Gender in Veteran reintegration and transition: a scoping review

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ABSTRACT

Introduction: This article presents the results of a scoping review of Canadian and international literature on gender and Veteran reintegration and transition. **Methods:** The scoping review yielded 178 articles, which were organized thematically according to issues impacting Veterans' transition to civilian life and by their approach to gender. **Results:** There has been an upswing in gender research on Veterans, with 100 of the 178 articles published between 2010 and 2015. Most of the research articles, largely quantitative studies, are related to health issues ($n = 108$), discussing mental and physical health outcomes and health services use. There is much less gender-related research being conducted on socio-economic themes ($n = 25$) of Veterans' homelessness, employment, and education. Military sexual trauma (MST) represents the second most common topic ($n = 45$) researched in the reviewed literature, and appeared primarily in the context of health research and, to a lesser extent, in relation to socio-economic issues. **Discussion:** Lack of clarity on the use of the term "Veteran" and lack of explicit engagement with military-to-civilian transition in the reviewed literature pose challenges. Furthermore, the lack of qualitative research, social sciences research, and Canadian research represent major gaps in the literature. We recommend that the impact of military and civilian gender norms and gendered power dynamics be considered in relation to female, male, and LGBTQ Veterans across transition stages and across health and socio-economic dimensions in future research and programming.

Key words: female Veterans, gender, LGBTQ, masculinity, military sexual trauma (MST), military-to-civilian transition (MCT), reintegration, scoping review, Veterans, women

RÉSUMÉ

Introduction : Cet article discute des résultats d'un examen de la portée sur la documentation canadienne et internationale sur le genre des vétéran(e)s et leur réintégration ainsi que leur transition à la vie civile. **Méthodes** : L'examen a fourni 178 articles qui ont été organisés par thème en prenant en considération les problèmes qui impactent les vétéran(e)s en transition à la vie civile et leur approche sexospécifique. **Résultats** : Il y a eu une augmentation de recherches sur les sexes et les vétérans car 100 des 178 articles ont été publiés entre 2010 et 2015. La majorité des articles de recherche (études qualitatives) étaient des études sur les problèmes de santé ($n = 108$) qui discutent les résultats de la santé physique et mentale et l'utilisation du système de santé. Il y a beaucoup moins de recherche portant sur le thème socio-économique, l'itinérance, l'emploi, et l'éducation des vétérans en comparant entre les sexes ($n = 25$). Le deuxième thème le plus populaire était celui du traumatisme sexuel militaire ($n = 45$) étudié premièrement dans le contexte de la recherche de la santé et moins concernant les questions socio-économiques. **Discussion** : Le manque de clarté concernant la définition du mot 'vétéran' et le manque de soutien envers la transition à la vie civile dans la documentation révisée a créé des problèmes. Nous avons constaté une lacune importante dans la documentation dû au manque de recherche qualitative, des recherches en sciences sociales et des recherches canadiennes. C'est notre recommandation que l'impact des normes sociales sexistes envers les dynamiques de genre pour les militaires et les vétérans soient prises en considération pour les femmes, hommes, et les vétérans LGBTQ en transition ainsi que les dimensions socio-économiques et de santé dans les nouvelles recherches et les nouveaux programmes.

Mots clés : genre, vétéran, vétérane, transition à la vie civile, réintégration, examen de la portée, femme, LGBTQ, traumatisme sexuel militaire

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INTRODUCTION

The changes experienced during military-to-civilian transition (MCT) cut across multiple dimensions, including identity, family roles, routines, finances, community, and culture. MCT is recognized as a process that begins before military release and continues until a Veteran has adapted to civilian life.[1–3] Approximately 4,000–5,000 regular force Canadian Armed Forces (CAF) members, and a comparative number of reserve force members, release from service each year.[4] Many CAF Veterans experience a smooth MCT, but roughly a quarter of full-time service members (regular forces/Reserve Class C) report a difficult MCT experience.[5] With approximately 1,000 CAF members medically releasing annually, health issues often complicate MCT, increasing Veterans' risk for psychosocial challenges (e.g., unemployment or homelessness) upon civilian reintegration.[4]

This article analyzes the Canadian and international research literature on gender and Veterans' reintegration and transition to identify current trends and gaps, and to make recommendations for future research and programming. Gender is an understudied but important piece of the puzzle in developing a better understanding of MCT experiences. This is the case both because militaries are deeply gendered institutions and because competing military and civilian gender norms can create challenges for Veterans.[6,7] Researchers of Veterans' issues have begun to pay more attention to gender as women's participation in Western militaries has grown over the past decades. In Veterans research, gender is sometimes narrowly defined in terms of sex (men and women) or seen as synonymous with women. More broadly, and inspired by feminist scholarship, gender refers to the social relations, norms, and practices associated with masculinities and femininities.[8]

