Intersections:

A newsletter of the Institute of Gender and Health

CIHR IRSC
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Message from the Scientific Director, Dr. Joy Johnson

The Institute of Gender and Health (IGH) is pleased to support the work of the exceptional gender, sex and health research community. We are in the midst of a period of great opportunity for researchers working in the field of gender and sex to expand, develop, and take a central place in health research. Accordingly, it is important that we share the outcomes of CIHR-funded gender, sex and health research with the broader health research community and the public to increase awareness of how this research benefits the health of Canadians.

In this and future newsletters we will feature stories about research related to IGH's six strategic research directions: advancing methods and measures, building partnerships in gender and health, violence and health: impacts and implications, sexual and reproductive health: improved decision making, clinical interventions: enhancing effectiveness, and work and health: research into action. This edition of our newsletter is focused on violence and health. Violence is one of the major health issues facing individuals, families, and societies today. It is a broad concept that includes fighting, bullying, homicide, sexual violence, intimate partner violence, self-injury and suicide.

The health implications of violence are significant for women and men, girls and boys. Violence is overtaking infectious diseases as a main cause of premature death worldwide. Physical and emotional violence affects large numbers of people. For example, in Canada, 7% of women and 6% of men report that they have been victims of spousal violence. Women and men are equally likely to report experiencing workplace violence, but men are more likely to be injured on the job. Overall, it is estimated that injury and violence contribute to 14.5% of the burden of disease in the developed world and 15.2% in the developing world. Injuries caused by violence can affect both physical and emotional health, which impacts individuals, communities, and the healthcare system. It is clear that violence is highly gendered as women and men, girls and boys enact and experience violence differently.

The stories on the following pages showcase CIHR-funded researchers who are examining the causes and spread of violence, are looking for ways to prevent it, or are working to limit its devastating physical and psychological effects. We do not have to accept violence as an inevitable part of our society. The contributing factors – whether they are attitudes, behaviours or larger social, economic, political and cultural conditions – can be changed. The researchers we introduce you to in this issue of our newsletter are helping to drive these changes forward.

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Violence and Health: impacts and implications

Exposure to violence can have a range of severe, long lasting effects on a person's physical and mental health. Women who have been exposed to intimate partner violence are more likely to experience chronic physical health problems and clinical depression. Individuals who have experienced trauma and abuse are at higher risk for developing an addiction. A high rate of post traumatic stress disorder is found in soldiers who have been involved in combat. Children exposed to violence are likely to experience mental health and behavioural problems that affect their school performance, and their social relations. Despite these significant effects, health care practitioners often fail to consider exposure to violence as they interact with their clients.

CIHR-funded gender, sex and health researchers are playing an important role in advancing our understanding of how violence impacts the health of women, men, girls and boys in Canada and internationally. These researchers are also at the forefront of the design and implementation of interventions meant to prevent and remedy violence.

Researchers on call to help disadvantaged girls and boys

Dr. Christine Wekerle, who leads the Maltreatment and Adolescent Pathways (MAP) project, studies one of the most vulnerable populations in Canada, girls and boys aged fourteen to seventeen within the child protection system. The young people who are the focus of her research have suffered maltreatment that ranges from physical abuse, sexual abuse, neglect, emotional abuse, to having witnessed violence. Dr. Wekerle and her research team have recently completed their initial assessment of over 500 youths represented by Children's Aid Societies (CAS) in Ontario. The assessment includes the completion of a questionnaire that asks youth about their socioeconomic status, drug and alcohol use, dating practices, friendships, sexual practices, psychological health, maltreatment history, and capacity to cope with stress.

The MAP project examines strategies that can reduce the likelihood of future challenges that are frequently associated with a maltreatment history for girls and boys including the increased probability of having a psychiatric disorder, having thoughts about suicide, engaging in risky sexual practices, having an early pregnancy, being re-victimized, or entering into violent teen dating partnerships. The project aims to improve the well-being of a vulnerable and marginalized group. "These youth are more likely to be street involved, mental health system involved, or justice system involved, so we're looking at what contributes to better outcomes for children who have been mistreated in childhood and how to understand poor outcomes so we can identify the screening and assessment tools that will lead to practical changes for maltreated youth in the child protection system. As researchers and care providers, we also must consider that maltreatment may be processed and experienced differently by the genders," said Dr. Wekerle.

