



Mind the gap: Sex, gender, and intersectionality in military-to-civilian transitions

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ABSTRACT

Introduction: Both scholarship and policy on military-to-civilian transition (MCT) suffer from a fundamental lacuna: too often the military and Veteran population is treated as homogeneous. What challenges do historically under-represented (i.e., women, lesbian, gay, bisexual, transgender, other sexual or gender minority, Black, Indigenous, and People of Colour) military service members and Veterans face during MCT? What government policies, programs, and initiatives exist internationally that address their specific needs? **Methods:** The authors conducted a scoping review of research articles and government resources that provide insights into MCT through the lenses of Sex- and Gender-Based Analysis (SGBA) and Gender-Based Analysis Plus (GBA+). **Results:** The authors identified 1,077 sources published from 2010 onward that met study inclusion criteria, with the vast majority focusing on the U.S. context. **Discussion:** The findings highlight sex-, gender-, and other-identity-based vulnerabilities and challenges for military members and Veterans in relation to health outcomes, trauma experiences, employment and housing, and access to care and services. The scoping review also identified government initiatives and tailored programs that exist internationally to address diverse Veteran needs. Truly intersectional research and programming on MCT is not well developed. Canadian research and government initiatives related to MCT that are informed by SGBA or GBA+ are also limited, and this gap needs to be kept in mind. As the findings show, to support equitable transition outcomes for all Veterans, research as well as policies, programs, and supports need to pay attention to sex and gender as well as intersecting factors of sexuality, race, Indigeneity, and more.

Key words: Canada, diversity, GBA+, gender, Gender-Based Analysis Plus, intersectionality, MCT, military, military-to-civilian transition, scoping review, sex, Sex- and Gender-Based Analysis, SGBA, transition, Veteran

RÉSUMÉ

Introduction : Tant les recherches que les politiques sur la transition de la vie militaire à la vie civile (TMC) sont entachées d'une lacune fondamentale : trop souvent, la population de militaires et de vétérans est traitée comme si elle était homogène. Quelles difficultés les membres du service militaire et les vétérans sous-représentés (femmes, lesbiennes, gays, bisexuels, transgenres, autres identités sexuelles ou identités ou de genre, Noirs, Autochtones et personnes racisées) affrontent-ils pendant la TMC? Quels programmes, politiques et initiatives existent dans le monde pour répondre à leurs besoins particuliers? **Méthodologie :** Les auteurs ont procédé à une analyse exploratoire d'articles de recherche et de ressources gouvernementales qui donnent un aperçu de la TMC en fonction de l'analyse comparative fondée sur le sexe et le genre (ACFSG) et de l'analyse comparative entre les sexes plus (ACS+). **Résultats :** Les auteurs ont extrait 1 077 sources publiées à compter de 2010 qui respectaient les critères d'inclusion, la grande majorité en contexte américain. **Discussion :** Les observations font ressortir les vulnérabilités et les difficultés liées au sexe, au genre et aux autres identités des membres du service militaire et des vétérans sur la santé, les expériences traumatiques, l'emploi, le logement et l'accès aux soins et aux services. L'analyse exploratoire contenait également des initiatives gouvernementales et des programmes personnalisés proposés dans le monde pour répondre aux besoins diversifiés des vétérans. Les véritables recherches et programmes intersectionnels sur la TMC sont peu développés. Par ailleurs, peu de recherches et d'initiatives gouvernementales canadiennes liées à la TMC sont éclairées par l'ACFSG et l'ACS+, et il faut garder cette lacune à l'esprit. Comme le démontrent les observations, afin de soutenir une transition équitable pour tous les vétérans, les recherches, les politiques, les programmes et les mesures de soutien doivent être attentifs au sexe et au genre, de même qu'aux facteurs intersectionnels de la sexualité, de la race et de l'identité autochtone, entre autres.

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Mots-clés : ACS+, ACFSG, analyse comparative entre les sexes plus, analyse comparative fondée sur le sexe et le genre, analyse exploratoire, Canada, diversité, genre, intersectionnalité, militaire, sexe, transition de la vie militaire à la vie civile, TMC, transition, vétéran(e)

LAY SUMMARY

The authors conducted a review of existing research on sex, gender, and intersectionality in relation to military-to-civilian transition (MCT). Extensive international studies and government resources, mostly from the United States, provide insight into the potential vulnerabilities and challenges encountered by historically under-represented military members and Veterans during MCT (i.e., by women, lesbian, gay, bisexual, transgender, and other sexual or gender minority, Black, Indigenous, and People of Colour military service members and Veterans). The reviewed sources also highlight government initiatives and tailored programs that exist internationally to address diverse Veteran needs. Canadian research and government initiatives on the topic are limited, and this gap needs to be kept in mind. To support equitable transition outcomes for all Veterans, research as well as policies, programs, and supports need to pay attention to sex and gender as well as intersecting factors such as sexuality, race, Indigeneity, and more.

INTRODUCTION

Every year, 4,000-5,000 Regular Force members, and a comparative number of Reserve Force members, leave the Canadian Armed Forces (CAF).¹ As they leave, they must make the transition from military to civilian life. Canadian and international scholarship has found that military-to-civilian transition (MCT) involves personal, familial, policy, and societal factors across multiple domains of well-being, such as health, finances, social integration, and more.² A growing number of countries, Canada included, have established policies and programs to improve MCT outcomes.³ However, both scholarship and policy on MCT suffer from a fundamental lacuna: too often the military and Veteran population is treated as homogeneous.