Gender is particularly relevant to the study of Veterans in Canada. All military occupations were opened to women starting in 1989, with the exception of submarine service, which began to include women in 2001. However, there remain serious challenges to gender integration.[9] These challenges are reflected in the External Review on Sexual Misconduct in the Canadian Armed Forces (Deschamps Report),[10] released in April 2015, and in ongoing efforts to transform the military's culture through Operation Honour. Experiences of sexual harassment and/or assault during service can result in military sexual trauma (MST), with potential long-term consequences for a Veteran's transition to civilian life. As the military's gendered and sexualized culture has come under scrutiny, this has underscored the need to more broadly examine male and female Veterans' distinct experiences as well as the impact of gender norms on MCT. Significantly, gender research has the potential to improve reintegration experiences for all Veterans.[11]

METHODS

We conducted a scoping review following the framework of Arksey and O'Malley[12] comprising the five stages discussed below. We additionally incorporated suggestions for enhancing this framework offered by Levac, Colquhoun, and O'Brien[13] and Daudt, Van Mossel, and Scott.[14]

Stage 1: Identifying the research question

Our scoping review included two concepts: "gender" and "Veterans' military transition to civilian life." The target population was Veterans in a Canadian and international context (specifically, Australia, the United States, and the United Kingdom) who had released from military service. Our outcome of interest, Veterans' gendered transition experiences, was addressed through the following research question: "What is the impact of gender on Veterans' transition from military to civilian life?"

Stage 2: Identifying relevant studies

We searched for literature electronically using several academic databases available through Mount Saint Vincent University (a list of databases used is available from the corresponding author). We also used the Google search engine and the website of the "Consortium on Gender, Security & Human Rights",[15] an organization relevant to our topic. We applied combinations of the following search terms: *military veteran, veteran*, *retired military personnel*, *ex-military* (Veteran-related terms); *gender**, *female**, *women**, *masculin**, *feminin**, *sex**, *LGBT** (gender-related terms); *release**, *transition**, *reintegrat**, *adjust**, *post military*, *after service*, *post service*, *military transition to civilian life* (transition-related terms). The * was used to capture alternate endings connected to the base terms (e.g., sex* would yield sex, sexual, sexuality, and so on). Only peer-reviewed journal articles published in the English language between 1990 and 2015 were accepted for screening. Key articles were identified and their reference lists were handsearched for additional literature that did not surface in the electronic sweep ("phase one reference mining").

Stage 3: Selecting the studies

Our selection of studies involved a three-phase screening process. The appended flowchart illustrates this process (see Figure 1). First, one author screened for articles that contained both gender-related and Veteran-related terms in the title or abstract. Second, the other author reviewed the complete list, with particular emphasis on transition-related topics. Third, retrieved articles were read in full and either accepted or rejected for data charting according to inclusion/exclusion criteria, which we developed as our familiarity with the literature increased. We found several nuances in relation to the terms "Veteran" and "transition" across articles: (1) definitions of "Veteran" varied internationally and depicted both current (e.g., combat Veterans who are still serving) and ex-military personnel; in some cases this distinction was not obvious, (2) the term "transition" was attached to many different types of changes that occur throughout a military career (e.g., post-deployment reintegration, home re-location due to postings, release from service) and could not always be conclusively determined, and (3) most literature focused on post-deployment or post-service experiences, with little attention to the process of MCT itself. Therefore, to focus our inclusion/exclusion criteria, we asked ourselves, "What is relevant for someone who is trying to understand transition?" Given that deployment can have both negative and positive consequences for reintegration,[16] we decided to accept articles that examined post-deployment issues, reintegration, post-service experiences and/or transition as long as they included Veterans as the sample group.

Inclusion criteria

We included in our study:

- original/primary research articles only;
- studies that employ quantitative, qualitative, or mixed methodologies;
- studies that examine Veterans;
- studies that examine gender-related health issues during or since military release;
- studies that focus on other post-military related issues (e.g. socio-economic issues); and
- studies that examine Veterans' first-hand experiences or perspectives surrounding MCT, or the viewpoint of service providers for whom a gender inquiry is the focus.

Exclusion criteria

We excluded from our study:

- articles that synthesize, rather than provide, original research;
- studies that examine Veterans involved in pre-1990s conflicts;
- studies presented in non-peer reviewed publications, including grey literature and government reports;
- studies with gender-related terms mentioned only in passing, without inquiry;
- studies focusing on family members of Veterans rather than the Veteran; and
- studies that test inventories or other measures within a Veteran population, but do not focus on Veterans' MCT experience.

We recognize that there is a body of peer-reviewed literature on gender and health among CAF service members, particularly based on the CF 2002 Supplement of the Statistics Canada Canadian Community Health Survey, the CF Mental Health Survey. However, this literature was not included in our review as it explicitly examines the experiences of serving members rather than ex-service members/Veterans.

In addition to 126 articles that met inclusion criteria, another 61 articles were identified by hand searching reference lists of non-original research articles that we retrieved ("phase two reference mining"); of these, 52 met inclusion criteria.

Stage 4: Charting the data

Relevant information was extracted into a data charting form (created in Microsoft Excel) to organize details useful for answering our research question. The full form, including a description of categories, is available upon request.

