we have created a set of guidelines intended to help journalists report the transition of Canadian military personnel to civilian life as veterans.

These guidelines consists of 10 'do's' and 5 'don'ts', and can also be used as a tool in the education of journalism students. These are simply recommendations, and can be applied judiciously by a journalist according to the news cycle and particular events.

3. Guidelines for Reporting the Veteran Transition

- 1. Do** seek and include remarks and quotes from veterans or people from veterans' organizations when reporting the veteran transition
- 2. Do** seek and include remarks and quotes from experts when discussing the veteran transition.
- 3. Do** take the opportunity to educate the public, for example using [current statistics](#), when describing the veteran transition when relevant.
- 4. Do** try to include successful stories of reintegration and resilience when talking about the veteran transition.
- 5. Do** discuss successful programs, available interventions and other promising services and supports when reporting on the veteran transition.
- 6. Do** provide hyper-links to the webpages of helpful resources and successful programs where suitable, for example the [Chronic Pain Centre of Excellence for Veterans](#).
- 7. Do** include messages of hope and success when writing about the veteran transition.
- 8. Do** try to include the voices of veterans that are under-represented in the Canadian media (e.g. female veterans, RCN veterans, RCAF veterans)
- 9. Do** try to embed positive images or videos of veterans, as this can humanize the story.
- 10. Do** consider the seven domains of veteran well-being when writing about the transition (employment, finances, health, life skills, social integration, housing and physical environment, cultural and social environment).
- 11. Don't** imply that PTSD and suicide are common outcomes for veterans during the transition, as these are very infrequent experiences.
- 12. Don't** draw misleading single cause explanations for veteran behaviours, for example that deployment alone causes PTSD, or that PTSD alone causes violent behaviour. These complex issues are the result of many interacting factors.
- 13. Don't** be afraid to write about shortage of resources or poor quality of care. This can catalyze much needed change.
- 14. Don't** imply that veterans are a homogenous group. Veterans are a heterogenous group of people and many are leading successful and fulfilling lives free of issues.
- 15. Don't** imply that single outliers or anomalous cases are ubiquitous, as this can give misleading impressions and create stigma.