A history of maltreatment increases young people's risk of experiencing dating violence. Most girls and nearly half of boys in a MAP study of youth who have received care from child protective services reported some degree of dating violence. "Because dating violence is potentially gender different and the genders appear to respond differently to maltreatment, we have always analyzed by gender," said Dr. Wekerle. For females, maltreatment is related more closely with victimization and for males, to their perpetration of violence. Males and females in the study believed that both boys and girls can be victims of dating violence, as reflected in quotes from MAP study participants who were asked whether they thought there were gender differences related to violence and aggression. "[Girls and boys are] not really different. Girls are harder to cool down when they are angry. More guys are violent versus girls, that's for sure," said a twenty-year-old male

participant. A seventeen-year-old girl responded to the same question, "I think there is a different sort of violence – it can be physical or emotional." Findings from the MAP project suggest that male youths who have experienced maltreatment are more likely to have difficulties with sexual feelings, whereas females seem to experience more fear and anger directed at both themselves and at others.

There is a relationship between childhood maltreatment experiences and substance use, as 15% of reported child welfare cases have been documented as having experienced caregiver alcohol and/or other drug abuse, as a context to their maltreatment experiences. These youths frequently experience substance use-related challenges, such as academic problems, unsafe sex practices, driving under the influence of alcohol or other drugs, getting into fights, and dating violence.

She observes that exposure to dangerous environments, such as places where drug-use occurs, can provoke PTSD symptoms, which means that youth who have been represented by CAS may require more support as they make a transition into adulthood. For example, Dr. Wekerle's research shows that women with a history of maltreatment have a higher level of alcohol use as adults than those who have not been maltreated, even when controlling for socio-economic and other environmental factors. "Maltreated youth in the child welfare system face multiple problems when entering the adult world – they do not have the same wide support network or lasting supports that most youths do, as they move through all the challenging developmental tasks of adolescence, like being in a romantic partnership, starting on a career path, crafting an independent identity and developing a helpful peer group," said Dr. Wekerle.

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A history of childhood maltreatment for both girls and boys also increases the chance that the youths will use alcohol or drugs. However, girls in the MAP study were found to be the group at greatest risk for substance use, a trend that is the reverse of the general population of Canadian youth where boys are at greater risk than girls. The MAP project looks at providing youth with adaptive, gender-specific methods for coping with trauma symptoms in order to reduce negative outcomes of maltreatment.

Dr. Wekerle notes that maltreated youth have unique needs as they transition to adulthood. Her research highlights the importance of addressing posttraumatic stress disorder (PTSD) symptoms in adolescence even when young people are no longer exposed to maltreatment.

An important feature of the MAP project is that it provides a close connection among researchers, welfare and health care practitioners. All 53 Ontario CAS agencies, which fall under the larger umbrella organization, the Ontario Association of Children's Aid Societies, have access to a web site that connects them to peer reviewed research, statistics, and has a 'researcher on call' link that allows the child welfare practitioner to contact a researcher directly and obtain advice based on current research. "About 50,000 workers have potential access to this research information, so we disseminate our knowledge as we go. It is not just an end-of-research activity that we do," said Dr. Wekerle.

Dr. Wekerle hopes that the MAP project will bring improvements to the care children receive through child protection services. "We need to continue to understand what is going on with these youth. There are no other data available at the depth that the MAP project is testing these youth on things like their mental health, on other indices on how they are functioning, or on how they are transitioning from adolescence to adulthood," said Dr. Wekerle.

Dr. Christine Wekerle is an Associate Professor of Paediatrics at McMaster University. The Maltreatment and Adolescent Pathways (MAP) Longitudinal Project was funded by CIHR; the Provincial Centre of Excellence for Child and Youth Mental Health at the Children's Hospital of Eastern Ontario; and the Ontario Ministry of Children and Youth Services. The MAP project team comprises principal investigator Dr. Christine Wekerle, and co-investigators Dr. Michael Boyle, Dr. Eman Leung, Dr. Harriet MacMillan, Dr. Nico Trocmé, Dr. Randy Waechter, Dr. Anne-Marie Wall, Dr. Deborah Goodman, Dr. Bruce Leslie and Dr. Brenda Moody.