Stage 5: Collating, summarizing, and reporting results

Articles were categorized within RefWorks reference management software to obtain descriptive information. These categories included the geographic location of the study, whether the inquiry was attached to a specific military conflict, how "Veteran" was defined (i.e., either released, both released and still-serving, or unclear/unspecified), how gender was examined (i.e., female Veterans, gender differences, gender norms, gendered

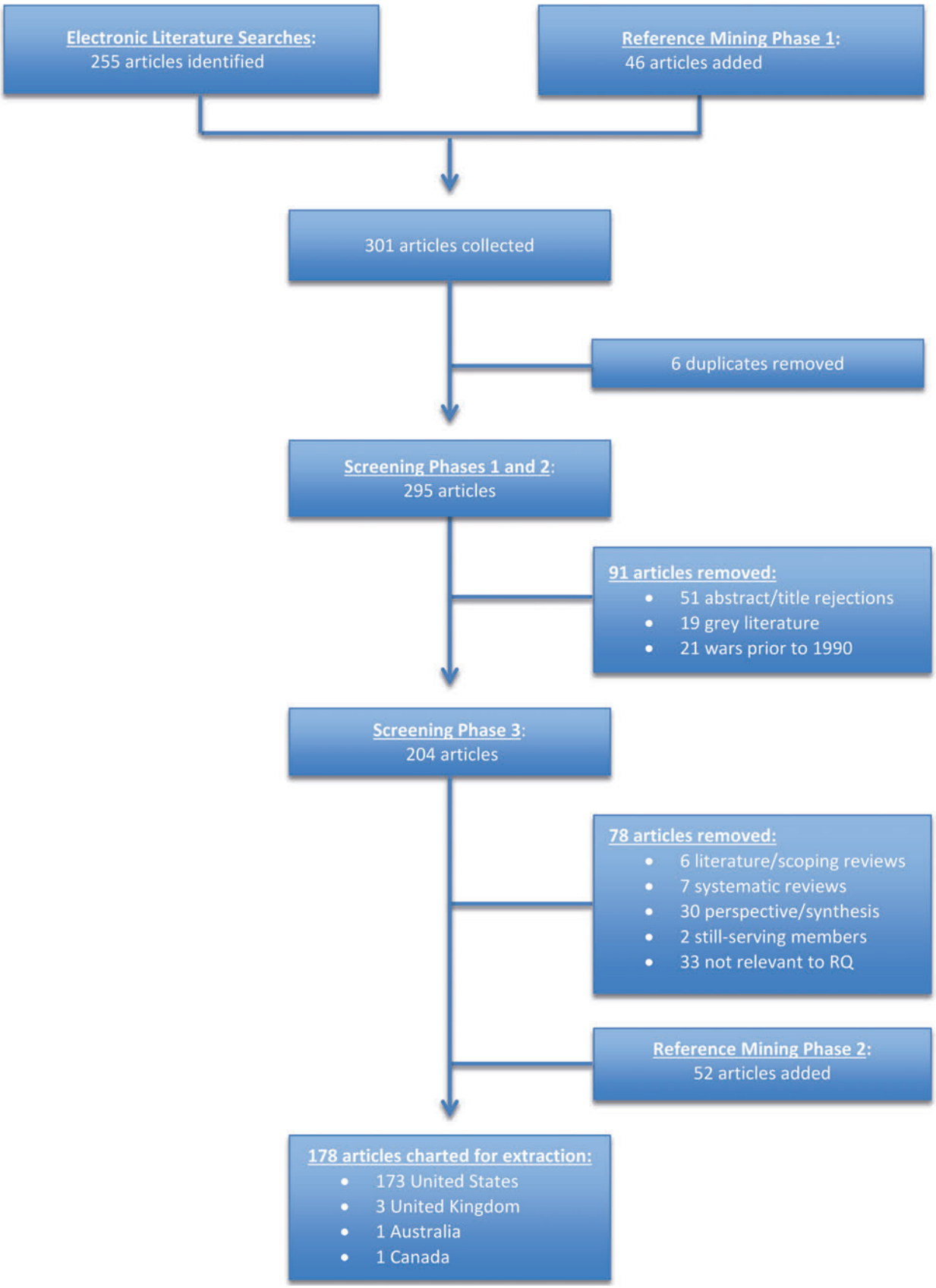

Figure 1. Flowchart of search and screening process. Credit: Maya Eichler and Kimberley Smith-Evans.
Note: RQ = research question