Improved gender and diversity representation are key objectives of Canada's Defence Policy.⁴ In 2020, women made up 15.9%, visible minorities 9.3%, and Indigenous people 2.9% of CAF members.⁵ Even though growth in the proportion of women, visible minority, and Indigenous military service members has been slow, the face of the military and Veteran population in Canada is changing. Very little is known about Canadian MCT experiences and outcomes for historically under-represented groups, including women, lesbian, gay, bisexual, transgender, and other sexual or gender minority (LGBT+), Black, Indigenous, and People of Colour military members and Veterans. However, existing research suggests that outcomes are uneven and can differ on the basis of sex, gender, and intersecting factors such as sexuality, race, or Indigeneity.⁶⁻⁸

Sex- and Gender-Based Analysis (SGBA) and Gender-Based Analysis Plus (GBA+) can help close this gap in knowledge.^{9,10} They offer useful lenses to examine potential differences and inequities in MCT experiences and

outcomes through a focus on sex, gender, and intersectionality. SGBA is an analytical process that applies a sex and gender lens, primarily to health research. GBA+ is defined by the Government of Canada as "an analytical process used to assess how diverse groups of women, men, and non-binary people may experience policies, programs and initiatives."¹⁰ Both SGBA and GBA+ are relevant and needed in the context of MCT and Veteran health and well-being. With its health focus, SGBA is particularly relevant because the CAF is responsible for its members' health, and military members and Veterans face unique health needs. GBA+ is useful in examining the potentially unintended consequences of policies and programs on historically under-represented populations, including women, LGBT+, Black, Indigenous, and People of Colour.

Sex is understood as a biological classification that designates people as male, female, or intersex on the basis of anatomical, hormonal, chromosomal, and genetic distinctions. Gender refers to masculinities and femininities as well as non-binary gender expressions as they manifest in socio-cultural norms, behaviours, and roles. Individuals may or may not identify with the gender associated with their assigned birth sex. It is best practice to apply SGBA and GBA+ in an intersectional way.^{9,10} Intersectionality highlights how sex and gender discrimination and marginalization intersect with, and are exacerbated by, discrimination and marginalization on the basis of race, sexuality, Indigeneity, and more, operating at both individual and systemic levels.¹¹

The Government of Canada promotes both SGBA and GBA+ in support of its domestic and international commitments to sex and gender equality, as well as equity, diversity, and inclusion. In this article, we are interested in both SGBA and GBA+ and therefore use

the combined term Sex- and Gender-Based Analysis Plus (SGBA+). The scoping review findings presented in this article were gathered for a study commissioned by the CAF Transition Group as part of efforts to support the integration of SGBA+ into its work. It focuses on research literature and government resources related to sex, gender, intersectionality, and MCT and responds to the following two questions: 1) What challenges do historically under-represented military service members and Veterans (i.e., women, LGBT+, Black, Indigenous, and People of Colour service members and Veterans) face during MCT? and 2) What government policies, programs, and initiatives exist internationally (in Five Eyes countries) that address their specific needs? Previous scoping reviews on MCT that have appeared in the *Journal of Military, Veteran and Family Health* had similar concerns but did not explore as broad a gamut of sex, gender, and intersectional issues in relation to MCT as this scoping review does.^{12,13}

METHODS

Scoping reviews provide a clear, organized approach to determining the breadth and nature of a literature, identifying gaps in existing research, summarizing and disseminating research findings, and guiding future research.^{14,15} Following Arksey and O'Malley,¹⁴ the authors used a scoping review methodology to identify sources relevant to MCT from an SGBA+ perspective. Table 1 provides details of the literature search strategy, and Figure 1 provides a schematic diagram of the literature search, screening, and selection process.

In the first stage, the authors identified key concepts and research questions that aligned with their conceptualization of SGBA+ and MCT. On the basis of these concepts and questions and their familiarity with the literature, the authors subsequently delineated the search terms. A broad approach was taken that included both transition experiences and outcomes in order to capture the range of concerns that must be considered in relation to MCT across various domains of well-being such as health, employment, housing, and more.

In the second stage, the authors identified potentially relevant literature by inputting the search terms into various electronic databases available through several Canadian universities and the Google search engine. Hand searching for additional sources was completed by scanning reference lists of key sources or searching relevant website databases, such as that of the Consortium on Gender, Security & Human Rights.¹⁶

The authors compiled potentially relevant literature in a centralized EndNote¹⁷ library for further evaluation.

In the third stage, the authors reviewed abstracts of the identified literature or the executive summaries of government sources (if available) to screen for eligibility according to study selection criteria. Accepted references were organized into several categories within EndNote on the basis of emergent themes in the literature, which reflected key factors of well-being as well as identity. The authors were each assigned several categories to review independently. Final decisions on eligibility (i.e., literature inclusion or exclusion) were made as the literature was reviewed in more depth.

In the fourth stage, the authors charted the data by reviewing, extracting, and synthesizing details related to SGBA+ and MCT from literature abstracts. Full articles and government sources were reviewed, as needed, for clarification or elaboration.

