We Also Served

The Health and Well-Being of Female Veterans in the UK

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Cobseo
The Confederation of Service Charities

a.r.u. Veterans & Families Institute for Military Social Research

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About the Authors

The Veterans and Families Institute for Military Social Research (VFI) was established in 2014 to provide research, consultancy and impact within the military and veteran's community. To date, the VFI has produced over 130 peer reviewed papers and reports and has contributed to a range of national and international panels, boards and commissions. Staff within the VFI are drawn from a wide range of research and policy backgrounds.

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Foreword

Women have served within the Armed Forces for over 100 years. Their contribution has been extraordinary but the prevailing military culture, together with evolving terms and conditions of Service, have left their mark on the health and well-being of many. Whilst it is right, therefore, to recognise the progress that has been made, there is a pressing need to evidence the impact of past policies and actions. This timely report is the first major step in addressing this.

Almost thirty organisations, drawn from across the military charity sector as well as from statutory bodies including NHS England and NHS Improvement and the MOD, have contributed to this report. It is the first research project to consider holistically the full range of female veteran issues, uniquely capturing the lived experiences of women who have served. Perhaps most importantly, it provides an essential start point for a comprehensive evidence base that will enable debate with a level of insight and clarity that has been missing before, and which will ensure statutory and Service Charity provision is targeted accurately to meet the needs of those women who are serving and veterans. The report is clear that for many that is not yet the case, both for those in Service and for those who have transitioned to civilian lives. It is a timely warning that there is still work to do both in improving in-Service conditions to allow our servicewomen to thrive and, once they leave, for us to tailor our veteran support services to meet their specific needs. This will include the requirement to support and improve the needs of serving women, whether as partners, mothers or in different family situations, and its impact on well-being, whilst at the same time enabling military careers.

A prioritised action plan has been produced in order to achieve real impact and create long-lasting change. Top of the list is a review of the impact on health and well-being outcomes of Service culture and sexual harassment, issues which have long been discussed but which continue to persist, with a number of the recommendations from the recent Wigston Report yet to be fully implemented. The report also identifies considerable gaps in our understanding of how in-Service experiences impact on health, wealth, and socio-economic outcomes, and explores what further action is required.

Overall, this report is unique in its breadth and depth, in the academically robust processes undertaken and in its capture of the lived experiences of female veterans from across the services and the decades. It is not an easy read. It is, however, a necessary read. By compiling the evidence, the report gives voice to our former servicewomen and sets out an irrefutable case for further and necessary cultural and policy change to improve the long-term health and well-being of those women who have served and are serving.

General Sir John McColl KCB CBE DSO
Chairman of Cobseo

Executive Summary

Introduction

Women's integration into the UK Armed Forces has resulted from a number of policy changes over the decades. Women now make up 11% of the UK Armed Forces and veteran population. However, research focused on female veterans in the UK is limited and not enough is known about their health, well-being, and Service experiences.

In recognition of this, in June 2020, the Cobseo Female Veteran Cluster Group, supported by NHS England and NHS Improvement, commissioned the VFI to undertake a scoping study into the health and well-being needs of female veterans in the UK, identify gaps in research utilising national and international research and to provide a framework for prioritising research and other activities in the UK going forward. This report details the findings.

Methods

A comprehensive scoping review identified 50 papers that provide unique data on the health and/or well-being of ex-servicewomen in the UK. To support this, papers from the other Five Eyes alliance countries (Australia, Canada, New Zealand, and the Unites States [US]) are selectively drawn upon to provide evidence of consistency in findings and to identify research gaps. In addition, statistics and survey data provided by the Ministry of Defence (MOD) are drawn upon to provide context where relevant.

The authors also conducted a series of 13 interviews with subject matter experts (SMEs) who work with UK ex-servicewomen in a range of capacities. Furthermore, a call for evidence was disseminated within the field to ensure identification of previous and ongoing research related to the health and well-being of female veterans in the UK. The key points from the evidence base and the SME interviews are outlined in the 'Findings' section below and were discussed in two stakeholder meetings, which convened in order to identify and develop priority areas of support and further research.

Findings

The findings of this project are split into three sections: pre-Service factors, the impact of in-Service experiences, and post-Service health and well-being outcomes.

1. **Pre-Service factors:**
    a. There is a lack of UK research looking specifically at women's experiences prior to Service and the impact of this on the health and well-being of ex-servicewomen.

b. Adverse childhood experiences: One peer-reviewed paper and a research report in the UK suggest that women who seek help for mental health problems post-discharge may be likely to have come from disadvantaged backgrounds, and that leaving the military prematurely is associated with problems in behaviour during childhood for women (and men).