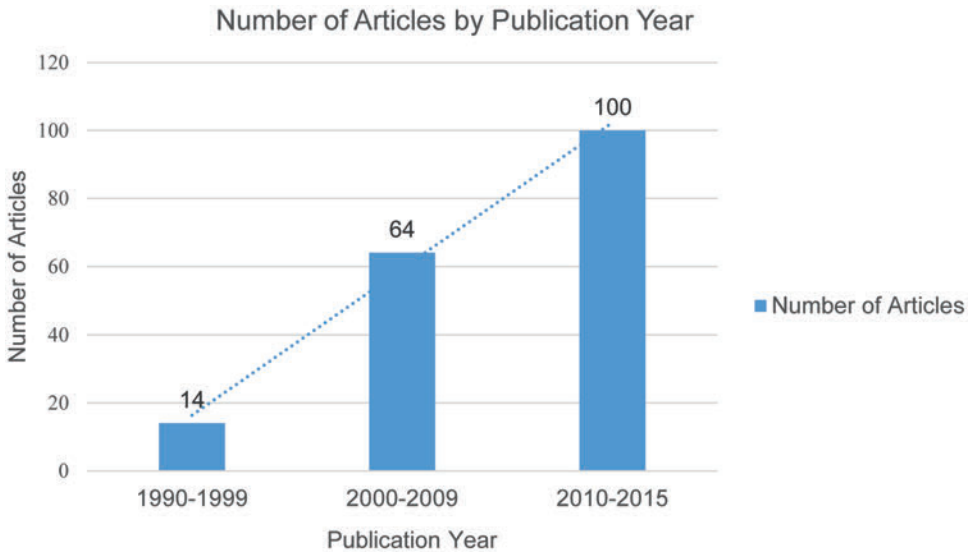

Figure 2. Research trends by publication year.

power relations, or LGBTQ), and what aspect of Veterans' reintegration/transition to civilian life was examined (i.e., health, socio-economic issues, or military sexual trauma).

RESULTS

This study collected 178 articles that met our inclusion criteria. The majority of publications were published between 2000 and 2015, with the largest spike occurring in 2013 (see Figure 2). Most research was based in the United States ($n = 173$) and there was much less identified in the United Kingdom ($n = 3$), Australia ($n = 1$), and Canada ($n = 1$). Most articles did not attach their inquiry to a specific military conflict ($n = 141$); however some did take this approach, such as Operation Enduring Freedom/Operation Iraqi Freedom ($n = 30$), the Persian Gulf War ($n = 6$), and multiple conflicts examined ($n = 2$). Veteran status was not always explicit and the reviewed articles included a variety of participant samples: released from military ($n = 143$), both still-serving and released ($n = 12$), and unclear/unspecified ($n = 23$).

Articles were thematically organized into categories according to their particular approach to gender and their focus on a particular aspect of Veterans' reintegration and transition experiences. To avoid overlap across the transition themes, we organized articles according to their main focus as stated in the article title, abstract, and study objective. For the gender category, thematic distribution was as follows: sex (male Veterans, $n = 3$; female Veterans, $n = 83$), gender differences ($n = 66$), gender norms (masculinity $n = 7$; femininity $n = 3$), gendered power relations ($n = 2$), and LGBTQ ($n = 14$). For the transition category, thematic distribution was organized into three broad categories: (1) health (health outcomes, $n = 57$), (health services access/utilization, $n = 47$), and (both health outcomes and health services access/utilization, $n = 4$); (2) military sexual trauma/sexual violence ($n = 45$); and (3) socio-economic issues (homelessness, $n = 13$), (employment, $n = 5$), (education, $n = 3$), and (other, $n = 4$). Table 1 compiles the articles and details the intersection between the gender and transition categories, the particular research method, and the geographic location of each study.

DISCUSSION

The following discussion depicts the intersection between gender and Veterans' experiences of reintegration and transition in relation to two broad areas: health and socio-economic issues. Military sexual trauma was merged with the health category, as most articles discussed it in this way. However, it is important to note that MST is not only about health – it also holds implications for socio-economic issues. International comparisons were not possible because the majority of research was conducted in the US context. As such, our discussion merges the international research we reviewed rather than including separate sections for each country.

Health

Health outcomes

While male Veterans experience more combat exposure than female Veterans, both experience post-deployment mental health issues.[17–19] During deployment, female

Table 1. Summary of reviewed research articles

Article	Study method	Study location	Gender category
Health			
Health outcomes			
Afari et al. (2015)	quantitative	US	gender differences
Alfred et al. (2014)	quantitative	US	gender norms (masculinity)
Asmundson et al. (2004)	quantitative	US	sex (women)
Atherton (2009)	qualitative	UK	gender norms (masculinity)
Bader et al. (2001)	quantitative	US	sex (women)
Banerjea et al. (2009)	quantitative	US	sex (women)
Beder et al. (2011)	mixed	US	gender differences
Bell et al. (1998)	quantitative	US	sex (women)
Benda and House (2003)	quantitative	US	gender differences
Blosnich et al. (2001)	quantitative	US	LGBTQ
Blosnich et al. (2015)	quantitative	US	LGBTQ
Blosnich et al. (2013)	quantitative	US	LGBTQ
Blosnich et al. (2013)	quantitative	US	LGBTQ
Bradley et al. (2001)	quantitative	US	sex (women)
Burkhart and Hogan (2014)	qualitative	US	sex (women)
Carlson et al. (2013)	quantitative	US	gender differences
C'de Baca et al. (2012)	quantitative	US	sex (women)
Cochran et al. (2013)	quantitative	US	LGBTQ
Cohen et al. (2012)	quantitative	US	sex (women)
Der-Martirosian et al. (2013)	quantitative	US	sex (women)
Dichter et al. (2011)	quantitative	US	sex (women)
Dobie et al. (2004)	quantitative	US	sex (women)
Escalona et al. (2004)	quantitative	US	sex (women)
Feldman and Hanlon (2012)	qualitative	AUS	sex (women)
Fetzner et al. (2013)	quantitative	CAN	gender differences
Fontana et al. (2010)	quantitative	US	gender differences
Forman-Hoffman et al. (2012)	quantitative	US	sex (women)
Frayne et al. (2006)	quantitative	US	gender differences
Freedy et al. (2010)	quantitative	US	gender differences
Garcia et al. (2011)	quantitative	US	gender norms (masculinity)
Grossman et al. (1997)	quantitative	US	gender differences
Gutierrez et al. (2013)	qualitative	US	sex (women)
Haskell et al. (2010)	quantitative	US	gender differences
Hassija et al. (2012)	quantitative	US	sex (women)
Hoglund and Schwartz (2014)	quantitative	US	gender differences
Kelley et al. (2013)	quantitative	US	gender differences
King et al. (2013)	quantitative	US	gender differences
Lehavot et al. (2012)	quantitative	US	sex (women)
Lehavot et al. (2014)	quantitative	US	sex (women)
Litwack et al. (2014)	quantitative	US	gender differences
Maguen et al. (2010)	quantitative	US	gender differences
Morrison (2012)	quantitative	US	gender norms (masculinity)
Murdoch et al. (2003)	quantitative	US	gender differences
Nunnink et al. (2010)	quantitative	US	sex (women)
Oliva et al. (2015)	quantitative	US	gender differences
Pereira (2002)	quantitative	US	gender differences
Pierce (1997)	quantitative	US	sex (women)
Schnurr and Lunney (2011)	quantitative	US	sex (women)
Skinner and Sullivan (1999)	quantitative	US	gender differences
Street et al. (2013)	quantitative	US	gender differences
Teh et al. (2008)	quantitative	US	gender differences
Vogt et al. (2005)	quantitative	US	gender differences
Vogt et al. (2011)	quantitative	US	gender differences
Vogt et al. (2011)	quantitative	US	gender differences