Drugged and sexually assaulted?

Substantial media attention has been given to the dangers of what are known as 'date rape' drugs, which include any substance that renders victims incapable of saying no or asserting themselves to prevent sexual assault. However, for health care providers, it is no easy task to identify and treat people who experience drug-facilitated sexual assault. With this challenge in mind, Dr. Janice Du Mont, a research scientist at the Women's College Research Institute at Women's College Hospital in Toronto, partnered with clinicians from the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres to conduct a two-year study examining the use of drugs in facilitating sexual assault.

Dr. Du Mont became interested in studying drug-facilitated sexual assault when she heard increasing reports from nurses about victims who believed they were drugged prior to being assaulted. There was little available research on this topic. To address this gap in our knowledge, Dr. Du Mont and colleagues set out to measure the occurrence of drug-facilitated sexual assault, to uncover the associated factors, and to implement and evaluate a standardized program of drug-facilitated sexual assault care. Seven centres representing the diverse communities across Ontario participated in the study.

The first of several studies, published in the Canadian Medical Association Journal, examined the 882 consecutive sexual assault victims seen at the Centres during the study period, of which 184 met predetermined criteria for a drug-facilitated sexual assault. "Over 20% of sexual assault victims who presented at the treatment Centres believed they were victims of drug-facilitated sexual assault; that is, intentionally drugged and sexually assaulted," said Dr. Du Mont. Drug-facilitated sexual assault victims were overwhelmingly women and under 30 years of age.

Some of the study's findings include that victims of drug-facilitated sexual assault were more likely than other sexual assault victims to have consumed over-the-counter medications, street drugs, and alcohol before the assault. To prevent such assaults, the researchers recommend educating women about substances that may cause them to become incapacitated and more vulnerable to sexual assault, but caution that the burden of preventing assault should not be placed on the shoulders of women.

"Whether a woman has consumed enough substances to incapacitate herself or was slipped a drug intentionally, she is not able to consent to sexual activity and is a victim of drug-facilitated sexual assault," said Dr Du Mont. "We must remember that sexual assault is a societal issue and assailants must always be held accountable for their actions."

While most victims in the study were women there were a small number of males who had been sexually assaulted. However, because the numbers of reports of male sexual assault victims was low, the investigators were unable to analyse data involving men.

Dr. Du Mont and colleagues hope their research will improve the response to, and reduce the trauma faced by, victims of drug-facilitated sexual assault. "All rape is traumatic, but victims of drug-facilitated sexual assault have the additional burden of not knowing exactly what happened to them," says Dr. Du Mont.

The research team integrated feedback from clinicians into their final report. Project findings were designed to be readily incorporated into the current clinical practice of health-care providers at the Sexual Assault/Domestic Violence Treatment Centres, making it practical for both the nurse examiner and the victim. "This is significant," says Sheila Macdonald, Provincial Coordinator for the Network of Sexual Assault/Domestic Violence Treatment Centres. "Researchers and clinicians in the community working together to identify and respond to relevant issues contributes to the ongoing utilization of research findings to strengthen health-care practice."

Dr. Janice Du Mont is a Research Scientist in the Violence and Health Research Program of the Women's College Research Institute. She is an Assistant Professor at the Department of Public Health Sciences at the University of Toronto. Dr. Du Mont holds a New Investigator Award from CIHR. The Sexual Assault and Domestic Violence Care Centre (SA/DVCC) is a comprehensive service that assists women, men, transgender, transsexual and intersex people who are victims/survivors of sexual assault and intimate partner abuse.

Family matters: sex trade workers and their intimate relationships

Dr. Lois Jackson, a professor at Dalhousie University whose research interests include health promotion and gender, wants to change our society's notions about women in the sex trade. While both women and men participate in the sex trade, Dr. Jackson's current study looks at the nature of the relationship between women in the sex trade and their intimate partners (e.g., spouse or long-term partner), and examines the effect intimate relationships have on their health. Dr. Jackson aims to improve our understanding of the women's health issues, to provide better tools to support them, and to increase society's awareness that their work is often dangerous and highly stigmatized.