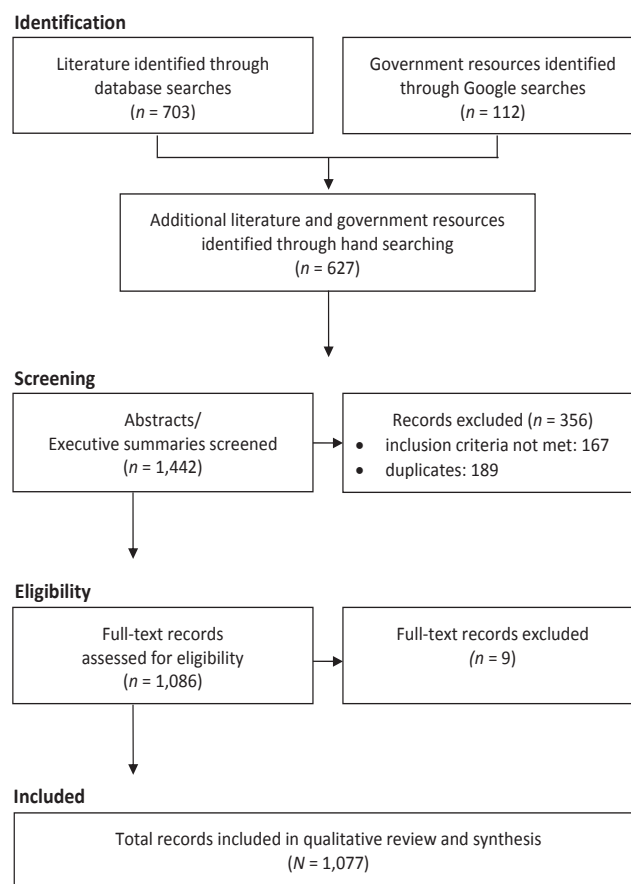


Figure 1. Flow chart of literature search, screening, and selection process. Adapted from: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement*

Table 1. Literature search strategy

Item or task	Description
Literature searching	<ul style="list-style-type: none"> • Electronic database searches (university libraries and Google Scholar): peer-reviewed journal publications, government reports, non-governmental organizations' reports, Boolean search, used quotations marks to enclose search strings as needed to focus search • Google search engine: government reports, non-governmental organization reports, government programs and policies • Hand searching key reference lists (University library databases available to team members through academic affiliation were searched: NEOS – 14 Albertan university and college libraries, Government of Alberta libraries; OMNI – 13 Ontario university library databases, Novanet, 26 Nova Scotia university library databases.)
Research questions	<ol style="list-style-type: none"> 1. What challenges do historically under-represented military service members and Veterans (i.e., women, LGBT+, Black, Indigenous, and People of Colour service members and Veterans) face during MCT? 2. What government policies, programs, and initiatives exist internationally (in Five Eyes countries) that address their specific needs?
Academic database search terms (for peer-reviewed journal publications, government reports, and non-governmental organization reports)	<ul style="list-style-type: none"> • Releasing member or Veteran-related terms: Military Veteran, Veteran, retired military, ex-military, military personnel, military member, military service member, ex-army, ex-navy, ex-air force, armed forces personnel • Terms related to SGBA+: gender*, female*, women*, masculin*, feminin*, sex*, LGBT*, lesbian, gay, bisexual, queer, transgender, two-spirit*, Indigen*, Aboriginal, American Indian, Native American, First Nation, Inuit, Métis, visible minorit*, rac*, ethnic*, African American, Maori • Transition-related terms: releas*, pre-release, peri-release, post-release, transition*, reintegrat*, adjust*, post-military, after-service, post-service, separat*, retir*, military transition, military transition to civilian life, military to civilian transition, military-civilian transition, military career transition, military to civilian life
Google search terms (for government policies and programs, government reports, and non-governmental organization reports)	<ul style="list-style-type: none"> • Releasing member or Veteran-related terms: Veteran, ex-military • Terms related to SGBA+: gender, female, women, LGBT, transgender, Indigenous, Aboriginal, American Indian, Native American, First Nation, Inuit, Métis, African American, Maori, minority, race/racial, intersectionality, of color • Transition-related terms: release, transition, separate/separation • Organization- and country-related terms: Department of Defence/Defense, Defence/Defense Department, Veterans Department, Department of Veterans, Department of Veterans Affairs, NATO, United States, Canada, New Zealand, United Kingdom, Australia (+ program, policy, resource, support)
Inclusion and exclusion criteria (applies to literature searches for peer-reviewed journal publications, government reports, non-governmental organization reports, and government policies and programs)	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> • Peer-reviewed publications including research, perspective, and synthesis articles • Publications or reports by governments and governmental organizations • Current MCT programs and policies with SGBA+ considerations provided by government • Literature sources (i.e., peer-reviewed publications, publications or reports by governments or government organizations, government programs or policies) that use quantitative, qualitative, or mixed methodologies • Literature sources that examine releasing military service members and Veterans • Literature sources that examine historically marginalized military members or Veterans (i.e., women, Black, Indigenous, People of Colour, LGBT+ military members or Veterans) • Literature sources that examine sex- and gender-related health issues before, during or since military release • Literature sources that focus on other transition-related issues (e.g., socio-economic issues) • Literature sources that examine military service members' or Veterans' first-hand experiences or perspectives surrounding MCT or the viewpoint of service providers for whom a sex, gender, or intersectional inquiry is the focus <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • Research studies, reports, or programs, from non-governmental organizations • Research studies, reports, programs, or policies from before 2010 • Research studies, reports, programs, or policies that examine military service members or Veterans before 2001

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Table 1. (Continued)

	<ul style="list-style-type: none"> • Research studies, reports, programs, or policies with sex, gender, women, sexuality, race, or Indigeneity mentioned only in passing, without inquiry • Research studies, reports, programs, or policies focusing on family members of releasing military service members or Veterans rather than the releasing member or Veteran • Research studies that test inventories or other measures within a military or Veteran population but do not focus on releasing military service members' or Veterans' MCT experience • Books or book chapters • Theses or dissertations • Newspaper or magazine articles
Search time frame	10-year span: literature published between Jan. 1, 2010, and Feb. 15, 2020 (Several literature sources published between Feb. 16, 2020, and June 30, 2020, were also included beyond the established search time frame. These additions beyond the set date parameters were newly published sources of particular relevance to the study that emerged through Google alert or were identified by team members.)
Geographic search parameters	The Five Eyes: Canada, United States, Australia, United Kingdom, New Zealand (Justification: In the planning stages of this study, the authors did a preliminary scan of a broader set of countries, such as the Nordic countries, but found that even though they were leaders on gender issues, this had not translated into specific MCT initiatives. The authors therefore chose to focus on the Five Eyes because this group includes some of the most advanced MCT initiatives related to SGBA+ and represents Canada's key international partners.)