Wallace et al. (2009)	quantitative	US	sex (women)
Westermeyer et al. (2009)	quantitative	US	gender differences
Yee et al. (2011)	quantitative	US	sex (women)
Health services access/utilization			
Amara et al. (2014)	quantitative	US	gender differences
Bean Mayberry et al. (2003)	quantitative	US	sex (women)
Bean Mayberry et al. (2007)	quantitative	US	sex (women)
Bean Mayberry et al. (2004)	quantitative	US	sex (women)
Bernardy et al. (2013)	quantitative	US	gender differences
Chatterjee et al. (2009)	quantitative	US	gender differences
Cheney et al. (2014)	qualitative	US	gendered power relations
Curtin et al. (2012)	quantitative	US	gender differences
Davis et al. (2014)	quantitative	US	gender differences
Dobie et al. (2006)	quantitative	US	sex (women)
Fontana and Rosenheck (2006)	quantitative	US	sex (women)
Forneris et al. (2002)	quantitative	US	sex (women)
Frayne et al. (2008)	quantitative	US	gender differences
Frayne et al. (2007)	quantitative	US	gender differences
Friedman et al. (2011)	quantitative	US	sex (women)
Green et al. (2010)	qualitative	UK	gender norms (masculinity)
Grubaugh et al. (2006)	quantitative	US	sex (women)
Haskell et al. (2008)	quantitative	US	sex (women)
Huynh-Hohnbaum et al. (2003)	qualitative	US	gendered power relations
Kaur et al. (2007)	quantitative	US	gender differences
Kauth et al. (2014)	quantitative	US	LGBTQ
Kressin et al. (1999)	quantitative	US	gender differences
Lehavot et al. (2013)	quantitative	US	sex (women)
Lehavot et al. (2015)	quantitative	US	sex (women)
Leslie et al. (2011)	quantitative	US	gender differences
Maguen et al. (2012)	quantitative	US	gender differences
Mattocks et al. (2013)	quantitative	US	LGBTQ
Mengeling et al. (2011)	quantitative	US	sex (women)
Mooney and Weeks (2007)	quantitative	US	sex (women)
Ouimette et al. (2003)	quantitative	US	sex (women)
Shen and Sambamoorthi (2012)	quantitative	US	sex (women)
Sherman et al. (2014)	mixed	US	LGBTQ
Sherman et al. (2014)	mixed	US	LGBTQ
Shipherd et al. (2012)	quantitative	US	LGBTQ
Simpson et al. (2013)	quantitative	US	LGBTQ
Singh and Murdoch (2007)	quantitative	US	gender differences
Skinner and Furey (1998)	quantitative	US	sex (women)
Stecker et al. (2007)	quantitative	US	gender differences
Vogt et al. (2006)	quantitative	US	sex (women)
Washington et al. (2007)	qualitative	US	sex (women)
Washington et al. (2013)	quantitative	US	sex (women)
Washington et al. (2011)	quantitative	US	sex (women)
Washington et al. (2003)	quantitative	US	sex (women)
Washington et al. (2006)	quantitative	US	sex (women)
West and Lee (2013)	quantitative	US	sex (women)
Wolfe et al. (2000)	quantitative	US	sex (women)
Wright et al. (2006)	quantitative	US	gender differences
Both health outcomes and health services access/utilization			
Grubaugh et al. (2008)	quantitative	US	sex (women)
Haskell et al. (2011)	quantitative	US	gender differences
Owens et al. (2009)	quantitative	US	sex (women)
Washington et al. (2013)	quantitative	US	sex (women)