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Dr. Jackson's recent study looks at intimate relationships and the role these relationships play in the health and wellbeing of women involved in the sex trade. There is substantial research on how sex trade workers relate to clients, on the meanings attached to those relationships, and the impact client relationships have on the women's health and well-being. Less is known about their intimate partnerships. Dr. Jackson hopes to close this gap and explore the potential usefulness of strategies that service providers and policy-makers could use to address the health needs of this vulnerable population, including issues within their home or private lives.

Many of the women in the study identified a tension between needing money from their work to make ends meet and the stress that working in the sex trade brings to family life. Dr. Jackson notes that some women work in the sex trade to supplement social assistance or a low income from a minimum-wage job, while others are students. Many sex trade workers support families with their incomes. One woman involved in the study commented that the money she earns helps her relationship because it eases financial strain, although her partner is unhappy that she is involved in the sex trade. One study participant commented, "I think it has helped us really, in some ways, in other ways not. It brought us closer. I took a break a couple years ago and there was never ever any money and the arguments were constant, over and over again. So when I work it's easier financially, and there's not that many arguments."

Some women who work in the sex trade do so to support addictions, and there does appear to be a pattern of unhealthy relationships when drugs are involved. The majority of women in Dr. Jackson's study indicated that they were in healthy relationships and did not appear to have problems with drugs. However, in the cases where intimate partner violence was occurring, it was linked to one or more of the partners' addiction to drugs. Intimate partner violence has been documented in numerous studies, and the abuse may be physical, sexual, financial or emotional.

Women who work in the sex trade may suffer abuse or violence at the hands of their clients or intimate partners. At home, the women's partners may bring the same stigmas that society has about women in the sex trade into their intimate relationships, even if they love and support their partners. Some participants noted that it is less painful to experience stigma from clients or outside the home than it is to experience it within their personal relationships. Moreover, stigma is often a barrier for sex trade workers seeking support to deal with abuse or violence.

Dr. Jackson hopes to better inform public health and social service providers' practices by shedding light on a part of these women's lives that is often overlooked. Sex trade workers need support for dealing with violence, abuse, addictions and financial problems. Dr. Jackson is concerned that because society identifies sex trade workers so closely with their work and stigmatizes them, the other aspects of their lives are too often ignored and they frequently must suffer violence and abuse in silence. "We will never move forward in helping improve the health of these women who work in the sex industry until we deal with the issue of stigma, and until we address the women's health concerns and challenges both at work and at home," said Dr. Jackson.

Dr. Lois Jackson is a professor in the School of Health and Human Promotion, Health Promotion, at Dalhousie University and is a key investigator for the Atlantic Network for Prevention Research. Dr. Jackson's research is funded in part by CIHR.

Gender and health research goes global

Gender, sex and health researchers have an important role to play in strengthening and building capacity for global health research in Canada and developing countries.

Canadian gender and health researchers address global challenges

Implementing and monitoring gender-sensitive health policies is vital to meeting the health needs of women and men. The international community is beginning to recognize this, thanks in part to the work of Dr. Donna Stewart of the University of Toronto and the University Health Network, and her team of researchers.

Dr. Stewart leads the New National and International Perspectives on Gender and Health Research team. This team has selected and measured both mental health and general health policies and indicators that have potential to substantially improve women's and men's health. These gender-sensitive health indicators are essential for providing the "hard" data that policy makers need before they are able to make significant changes.

The team looked at assessing the feasibility of measuring and comparing gender-sensitive health related policies and indicators in Peru, Colombia and Canada. "We had investigators and policy makers working with us in each country who were really enthusiastic and helped us move the research project forward," said Dr. Stewart.

Dr. Stewart's work has already provided a mechanism for change in Peru and Colombia. Peru's adoption of paternity leave legislation was assisted by the research team's work after they began to disseminate their findings. Dr. Stewart was invited to address Peruvian congresswomen about the research findings, and one of the items she discussed was the importance of parental leave. Unlike Canada and Colombia, Peru had no paternity leave. "Peruvians felt it was unfair that only women could take parental leave, so they used our results as a catalyst to push for similar policies for men. In 2009, paternity leave was granted to men in Peru," said Dr. Stewart.