LGBT+ = lesbian, gay, bisexual, transgender, and other sexual or gender minorities, MCT = military-to-civilian transition, SGBA+ = Sex- and Gender-Based Analysis Plus.

In the fifth stage, the authors collated the summarized literature for each category. A consensus approach was taken in the directed content analysis of the data.¹⁸ The authors analyzed and discussed the main themes of the findings and, on this basis, developed recommendations.

RESULTS

The study identified 1,077 research articles and government sources related to SGBA+ and MCT published between 2010 and 2020 that met inclusion criteria. Overwhelmingly, the research collected here is from the United States ($n = 1,023$), with much less literature found for Canada ($n = 26$), the United Kingdom ($n = 12$), Australia ($n = 11$), New Zealand ($n = 1$), and multiple countries ($n = 4$). The research distribution based on year of publication is as follows (government sources are not included because not all publication years were identifiable): 2010 ($n = 22$), 2011 ($n = 47$), 2012 ($n = 41$), 2013 ($n = 78$), 2014 ($n = 86$), 2015 ($n = 118$), 2016 ($n = 115$), 2017 ($n = 131$), 2018 ($n = 126$), 2019 ($n = 145$), and 2020 ($n = 54$).

The authors organized articles into themes that emerged around MCT, such as whether the article focused on transition broadly or on a particular aspect of the transition process or outcome. This led to the following six themes: 1) transition, 2) health — mental health, physical health, multi-factor health, health care

access and utilization, and health research, 3) sexual violence and military sexual trauma (MST), 4) family, 5) socio-economic issues, and 6) homelessness. Articles in these six themes focus primarily on women, sex, and gender. Articles that specifically foreground other aspects of SGBA+ were analyzed separately as theme 7) other specific or intersecting identity considerations: intersectionality, LGBT+, race and Indigeneity, and masculinities. Finally, government sources were analyzed by country and organized into theme 8) government policies, programs, and initiatives.

Table 2 summarizes the eight themes and highlights key findings for each thematic category. It is not feasible to list all 1,077 references and sources in this article, but a full list of references, organized alphabetically or by thematic categories, is available upon request.

A very small amount of research focused specifically on transition takes SGBA+ considerations into account ($n = 16$), and it primarily focuses on women Veterans' experiences with transition. The vast majority of research in the current scoping review examines the health issues faced by women Veterans and focuses on sex, gender, or both. The health literature includes research on health care provision and utilization ($n = 175$), mental health ($n = 130$), physical health ($n = 103$), multi-factor health considerations ($n = 58$), and considerations for Veteran health research ($n = 24$). Sexual violence, in particular MST and its potential health sequelae, is a prominent

Table 2. Summary of key findings by thematic category

Thematic category	Summary
Transition	<ul style="list-style-type: none"> • The literature stresses the distinct outcomes and unique needs of historically under-represented Veteran subpopulations, with an overwhelming focus on women Veterans. • For women, re-integration into civilian life after a deployment presents specific challenges, including sex- and gender-specific mental and physical health problems and more disrupted social connections compared with men, which has potentially long-term effects on their MCT. • Transition needs to be considered in relation to premature release because of minority stress and discrimination experienced by Veterans who are part of a historically under-represented group. • Those who face vulnerabilities and heightened risks are not well positioned to access the transition supports they require and often encounter supports that are not tailored to their needs. • Transition takes on multiple meanings in the literature, including post-deployment reintegration and MCT. The need to understand MCT as one of multiple transitions over a lifetime is noted.
Health	
Mental health	<ul style="list-style-type: none"> • This literature examines mental health risks and outcomes and mental health treatments and interventions through a focus on women, sex or gender differences. • In general, women Veterans are at greater risk for eating disorders and insomnia than their men counterparts; comorbid depression, PTSD, and anxiety are common among both women and men, but the risk for depression appears to be higher for women Veterans. • Women and men Veterans may differ in help-seeking patterns for mental health issues. The research also examines treatment efficacy for a range of mental health disorders (e.g., PTSD, depression, insomnia, and substance use disorder), treatment preferences, and therapy models or programs through a focus on women Veterans, sex or gender differences.
Physical health	<ul style="list-style-type: none"> • This research examines the role of military service in physical health, use of medication, and health complexities (e.g., the interconnected nature of physical and mental well-being). The top three physical health issues discussed in relation to women Veterans include reproductive health, cardiovascular conditions, and chronic conditions. • Research into the nature and experiences of specific physical health issues among women Veterans highlights the importance of integrated health expertise and the need to develop and implement interventions, programs, and policies aimed at supporting women Veterans. • Research examining the relationship between military events (e.g., deployment, combat exposure) and various aspects of women Veterans' physical health shows that military-related tasks may affect their reproductive health, leading to adverse pregnancy outcomes and comorbid medical and mental health conditions among women Veterans with reproductive health diagnoses.
Multi-factor health	<ul style="list-style-type: none"> • This research examines co-occurring or interacting mental health and physical health conditions. PTSD and depression emerge as two of the most common mental health conditions studied alongside physical health conditions; reproductive and sexual health issues and pain are the top physical health conditions investigated alongside mental health. PTSD, depression, reproductive and sexual health, and pain are often examined together. • Research suggests key sex and gender differences in comorbid mental health and physical health outcomes when trauma is involved, showing a differential impact on women and men Veterans by trauma type. • The nature of military service can put women Veterans at increased risk for trauma exposure, possibly more so than their peers in the general population, which renders them vulnerable to negative health sequelae from PTSD and physical health issues. Women Veterans living with mental health issues, such as PTSD and depression, show increased risk for reproductive health complications and other physical health comorbidities such as diabetes, hypertension, chronic pain, gastrointestinal disorders, and urogenital issues.
Health care access and utilization	<ul style="list-style-type: none"> • Research related to health care access and utilization includes topics such as women Veterans' access and utilization patterns, utilization and attrition, women Veterans' and health care providers' experiences, women Veterans' preferences, military cultural competency, and gender sensitivity.