Military sexual trauma (MST)			
Barth et al. (2015)	quantitative	US	gender differences
Booth et al. (2011)	quantitative	US	LGBTQ
Booth et al. (2012)	quantitative	US	LGBTQ
Butterfield et al. (1998)	quantitative	US	sex (women)
Campbell and Raja (2005)	quantitative	US	sex (women)
Cobb Scott et al. (2014)	quantitative	US	sex (women)
Davis and Wood (1999)	quantitative	US	sex (women)
Decker et al. (2013)	quantitative	US	sex (women)
DeRoma et al. (2003)	quantitative	US	sex (women)
Engel et al. (1993)	quantitative	US	gender differences
Fontana and Rosenheck (1998)	quantitative	US	sex (women)
Frayne et al. (1999)	quantitative	US	gender differences
Gradus et al. (2008)	quantitative	US	gender differences
Hankin et al. (1999)	quantitative	US	sex (women)
Himmelfarb et al. (2006)	quantitative	US	sex (women)
Jenkins et al. (2015)	quantitative	US	gender differences
Kang et al. (2005)	quantitative	US	gender differences
Katz et al. (2007)	mixed	US	sex (women)
Kelly et al. (2008)	quantitative	US	sex (women)
Kelly et al. (2011)	quantitative	US	sex (women)
Kimerling et al. (2007)	quantitative	US	gender differences
Kimerling et al. (2010)	quantitative	US	gender differences
Lee et al. (2007)	quantitative	US	sex (women)
Lehavot and Simpson (2014)	quantitative	US	LGBTQ
Luterek et al. (2011)	quantitative	US	sex (women)
Murdoch et al. (2006)	quantitative	US	gender differences
Murdoch and Nichol (1995)	quantitative	US	sex (women)
Pavao et al. (2013)	quantitative	US	gender differences
Polusny et al. (2008)	quantitative	US	sex (women)
Rowe et al. (2009)	quantitative	US	sex (women)
Ryan et al. (2014)	quantitative	US	sex (women)
Schultz et al. (2006)	quantitative	US	sex (women)
Skinner et al. (2000)	quantitative	US	sex (women)
Strauss et al. (2011)	quantitative	US	sex (women)
Surís et al. (2004)	quantitative	US	sex (women)
Surís et al. (2007)	quantitative	US	sex (women)
Tiet et al. (2006)	quantitative	US	sex (men)
Tiet et al. (2015)	quantitative	US	gender differences
Turchik et al. (2013)	qualitative	US	sex (men)
Turchik et al. (2012)	quantitative	US	gender differences
Valdez et al. (2011)	quantitative	US	gender differences
White et al. (2010)	quantitative	US	sex (women)
Wing and Oertle (1999)	qualitative	US	sex (women)
Yaeger et al. (2006)	quantitative	US	sex (women)
Zinzow et al. (2008)	quantitative	US	gender differences
Socio-economic issues			
Homelessness			
Benda (2006)	quantitative	US	gender differences
Benda (2005)	quantitative	US	gender differences
Benda (2004)	quantitative	US	gender differences
Blackstock et al. (2012)	quantitative	US	gender differences
Gamache et al. (2003)	quantitative	US	sex (women)
Hamilton et al. (2011)	qualitative	US	sex (women)
Higate (2000)	qualitative	UK	gender norms (masculinity)
Montgomery et al. (2015)	quantitative	US	gender differences
Tsai et al. (2014)	quantitative	US	gender differences

Tsai et al. (2012)	quantitative	US	sex (women)
Tsai et al. (2014)	quantitative	US	gender differences
Tsai et al. (2012)	quantitative	US	gender differences
Washington et al. (2010)	quantitative	US	sex (women)
Employment			
Hamilton et al. (2015)	quantitative	US	sex (women)
Kleykamp (2013)	quantitative	US	gender differences
Robertson and Brott (2013)	qualitative	US	sex (men)
Smith (2014)	quantitative	US	gender differences
Szelwach et al. (2011)	qualitative	US	gender norms (femininity)
Education			
Alexander (2014)	qualitative	US	gender differences
DiRamio et al. (2015)	mixed	US	gender norms (masculinity)
Mani (2013)	quantitative	US	gender differences
Other			
Demers (2013)	qualitative	US	gender norms (femininity)
Dichter and True (2015)	qualitative	US	gender norms (femininity)
Mattocks et al. (2012)	qualitative	US	sex (women)
Schaffer (2014)	quantitative	US	sex (women)

Notes: The list of databases used is available from the corresponding author upon request. A list of full references is available from the corresponding author upon request.
US = United States; UK = United Kingdom; AUS = Australia; CAN = Canada.