Data from the research project influenced abortion laws in both Peru and Colombia. Both countries recently passed abortion laws, but these were implemented in different ways. Dr. Stewart notes that in Peru, women's rights advocates were fighting for the right to access therapeutic abortion for two girls who had been raped but were unable to obtain abortions despite serious health consequences. One of the girls was only nine-years-old, while the other was quadriplegic. A 17-year-old woman with an anencephalic fetus, who was refused an abortion, sued the state and was granted indemnification. The cases went to a UN human rights tribunal, which created awareness that abortion laws and implementation had to change. Data from Dr. Stewart's team were used for the challenge to Peru's abortion laws.

Dr. Stewart's team was also successful in building capacity for gender, sex and health research in these countries. In Colombia and to some extent in Peru, people raised concerns that the team only looked at women's health. However, researchers demonstrated that the team was not only studying women's health, but studying gender, which refers to the collection of socially constructed roles, relationships and personality traits that society ascribes to women and men, girls and boys. "Not only did policy makers see the value of gender-sensitive health indicators, they said they would consider gender in ongoing and future work," said Dr. Stewart. Research team member Dr. Marta Rondon, Vice Dean of the Peruvian College of Physicians and Surgeons, stated, "the project helped us to see a more accurate picture of the needs of men and women in the three countries and, by highlighting disparities between and within countries,

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we identified several, very interesting questions, which should give rise to further research and policy changes. The project developed research capacity and strengthened human relations between our three countries."

Dr. Stewart has been invited to several international symposia in countries that are interested in replicating the health indicators and monitoring her team used. Dr. Stewart recently returned from Saudi Arabia where she has been invited to start a women's health research program. Authorities in Saudi Arabia expressed interest in introducing the health indicators to improve women's health in the Gulf region.

The team's findings have potential to improve health in the Canadian context as well. Canada still provides no maternity leave provisions for informal or contract workers and the team is working with others to address this issue.

The New National and International Perspectives on Gender and Health Research team, pictured here, funded by CIHR and includes Marie Desmeules and Sarah McDermott (Public Health Agency of Canada), Natalia Diaz-Granados (PhD candidate), Dr. Jose Posada (Colombian Ministry of Health), Dr. Yolanda Torres (CES University, Colombia), Dr. Marta Rondon (Vice Dean of College of Physicians in Peru), Dr. Javier Saavedra (Cayetano Heredia University, Peru) and Dr. Donna Stewart.

Dr. Stewart is a University Professor at the University of Toronto and was appointed as the world's first chair in Women's Health (a joint University of Toronto and University Health Network Chair) in 1995.

Spotlight on trainees, the future of gender, sex and health research

IGH supports trainees by providing travel awards for graduate students and post-doctoral fellows to present their research at national and international conferences, and through awards of excellence for the best trainee papers. IGH also hosts an annual Summer Institute that provides participants with the opportunity to increase their understanding of methods and measures for gender, sex and health research.

Gender researchers help women and men affected by extreme adversities and political violence

Dr. Chantal Robillard has a passion for social justice. She brings a background in gender-based analysis, critical medical anthropology and critical public health to her work with the Trauma and Global Health Program (TGH) at McGill University, where she is an Associate Researcher. Dr. Robillard is also a post-doctoral fellow at the University of Ottawa.

The TGH program is a partnership between the Douglas Mental Health Institute at McGill University and research teams based in Guatemala, Nepal, Peru, and Sri Lanka. The program addresses the mental health of civilian populations that have been confronted with extreme adversities and organized violence such as armed conflict, wars, political upheaval and natural disasters. To improve mental health care for populations affected by these events, local teams will develop their own tools that are respectful of their social setting, their culture, their history, their understanding of mental illnesses and outcomes, and their own resilience capacities.

Dr. Robillard has been involved in the TGH Program since it was established

in 2007. Her work with the program has focussed on providing training tools for the integration of gender in research on political violence. She has delivered related workshops to a wide audience, including the program's researchers, psychiatrists or other health professionals, community-based workers, and graduate students from Canada and abroad. In 2007 she was invited by the Guatemalan TGH Program leader to give a presentation as part of their training of local researchers, health professionals and graduate students at the Universidad de San Carlos in Guatemala. In addition, her workshops will be included in a graduate program in global health involving McGill University, Université de Montréal, Université du Québec à Montréal and Université Laval.