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Table 2. (Continued)

Health research	<ul style="list-style-type: none"> • Geographical factors (e.g., rural vs. urban), socio-economic factors (e.g., food insecurity, unstable housing, low income), and the role of technology (e.g., telehealth) affect women Veterans' health care access and utilization patterns. • Stigma, gender bias, and experiences of harassment in health care settings influence women Veterans' willingness to seek out health supports and to continue to access them. • The need for health care services to be sex- and gender-sensitive as well as culturally competent is identified throughout much of the literature on health care access and utilization. • The areas of obstetric-gynecologic health and mental health of women Veterans are well developed (in U.S. research), but research gaps remain in women's health, post-deployment adjustment, and quality of care outcomes. • Current biopsychosocial-spiritual health research provides more information about the biological health issues than about psychological and social health of military women and very little information on the interconnectedness of their biological, social, psychological, and spiritual health. • The need for sex- and gender-informed Canadian military and Veteran health research is noted.
Sexual violence and MST	<ul style="list-style-type: none"> • Research suggests that MST is pervasive among women and men in the U.S. military. The research is inconsistent in its focus and scope; articles examine a variety of themes, including MST, military sexual assault itself, physical victimization, stalking, and non-disclosure. • MST has been shown to have detrimental mental health sequelae for both heterosexual and sexual minority women, but a history of suicide attempts is more pronounced among sexual and gender minority women Veterans who are survivors of MST. • The relationship between PTSD and MST is the most heavily researched topic in this literature. Perceptions of institutional betrayal are significantly associated with more severe depression and PTSD symptoms in women MST survivors and MST survivors in general, indicating the need to address not only the sequelae of MST itself but of injurious institutional responses. • MST has detrimental impacts on physical health (e.g., gastrointestinal, genitourinary, musculoskeletal, and neurological symptoms) and is consequently associated with lower physical functioning in women Veterans. Pain conditions, especially chronic pain, are a well-documented sequela of MST, for both women and men survivors of MST. • Barriers to VA and VHA health care for MST survivors (e.g., stigma, sense of institutional betrayal, sense of inequitable care between women and men Veterans) is a central theme in the literature.
Family	<ul style="list-style-type: none"> • This research includes topics of IPV, family roles and relationships, and childhood adversity. • Pre-military trauma and MST are consistently cited as risk factors for IPV among women Veterans, and women Veterans may be more likely to experience IPV victimization than non-Veteran women. A growing body of research on women Veterans shows an association between IPV victimization and homelessness, as well as multiple physical and mental health sequelae. • The effect of deployment on family roles and relationships shows reintegration challenges associated with parenting and family functioning. Family support may buffer negative effects following deployment, but women Veterans are sometimes reluctant to disclose mental health issues to family members or to seek family support. • The literature on childhood adversity shows an association with a host of mental and physical health outcomes. Veterans who have experienced childhood adversity may be susceptible to re-victimization.
Socio-economic issues	<ul style="list-style-type: none"> • Research includes topics of education, employment, and experiences with the criminal justice system. • Women Veteran students may be more likely than their civilian counterparts to live with chronic pain, financial stress, and learning disabilities. Caregiving responsibilities may become a risk factor for academic program completion that is uniquely salient for women Veterans who are students. • Women Veterans have higher unemployment rates than both men Veterans and civilian women and may suffer higher wage penalties. Some women Veterans facing unemployment report challenges transferring their service-acquired skills to the civilian employment sector and perceive their military service as not being understood or respected by civilian employers. • Studies considering Veterans in the criminal justice system examine gender differences in Veterans' likelihood of being incarcerated; compared with men Veterans, women Veterans are younger, have significantly lower lifetime arrests, and are less likely to have been incarcerated for a violent offence.

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Table 2. (Continued)