Veterans are more likely to experience interpersonal stressors, and male Veterans mission-related stressors.[20] Men and women seem to experience similar mental health outcomes as a result of combat exposure,[19] but female Veterans may be underdiagnosed for post-traumatic stress disorder (PTSD) following deployment.[21–23] Alcohol use has been found to be high and frequent among both male and female Veterans living with PTSD[24]; however, a stronger association between PTSD and substance abuse has been observed among male Veterans.[19,25–27]

The most common negative mental health outcomes of military service for female Veterans are depression, anxiety, and PTSD, often experienced comorbidly and due to trauma exposure such as combat and sexual violence.[28–31] MST and its relation to PTSD among female Veterans is one of the most heavily researched topics in the literature examining Veterans' experiences of military sexual harassment and assault. For example, Forman-Hoffman et al.[31] found that women with PTSD symptoms associated with MST were more than twice as likely to have eating disorders compared to women who had not experienced MST.

Research largely indicates that female Veterans experience higher rates of MST than male Veterans, which may negatively impact their mental health despite lower combat exposure.[25,27,32,33] Despite this higher prevalence of MST among female Veterans, there is a link for both men and women between MST and the subsequent development of mental health issues.[34-36] As one qualitative study shows, a military culture premised on gendered power relations can lead to blaming, skepticism, and labels of promiscuity by peers and superiors that reinforce and perpetuate MST.[37]

Mental health problems appear to be particularly salient among younger female Veterans and those with a service-related disability,[28,38] which can lead to occupational impairment and release from service.[39] Female Veterans may feel isolated upon release as their complex and unique military lifestyle can lead to a sense of disconnection from non-Veteran women and a diminished sense of self-worth and identity.[40] Social support, including peer support, is a valuable resource for minimizing negative mental health outcomes for female Veterans during transition.[37,41]

Research indicates a higher prevalence of mental and physical health conditions among LGBTQ Veterans compared to their non-LGBTQ counterparts.[42,43] In particular, higher prevalence of suicidal ideation has been attributed to LGBTQ Veterans having to conceal

their sexual-minority status while still serving,[43] or with experiencing social isolation due to lower availability of social and emotional supports.[44]

Gender norms, specifically norms of masculinity, have been found to serve as a protective factor for psychological well-being for men during military service, but, conversely, might pose risk for decreased psychological well-being during the transition to civilian life.[45] This risk permeates domestic settings as Veterans have to re-negotiate gendered family roles and responsibilities upon their return home.[46] In addition, certain masculine behaviours are linked to the development of PTSD avoidance symptoms, which may hinder help seeking and treatment.[47,48] However, having a strong dedication to success, another attribute sometimes associated with norms of masculinity, might buffer these avoidance symptoms.[47]

Health services

Gender-specific health care needs (e.g., reproductive health care needs) are salient reasons why female Veterans access VA health care services.[32] (Here, VA refers to the Department of Veterans Affairs, a setting specific to the United States.) However, the availability of on-site health care specific to women's needs impacts how likely they are to use VA facilities.[49–52] Female Veterans are found to be less satisfied than male Veterans on some dimensions of inpatient VA services such as physical comfort, courtesy, and access.[53] Gendered power dynamics, based on military institutional hierarchies, appear to infiltrate the VA health care system and perpetuate gendered inequalities. Consequently, the male norm currently drives the focus of services available in VA health care settings[54] and leads some female Veterans to access services outside the VA system,[55] despite many being less satisfied as dual users (accessing both VA and non-VA services).[54,56,57] Problems with availability of appropriate health services extend beyond female Veterans, as LGBTQ Veterans also express unique care needs.[58–61]

Socio-economic issues

Homelessness

Female Veterans can face up to four times higher risk for homelessness than non-Veteran women,[62,63] and one study found that close to one in three homeless female Veterans have dependent children.[64] Specific factors, such as being unemployed, disabled, and single, particularly in conjunction with mental health issues, are especially salient risk factors for homelessness among female Veterans.[65,66] Mental health problems among homeless female Veterans are often associated with traumatic experiences, both military and nonmilitary-related.[63,67] One study noted a stronger correlation between suicidal thoughts and/or attempts and both past and present abuse among homeless female Veterans compared to homeless male Veterans.[68] Male and female homeless Veterans seem to experience different types of mental health issues, with women experiencing more affective issues (e.g., anxiety, depression) and men more substance use.[64] Older, unmarried female Veterans are at greater risk for homelessness than their younger, married counterparts.[65] Norms of military masculinity can contribute to the appeal of a transient lifestyle, which has been linked to an increased risk for homelessness among male Veterans.[69]

Employment

Female Veterans may have acquired skills in their military careers that are more transferrable to the civilian workforce than those of male Veterans, who are more likely to have been situated in highly specialized combat occupations.[70] However, some female Veterans find that civilian employers do not recognize and value their military-acquired leadership skills or their Veteran status, particularly if they have not served in combat roles.[71] Hamilton et al.[72] found that female Veterans were three times as likely to be unemployed if they felt their military experience was not respected or understood in the civilian context. Research on female Veterans living in rural areas highlights the limited options for securing civilian employment and accessing supports, such as child care or gender-specific health services, compared to urban settings. These challenges may be compounded by civilian gender norms that largely still view child care as a woman's responsibility.[71]

The higher prevalence of MST among female Veterans carries implications for their civilian employment.[71] For instance, having experienced MST within the military work setting may lead to interpersonal and functional challenges when transitioning to civilian careers,[36] including a greater potential for re-victimization.[73] Skinner et al.[74] noted that, in addition to lower social functioning and higher reports of physical and mental health issues, female Veterans that experience MST are less likely to be employed in civilian jobs than female Veterans who do not experience MST; this is often due to trauma-related psychological barriers.

