



## SEX & GENDER: HIGHLIGHTS, OUTCOMES AND THE WAY FORWARD

October 8, 2020

This symposium highlighted the significant benefits of integrating a sex and gender lens into all research, including health research about serving military, Veterans and their families. The historic absence of sex and gender perspectives in military and Veteran health research has led to gender biases and gaps. Gender-blind or gender-neutral research and policy can have unintended negative social and health related consequences, leading to inequitable outcomes and potential harm. Canada is often in the lead of a concerted effort internationally to integrate a sex and gender lens into all defence-related research and policy.

Chaired by Ambassador Jacqueline O'Neill, Canada's Ambassador for Women, Peace and Security, the symposium started with a history of women's involvement and roles in both conflict and peace times, like getting parties to the bargaining table, preventing the worsening of fighting, and helping to reintegrate those returning from war. However, women were shut out of formal peace processes until advocates took the issue to the UN Security Council, advocating for sex disaggregated research on participation at peace negotiations. In 2011, Resolution 1325 was passed in Canada, leading to national action plans to include women in both international and domestic peace processes.

Dr. Jennifer Lee, from the Department of National Defence (DND), was the symposium's first expert presenter who spoke to the topic from the DND and Canadian Armed Forces (CAF) perspective. Dr. Lee presented retention survey research that revealed gendered effects around well-being in the CAF. Survey data indicated that women were more likely to stay in the CAF if they were provided with better supports for family, improved career progression, and more balanced work-related demands. Increasing the representation of women by 25.1 percent by 2026 is a CAF strategic priority. Gender differentiated research data will assist in designing supports to attract women to the CAF and retain them.

Dr. Margaret McKinnon, Homewood Chair in Mental Health and Trauma, presented a critical intersectional perspective on Veterans' health research. A holistic approach to well-being revealed that homeless female Veterans are often single but have dependent children, their socio-economic status is different than men's as are their needs, they often experience non-combat trauma, and feelings of institutional betrayal may lead them to avoid traditional services.

Dr. Maya Eichler, Director of the Centre for Social Innovation and Community Engagement in Military Affairs, presented on sex and gender tools for research. Canada's military and Veteran populations are more diverse, with women being the largest minority at 15 percent. Gender-neutral research obscures how sex and gender identity impact people's well-being. A sex and gender lens can address this shortfall. Dr. Eichler suggests that all publicly funded research should attempt not to reproduce inequities, meaning one must query who remains invisible in the research and where the disparities exist: "the 'invisibilization' of people happens in research, which is then embedded in policy". The collective community of military and Veterans' health researchers are encouraged to be part of the culture change, it is not just up to the institutions. Dr. Eichler advises: "Think of your research as a tool of culture change in the military, even if you are on the outside."

The experts then moved into a panel to discuss how Intersectionality is captured through Gender Based Analysis Plus (GBA+), which is part of the Government of Canada's commitment to promoting diversity and inclusion across all of its departments, agencies and funding bodies. It was also emphasized that the lens of lived experience, in partnership with the people being studied, should be 'baked in' from the beginning of the research process, like interacting more with advisory groups. A 'first-person perspective' is important to research impact. With respect to mental health, Dr. McKinnon, emphasized: "Never underestimate the pain of not being heard, not seeing your identity, your lived experience not being heard... those are the voices of the marginalized and disenfranchised". The best policy – and research – is informed by the voices of those that it impacts. A sex and gender lens enables the voices of those under-represented to be explicitly included in meaningful ways.



## TAKEAWAYS

### THE FOLLOWING ARE ACTIONABLE ITEMS STEMMING FROM THE EXPERT PRESENTERS AND PANEL DISCUSSION.

**Research Funders** are encouraged to be flexible with deliverables because consultative processes associated with GBA+ take time. Researchers often have to adjust timelines to ensure the work is relevant to the people it is meant to benefit. As GBA+ is a new skill set for many, dedicated funding, support and training is needed for researchers.

For **Policy Makers**, adopting sex- and gender-based principles would involve priority changes for organizations that serve military and veterans populations. Policies should be developed based on good research evidence that is as inclusive as possible, or at least recognizes and articulates its limitations around sex and gender.

For **Practitioners and Clinicians**, women Veterans face higher risks based on occupational contexts and hazards. These include urinary and reproductive problems, mental health issues, military sexual trauma, and higher levels of chronic pain. Of note, military sexual trauma is also prevalent in men, though rarely researched.

For **Researchers**, projects should be designed in ways that can demonstrate sex and/or gender differences, even if that is not the main objective of the study. There are some legitimate reasons why a sex and gender lens cannot be used, such as issues with small numbers and risking anonymity, but lack of a sex and gender lens should be articulated as a limitation.

## THE WAY FORWARD

### MORE RESEARCH IS NEEDED IN THE FOLLOWING AREAS, GUIDED BY GBA+ ANALYSIS AND INTERSECTIONALITY:

- Intersectional contexts, like rank, people living in rural and remote areas, homelessness, etc.
- Women with lived experience around military sexual trauma feel they have told their stories: we must now engage them in problem-solving, policy and programming.
- Understanding multiple identities within communities, e.g., Indigenous and Inuit; 2SLGBTQ+; Black and South Asian; northern, rural and remote; marginalized and racialized groups; and people with [dis]abilities, to name a few.