Homelessness	<ul style="list-style-type: none"> • Women Veterans are more likely than men Veterans to be homeless, and the women Veteran population has a higher rate of homelessness than the civilian women population. • As a cohort, women Veterans experiencing homelessness tend to be younger, have higher levels of unemployment, and have lower rates of drug or alcohol dependence or abuse but higher rates of mental health problems than their men counterparts. • Characteristics associated with homelessness include unemployment, disability, poor overall health, screening positive for anxiety disorder or PTSD, and a history of MST. Moreover, women Veterans with recent experiences of IPV are at an increased risk of housing instability, and at least one study notes this is especially pronounced among Black women Veterans.
Other specific or intersecting identity considerations	
Intersectionality	<ul style="list-style-type: none"> • Only a small portion of the articles reviewed are deliberate in their analyses of Veterans across more than one identity factor, such as sex, gender, race, and Indigeneity. The intersections of race or ethnicity and gender are the most common aspect of intersectionality examined in relation to Veterans issues. • The remainder of this research focuses on equity in health care provision and use across more than one identity category, with many articles focusing on women Veterans. For example, U.S. studies examine unique barriers to care for Native American women, such as lack of information, difficult and complicated application processes, challenges with distance and cost of travel, and conflicts with work schedule.
LGBT+	<ul style="list-style-type: none"> • The majority of these studies consider questions of health, including physical health, mental health, and health care utilization. A small portion of this literature includes analyses of discriminatory and anti-discriminatory policies within military and Veteran associations and their relationship to health and wellness. Finally, a handful of articles discuss socio-economic issues affecting LGBT+ Veterans. • LGBT+ Veterans experience poorer physical and mental health and more sexual trauma than the general Veteran population. • Transgender and gender-diverse Veterans may experience elevated rates of mental health challenges compared with cisgender Veterans.
Race and Indigeneity	<ul style="list-style-type: none"> • The largest component of research on race concerns equity in health care utilization, services, and outcomes. Black and racial minority Veterans report less satisfaction with Veterans services and report perceived discrimination when accessing support. Studies reveal that racial minority Veterans are more likely to screen positive for PTSD than white Veterans. • Research indicates correlations between race or ethnicity and specific health conditions, requiring tailored services. • Indigenous Veterans living on reserve are found to be particularly challenged in accessing services because of the lack of culturally competent care, transportation problems, and difficulties navigating the system. Mental health care and support for substance abuse is a pressing need for Indigenous Veterans.
Masculinities	<ul style="list-style-type: none"> • The majority of this research focuses on the relationship between masculinities and the mental health and well-being of service men and Veteran men. A small part of this literature inquires into constructions of masculinity in relation to Veterans' identity and transition. • The research finds that the traditional gender norms fostered by militaries create expectations for men to act in ways that are not seen as emotional or weak, making it more difficult for them to acknowledge and seek help for mental health problems. • There is a call for gender-sensitive approaches to outreach and treatment of Veteran men that consider military masculinity norms and Veteran men's struggles with gender role stress.
Government policies, programs, and initiatives	<ul style="list-style-type: none"> • United States: The VA and VHA provide a wide range of initiatives addressing the needs of women, LGBT+, Black, Indigenous, and People of Colour transitioning members or Veterans. The U.S. Department of Defense, U.S. Department of Labor, and state-level governments also contribute to addressing the needs of historically under-represented Veterans. • Canada: Beginning in 2017, VAC took steps to introduce GBA+ into policy, research, and service delivery. In May 2019, VAC held the first Women Veterans Forum in Charlottetown, PE, and in March 2020, VAC officially announced the opening of its new Office of Women and LGBTQ2 Veterans. • Australia: In response to Samantha Crompvoets' 2012 report,¹⁹ the ADF Service Women Steering Committee was established, jointly chaired by the Department of Veterans' Affairs

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Table 2. (Continued)

and the Department of Defence. The Department of Veterans' Affairs has, moreover, held yearly consultations ("Policy Forums") with women Veterans and Veterans' family members since 2016.

- United Kingdom: The Ministry of Defence, and its Office for Veterans' Affairs, have no publications, resources, or other initiatives aimed at bringing a sex, gender, or intersectional lens to MCT or Veterans issues, despite having a defence diversity and inclusion strategy.
- New Zealand: Only one relevant initiative was identified — the International Webinar series and Working Roundtable Program on Military, Veterans and Families Wellbeing chaired by Robert Lippiatt, which in 2020 included a focus on exploring the needs and issues impacting women, LGBT+, Indigenous, and other racialized Veterans.

MCT = military-to-civilian transition, PTSD = posttraumatic stress disorder, MST = military sexual trauma, VA = U.S. Department of Veterans Affairs, VHA = U.S. Veterans Health Administration, IPV = intimate partner violence, LGBT+ = lesbian, gay, bisexual, transgender, and other sexual and gender minorities, VAC = Veterans Affairs Canada, GBA+ = Gender-Based Analysis Plus, LGBTQ2 = lesbian, gay, bisexual, transgender, queer or questioning, and two spirit, ADF = Australian Defence Force.

topic in the literature ($n = 151$). Family issues are also a key theme ($n = 50$), underscoring the fact that MCT is not limited to an individual but unfolds within their family system. Articles on socio-economic issues include discussion of MCT and Veterans issues in relation to employment, education, and the criminal justice system ($n = 33$). Relatedly, homelessness is the focus of a growing body of research on Veteran transition that is beginning to pay attention to sex, gender, and intersectionality ($n = 33$). There is a small but significant body of Veteran research that foregrounds intersectionality ($n = 22$) and other specific identity considerations, such as LGBT+ issues and experiences ($n = 76$), race and Indigeneity ($n = 80$), and masculinities ($n = 12$). Finally, the review also identified government resources, including policies, programs, and initiatives targeting releasing or retiring members and Veterans from historically under-represented groups ($n = 114$)

DISCUSSION

The current scoping review found only a small body of literature that focuses specifically on the experience of transition through a sex, gender, or intersectional lens. Only a few articles provide a true gender analysis, usually based in qualitative research methods.²⁰⁻²² The majority of articles identified by the authors focus on sex and were found in the area of health challenges experienced by women Veterans.²³⁻²⁵ The existing research highlights issues such as women's premature release as a result of negative military workplace experiences,²⁶ military and Veteran women's mental health needs,²⁷ or the weaker social supports women Veterans have compared with civilians and male Veterans.²⁸

As well, a small amount of research focuses on the experiences and MCT outcomes of LGBT+,²⁹ racial and ethnic minorities,³⁰ and Indigenous Veterans.³¹ For the most part, research treats these different identity categories as separate rather than intersecting. Only a small number of articles examine Veteran health, well-being, and MCT at the intersection of identities such as race and gender. An explicit investigation of intersectionality, not only at the level of individual identity, but also at the systemic level, is rare.³²

Although most of the literature focuses on the individual, some research emphasizes the importance of addressing the MCT challenges of historically under-represented releasing or retiring members and Veterans within their social ecosystem. Family, for instance, is an important, mutually dependent consideration for historically under-represented military members as they undergo transitions during their military careers (e.g., deployment) and as they transition to civilian life. Potential family issues, such as relational disruption,^{33,34} may be exacerbated by military service and extend into civilian life. Moreover, women Veterans are more likely than their civilian counterparts to have experienced gender-based violence, such as MST and intimate partner violence, which poses long-term risks for them and, potentially, for their family members.³⁵⁻³⁷