Gender-based analysis has only recently been integrated into the definition of illnesses, design of clinical practice and interventions or mental health research. Even when gender is integrated into research, it tends to concern so-called women's illnesses such as postpartum depression and anorexia. "I feel we have overlooked men's needs in terms of mental health services and women's experiences of other diseases," says Dr. Robillard.

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Researchers also need to address mental health of people exposed to political violence. Women who are involved in armed conflict have been largely overlooked whether the women are actually holding arms or taking care of the sick. For the most part, women have also been ignored in peace building efforts. Men's mental health does not seem to be attended to at all during post-conflict periods. "The integration of gender, at least the critical perspective that I offer in my workshops, questions general assumptions and provides a greater picture, one that is more nuanced and less sensationalist about war and its mental health outcomes of affected populations," says Dr. Robillard.

The integration of gender may help political violence and mental health researchers design more universal health interventions with sensitivity to global contexts and history.

Dr. Robillard is a post-doctoral fellow at the University of Ottawa, and an Associate Reseacher with the Trauma and Global Health Program at McGill University. She holds a CIHR Fellowship Award in the Area of Global Health Research.

Do guys really do "acid" more than girls?

Warren Michelow, who is pursuing a PhD in Epidemiology in the School of Population and Public Health at the University of British Columbia, attended IGH's Summer Institute to explore gender, sex and health research methods. He became interested in considering gender in research after working at a large music festival where he led volunteers in providing a harm reduction safe space and crisis support facility for those who were experiencing severe side effects from substance use.

Michelow observed what appeared to be a consistently higher LSD (acid) use amongst men at the festival. An inexplicable occurrence at least one night of the festival each year came to be known among volunteers as the "naked guys on acid" night due to an apparently disproportionate number of males who were high on LSD, and who had lost most of their clothes. This observation led him to consider what might occur in the social and physical environments of males and females to influence their patterns of drug use differently. In a pilot survey of polysubstance use (the use of three or more psychoactive substances) he conducted at the festival in 2007, Warren found significant gender differences in use of ecstasy and cannabis, and with regard to LSD use, females reported slightly higher use than males. In 2009 he will be fielding a much larger survey at this festival with the aim of investigating these gender differences more thoroughly.

More recently, Michelow worked for the Centre for Addictions Research of BC and was a co-investigator on a team that piloted an integrated research platform for monitoring the alcohol and other drug use of women and men. He designed survey items for the components that monitored substance use among high-risk groups and was instrumental in encouraging the team to go beyond offering the standard

binary male and female gender "check boxes" in the survey.

Unfortunately, sample size proved to be a challenge in this project because the small number of transgendered participants in the analysis, meant their numbers were too low overall to be included in the standard statistical analysis. "It is difficult for effects with small counts to become statistically significant, and when their small numbers get excluded from typical analyses, they are effectively silenced yet again," said Michelow.

There are ways to address small sample sizes, however. A workshop at the IGH Summer Institute introduced Michelow to the idea of using matched sampling in analyzing the monitoring data to allow the inclusion of transgendered people in a gender-based analysis. This technique provides the researcher with a reasonable sample size by matching a transgendered or intersexed study participant with corresponding male and female study participants who have similar values for control variables such as income or education level.

Using gender, sex and health research methods will help Michelow continue in his quest to explore the influences of sex and gender in polysubstance use.

Warren Michelow is a PhD student in the School of Population and Public Health at the University of British Columbia. He holds a CIHR Frederick Banting and Charles Best Canada Graduate Scholarship Doctoral Award.

About the Institute of Gender and Health

IGH is one of the 13 institutes that make up the Canadian Institutes of Health Research (CIHR), the government agency responsible for funding health research in Canada. IGH is the only organization in the world with the mandate to fund research on gender, sex, and health.

IGH supports research excellence regarding the influence of gender and sex on the health of women and men throughout life and the application of these research findings to identifying and addressing pressing health challenges.

For more information, including funding opportunities, please visit our website at: www.cihr-irsc.gc.ca/e/8673.html or contact us at: 604-827-4470 or ea-igh@exchange.ubc.ca.

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