Education

Male and female Veterans appear to share a similar impetus for enrolling in higher education; both are often motivated by a desire for financial satisfaction and general personal advancement.[75] However, the scant literature on education indicates that female Veterans may face more challenges integrating into civilian higher educational settings than male Veterans, in part because they tend to be less visible and less understood than male Veterans.[75] Previous socialization into the military ethos, which values norms of masculinity, may deter female Veterans from seeking both academic and mental health-related help in civilian educational settings.[76] Further, civilian gender norms can impact expectations for female Veterans' conduct in educational settings, with an emphasis on presenting themselves and speaking in a "lady like" manner,[75] which was likely minimized in the highly masculinized military setting. Female Veterans may face other gender norms, such as gendered family responsibilities, that can prevent them from pursuing higher education altogether, given that they are starting this endeavour later in life than the typical female student.[76]

CONCLUSION

There has been a phenomenal increase in gender research on Veterans since 2000. The current state of peer-reviewed literature on gender and Veterans indicates a strong presence of health-related research. Research into socio-economic issues such as homelessness, employment, or education is much less developed. MST is an experience that bridges issues related to both health and socio-economic factors. In the literature, gender is typically incorporated as a variable, focusing on female Veterans or gender differences, rather than as an analytical category. A shift toward applying gender as an analytical category is essential for providing explanatory information beyond mere description.[8] This review captured some of the nuances associated with gender norms in relation to reintegration and military-to-civilian transitions; namely, their potential to function as both risk and protective factors. Moreover, analysis of military and civilian gender norms could explain, for example, why female Veterans may be underdiagnosed for PTSD and experience more MST than male Veterans. Similarly, an evaluation of the gendered power dynamics that shape Veterans programs and services is necessary to discern how gender impacts access for female and LGBTQ Veterans, given that programming often assumes the heterosexual male as the norm.

The issues discussed in this analysis are all relevant to MCT, but the literature mainly examines aspects of post-deployment and post-service life without explicitly engaging with the process of MCT. One of the key challenges identified in this scoping review was the lack of clarity about how the term "Veteran" is used in the international literature in reference to both still serving as well as released military members. This inconsistency made it difficult to clearly answer the research question posed for our scoping review. Instead, we chose to cast a broad net and include articles on gender and post-deployment reintegration, as they are relevant to understanding the impact of gendered military experiences on the transition to civilian life.

Blackburn[1] suggests in his military-civilian transition process model that health and socio-economic factors (e.g., social, personal, family, health, financial, academic, professional, psychological) interact to collectively define a Veteran's adaptation to civilian life. There is potential to interweave gender-specific issues within the stages (pre-release, CAF release, VAC release, and post-release) of such a model in a way that addresses the intersection between gender and MCT. Defining an identity in the military context, and subsequently redefining it upon civilian reintegration, poses unique challenges for male and female Veterans – challenges that are experienced in gender-specific ways. As we stated at the outset, gender is not a synonym for women, even while it helps make the unique experiences of women visible. The impact of military and civilian gender norms and gendered power dynamics need to be considered in relation to female, male, and LGBTQ Veterans across transition stages and across health and socio-economic dimensions. More research on the role of gender during MCT generally, and on female Veterans specifically, is crucial to ensuring effective, gender-informed programming and services for Veterans in Canada.

Given the predominance of US-based research, this scoping review did not enable us to glean concrete information on the topic of gender and reintegration/transition in Canada, or to make international comparisons. Most of the literature discussed was based on the experiences of US Veterans, and significantly less on Veterans in the UK, Australia, and Canada. We know from the Life After Service Study and the Income Study[77] conducted by Veterans Affairs Canada (VAC),

that there are both differences and similarities in how male and female Veterans fare during transition. Significantly, women are "less likely to report an easy adjustment to civilian life",[78(p.8)] face a steeper decline in income after release, have lower rates of labour force participation, are more likely to attend school, and are more likely be engaged in caregiving.[77] There is a need for more research, especially qualitative, to better understand the reasons behind these gender differences and the gender-specific challenges of female Veterans in Canada. In addition, research into the impact of MST on the transition experiences of Canadian Veterans is urgently needed considering the findings of the Deschamps Report and the 2016 Statistics Canada Survey on Sexual Misconduct in the Canadian Armed Forces.[10,11,79]

Our review has highlighted a paucity of peer-reviewed research on the subject of gender and MCT in Canada. However, it is worth noting that a significant portion of Canadian military and Veteran research is generated through government research and published in government reports. This represents both a limitation of our current review and an opportunity for future research. Our inclusion of only peer-reviewed literature may have restricted us from capturing the full scope of Canadian literature relevant to our topic. However, future research endeavours on gender and MCT can benefit from accessing and including publically available data sets, such as those based on the Life After Service Survey conducted by VAC. It is important to draw on existing data sets as well as to conduct further research, to develop a more comprehensive understanding of how gender impacts Veteran reintegration and transition in the Canadian context.

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