Challenges faced by women and other historically under-represented Veterans

Health research examining women Veterans and sex and gender factors in MCT outcomes constituted the largest category of articles in the current scoping review. The authors found health risks and outcomes

to be at the forefront of this literature, which includes mental health, physical health, and multi-factor health concerns. It is well established in the literature that service women and released or retired women Veterans face distinct sex- and gender-specific risks for injuries and illnesses.¹³ The reviewed research on women Veterans covers a long list of concerns: posttraumatic stress disorder (PTSD),^{38,39} depression,^{40,41} self-harm and suicide,^{42,43} eating disorders,^{44,45} insomnia,^{46,47} chronic pain conditions,^{48,49} reproductive health,^{50,51} sexual health,^{52,53} traumatic brain injuries,^{54,55} musculoskeletal conditions,^{56,57} cardiovascular conditions,^{58,59} irritable bowel syndrome,⁶⁰ cancer,^{61,62} diabetes,^{63,64} and more. Increasingly, the research recognizes the complex multi-factorial nature of women Veterans' health challenges by addressing correlates between mental and physical health conditions and delineating links to military-related factors. Existing research also highlights the need for a long-term view on transition. The health consequences of military service can manifest many years and decades after release (e.g., see research on women Veterans' sexual and reproductive health),⁶⁵ underlining the need for a longitudinal view of transition embedded within the broader context of multiple life transitions.

The potential health sequelae experienced by both men and women who are MST survivors are well documented in the literature across mental and physical domains of health, while noting that women Veterans are at higher risk of experiencing MST than men Veterans.^{66,67} The literature shows that MST exists on a continuum of sexual and gender-based violence experienced by women more broadly, which means that traumatic military experiences and their health sequelae are often intertwined with complex cumulative trauma histories.^{68,69} The health literature also addresses the unique needs of LGBT+ service members and Veterans. For example, compared with heterosexual and cisgender service members and Veterans, they tend to experience poorer physical health,⁷⁰ are at increased risk of experiencing MST,⁷¹ and have poorer mental health outcomes, such as higher rates of PTSD and suicidal ideation resulting from minority stress.⁷² LGBT+ service members and Veterans also face insensitivity and even discrimination and harassment from service providers.⁷³ Racialized Veterans are found to experience higher rates of trauma and PTSD after service (which is exacerbated for racialized women Veterans) and are less likely than their white counterparts to receive diagnoses

and medical support for mental and physical health issues.^{74,75} As the literature shows, subpopulations of service members and Veterans face unique health challenges that can affect their transition outcomes.

In addition to health issues, women and other historically under-represented Veterans experience socio-economic challenges post-release. Women Veterans face greater income decline and higher rates of unemployment after release than men Veterans, and research finds gender-specific root causes for women Veteran homelessness.^{76,77} Indeed, women Veterans experience unique socio-economic challenges due to their increased likelihood for early release as a result of MST, disproportionate caregiving responsibility, and perceived stigma about their identity and abilities by potential civilian employers.⁷⁸ Indigenous and other racialized Veterans face unique challenges with geographic barriers and transportation, employment security, access to care, integration into communities, and access to culturally, and gender-appropriate care and programs.^{79,80} Compared with heterosexual and cisgender Veterans, LGBT+ Veterans are at increased risk of experiencing housing instability, and their conjugal partners experience discrimination with services, such as end-of-life care and financial supports.⁸¹

Health research dominates the literature, but health challenges are often intertwined with, or lead to, social, socio-economic, housing, employment, and criminal justice issues.⁸²⁻⁸⁵ The literature on MST underscores the need to connect the dots between health and other domains of well-being; for example, MST poses a heightened risk factor for homelessness among women Veterans.⁸⁶ These insights underscore the importance of a more holistic view of transition that does not compartmentalize health issues from social and socio-economic concerns. Yet, the majority of research tends to treat health and social issues as separate, reflecting disciplinary divisions between the medical and social sciences.

Tailored government supports

Existing supports and structures do not necessarily respond to the needs of historically under-represented Veterans and, therefore, may be underutilized by them. Moreover, the lack of tailored services may exacerbate the challenges faced by these Veterans. The research literature emphasizes the need to develop specifically tailored programs and care that can meet the needs of women Veterans, MST survivors, and other vulnerable

subpopulations of Veterans, such as LGBT+, Black, Indigenous, and People of Colour Veterans.⁸⁷⁻⁹¹

The U.S. Department of Veterans Affairs (VA) and its Veterans Health Administration (VHA) have made great strides toward identifying and addressing the needs of women Veterans and, to a lesser extent, the needs of LGBT+ and racialized Veterans through a number of initiatives: dedicated research,⁹² designated personnel (e.g., women Veteran coordinators,⁹³ MST coordinators,⁹⁴ and LGBT coordinators⁹⁵), sex-specific programming and service delivery models,⁹⁶ and the use of technology for outreach.⁹⁷ The United States stands out for its government-driven and -supported research agenda that covers a wide range of types of research, from biomedical, demographic, and statistical to qualitative, particularly when it comes to women Veterans' health. In fact, much of the peer-reviewed research literature captured in this scoping review was conducted by U.S. VA and VHA researchers. Even so, as the existing research discussed here shows, barriers still exist, and the needs of vulnerable Veteran subpopulations are not yet being met in equitable ways. The U.S. case, however, demonstrates what a top-down integrated strategic approach to creating institutional and policy initiatives to support women Veterans, as well as LGBT+ and racialized Veterans, can look like.

The current scoping review did not uncover any large-scale government initiatives aimed at historically under-represented Veterans in the United Kingdom or New Zealand.⁹⁷⁻⁹⁹ Government initiatives identified for Australia and Canada appear to be grounded heavily in processes of consultation and engagement with stakeholders and Veterans, with less evidence of efforts in policy development.^{100,101} The apparent lack of policy development results from a less strategic and centrally coordinated approach to addressing the needs of historically under-represented Veterans in Australia and Canada when compared with the United States. However, recent developments in Canada, such as the creation of an Office of Women and LGBTQ2 Veterans, offer potential to go beyond such a limited approach.¹⁰²

Need for Canadian research

The results of the current scoping review highlight the small amount of SGBA+-related literature on Veteran transition, health, and well-being in Canada (n = 12, including one article with a U.K.-Canada focus and one with a U.S.-Canada focus, not including 16 government resources). The reviewed literature is overwhelmingly based on the U.S. landscape, making it challenging to

generalize to Canada because of a variety of contextual differences, including different deployment cycles, an emphasis on combat exposure, the existence of a VA health care system, and continuing Veteran-specific education for health providers in the United States. Although one can make certain assumptions on the basis of the U.S. research, this scoping review has identified the need for more Canadian-focused qualitative and quantitative research on the experiences of historically under-represented service members and Veterans through an SGBA+ lens.

Health research specifically on women service members and Veterans, and their sex- and gender-specific vulnerabilities and needs, is a particular gap in Canada relative to the large body of U.S.-based literature on the topic. Moving forward, Canadian research should take not only a sex and gender lens but also an intersectional lens, as is called for in SGBA and GBA+, to capture the intersecting vulnerabilities experienced by historically under-represented military and Veteran populations. Ideally, intersectional SGBA+ research will examine the multiple identity and structural factors that produce specific and unique transition challenges across health and socio-economic domains. Producing evidence-based Canadian research that is informed by sex, gender, and intersectionality is key to developing policies, programming, and other government initiatives aimed at women Veterans, LGBT+ Veterans, racialized Veterans, and MST survivors and to ensuring the equity of existing Veterans policies, programs, and services.

Limitations

One limitation of the current scoping review is that it may not have identified all relevant sources, only those that were captured through this study's particular search strategy and at the particular time of the search. Another limitation is that this scoping review primarily captured research focused on women, sex, and gender. Significantly less research is available on other historically under-represented Veterans or with an explicitly intersectional lens. The current scoping review did not uncover any literature that engaged with the experiences and needs of non-binary serving or released military members. Except when explicitly focusing on transgender Veterans,¹⁰³ earlier studies on women likely did not include trans women, and their experiences might therefore not be well-represented in the findings. Finally, terminology and its inconsistent and evolving use across the research literature presented significant challenges

when dealing with this topic area. For example, terms such as sex and gender, as well as race and ethnicity, are often not clearly defined or distinguished in research and policy documents. Although the authors did their best to ensure consistent use of terminology in their own analysis, terminological inconsistencies must be noted as a potential limitation.

Next steps

Two key lessons emerge from the findings of the current scoping review. First, a large amount of international literature has documented how sex, gender, and other identity factors can affect MCT experiences and outcomes. Second, Canadian literature that examines the distinct MCT experiences of women and other historically under-represented military members and Veterans is limited. Taken together, the literature points to a significant knowledge gap in Canada. One needs to mind this gap rather than assume all Canadian Veterans experience MCT in the same way and that one size fits all. Research, policy, and programming that are blind to sex, gender, and intersectionality may not only exclude and silence the experiences of Veterans who do not fit the white, heterosexual, cisgender male norm but could potentially do harm to Veterans who fall outside this norm. GBA+ is a crucial tool to identify and address the unintended consequences of policies and programs on women, men, girls, boys, and non-binary, transgender, and other gender identities as they intersect with other social identity categories. SGBA is a crucial tool to ensure health research findings are applicable to female, male, or intersex military members and Veterans, regardless of how they identify in terms of their gender.

On the basis of the findings of this scoping review, the authors recommend a paradigmatic shift toward the systemic integration of SGBA+ into strategic planning and implementation of research, policies, and programming on Canadian MCT and military and Veteran health and well-being more broadly. The integration of an SGBA+ lens into all aspects of research, policy, and programming requires a coordinated and systematic approach that includes government departments and civilian organizations including the Department of National Defence (DND), CAF, Veterans Affairs Canada (VAC), civilian health care and service providers, government-recognized and -funded peer supports and Veterans organizations, and the civilian research community. The authors also recommend developing channels for knowledge sharing among

these various actors to more quickly and efficiently close the existing gap in knowledge.

The importance of applying an SGBA+ lens to MCT research, policy, and programming to ensure equitable outcomes for all Veterans is further reinforced in view of several class action lawsuits related to the discriminatory treatment of LGBT+, women, and racialized service members,¹⁰⁴⁻¹⁰⁶ as well as the findings of the 2015 Deschamps Report.¹⁰⁷ In response, there is growing Canadian government interest in better understanding and addressing the needs of an increasingly diverse military and Veteran population. Most recently, concern for addressing MCT needs through an SGBA+ lens was expressed in the Prime Minister's supplementary mandate letters issued Jan. 15, 2021. The Prime Minister asked VAC and DND to work together "to ensure that women, LGBTQ2, Indigenous, Black and racialized Veterans and Veterans with disabilities who are transitioning out of the Canadian Armed Forces receive support that meets their unique needs. This will include the use of disaggregated research and data to provide tailored programs and services to these Veterans."^{108,109} Canadian researchers inside and outside of government will need to act with urgency to address this growing policy priority. Only when we begin to close the existing gap in knowledge will we be able to know whether Canadian Veterans experience equitable MCT outcomes regardless of sex, gender, and other intersecting identity factors.

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COMPETING INTERESTS

Maya Eichler is one of the co-chairs of the Women Veterans Research and Engagement Network.

CONTRIBUTORS

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