2. The impact of in-Service experiences:

a. UK research related to in-Service experiences is dominated by a small number of qualitative studies, supplemented by MOD survey data. Academic papers reporting quantitative data from a large cohort study were also identified, predominantly focused on the impact of deployment on women's mental health and reasons for leaving the Armed Forces.

b. Integration into the military: A small number of qualitative studies in the UK, together with the reports of SMEs and international research, highlight the difficulties that servicewomen experience in adapting to the masculine military culture. This includes accepting masculine 'banter', inadequate equipment and uniforms, and negative gender stereotyping/sexism. The impact of this on women's health and well-being post-Service is currently unknown.

c. Deployment experiences: Three peer-reviewed papers and two mixed-methods PhD theses from the UK suggest similar health and well-being outcomes for men and women associated with exposure to combat and traumatic events during deployment. However, women appear more likely to have experienced pre-deployment traumatic events. Women also report feeling their deployment experiences are unrecognised by civilian society.

d. Unit cohesion and leadership: Limited qualitative work in the UK and international research suggests that women perceive lower unit cohesion than men, but the impact of this on health and well-being post-Service is unknown. There is a significant lack of women in senior officer roles in the UK Armed Forces, and international research highlights the disadvantage experienced by women in progressing their military careers.

e. Sexual harassment and assault: Two qualitative studies and a number of MOD surveys suggest that sexual harassment and assault remain a problem in the UK Armed Forces, and that Service personnel lack clarity on what constitutes this behaviour. Barriers to reporting experiences and subsequent difficulties in the work environment following these experiences are discussed alongside extensive US research focused on the impact that this has on women's post-Service health and well-being.

f. Work/life balance: Limited qualitative work in the UK together with international research suggests that servicewomen experience significant difficulties in balancing their military career with family life, but the impact of this on post-Service health and well-being is unclear. SMEs and international research highlight particular difficulties for single women and for women in dual-serving relationships who have children in being able to balance childcare with a military career.

g. Reasons for leaving: This represents the most researched aspect of life during Service for ex-servicewomen in the UK, with eight UK papers and reports identified. This research suggests that women are more likely than men to leave military Service early, most commonly due to parenthood or family-related issues.

h. The impact of historic discriminatory policies: SMEs emphasised the importance of historic terms of Service that resulted in women leaving the military prematurely, i.e. restrictions on marriage, pregnancy, and homosexuality. SMEs and limited UK research suggests that older women and women who served in earlier Service eras may experience increased difficulties with their mental health post-Service as a result, but this requires further investigation.

3. Post-Service health and well-being outcomes:

a. The majority of the UK literature was focused on mental or physical health outcomes for female veterans, and a significant portion of this research comes from two large cohort studies: the King's Centre for Military Health Research cohort study, and the Scottish Veterans Health study.

b. Physical health: Thirteen peer-reviewed papers were identified which examined physical health amongst UK female veterans. Most of the gender differences reported in the physical health of veterans reflect those seen in the general population. However, an increased occurrence of certain cancers, including ovarian and breast cancer, and hazardous drinking was found in female veterans compared to female civilians. SMEs and international research highlight the possibility that female veterans are more at risk of musculoskeletal problems than their male counterparts.

c. Mental health: Eighteen peer-reviewed papers were identified which examined mental health amongst UK female veterans. These indicate that ex-servicewomen are at a lower risk of self-harm/suicide than male veterans, but at a higher risk of common mental health disorders. Compared to civilian women, female veterans are at increased risk of post-traumatic stress disorder (PTSD) and suicide/suicidal thoughts.

d. Finances and housing: Research examining ex-servicewomen's financial circumstances in the UK is limited and none of the research identified focused on housing issues. Female veterans report earning less than expected, and SMEs highlighted the financial disadvantage experienced by those who left due to historic discriminatory policies. However, UK research suggests no difference in ability to manage finances between veteran and civilian women.

e. Employment: UK research suggests female veterans are more likely to be unemployed, but less likely to claim unemployment benefits compared to male veterans. However, evidence regarding economic inactivity in female veterans is unclear. Limited qualitative UK research and SMEs suggested that barriers to employment for female veterans include difficulties finding suitable and flexible employment, difficulties recognising and articulating transferable skills, and a lack of confidence in selling these transferable skills to civilian employers.

f. Social relationships: UK research in this area is sparse and limited by small sample sizes. However, both UK and international research suggests that female veterans are more likely to be divorced than men, with additional strain associated with dual-serving partnerships. There is some suggestion that whilst women are more likely to report having social support networks, they are less likely to report accessing this support.

g. Veteran identity: UK and international research suggests that female veterans are less likely to identify with the term 'veteran' than male veterans. Difficulties renegotiating their identity from military to civilian life are reported in both UK and international literature and are related to the women's experiences within the masculine military culture. SMEs highlighted the multidimensional nature of identity and the need to not treat women as one homogenous group.

h. Support services: UK research in this area is predominantly focused on mental health help-seeking and suggests that women are more likely to access formal medical support compared to men. However, SMEs indicated that the male-dominated nature of the veteran support sector may lead to women underutilising veteran-specific services. This is supported by emerging evidence of gender-specific military-related barriers to care which is experienced by female veterans.

Conclusions

The UK evidence base regarding UK female veterans' health and well-being is sparse, and heavily focused on health outcomes in two large cohorts. This leaves significant gaps in our understanding of how in-Service experiences impact on health and well-being after Service and the impact of Service on socio-economic outcomes. Despite the UK evidence base on post-Service outcomes lacking socio-economic evidence, the mental and physical health outcomes that make up the majority of the UK literature nevertheless provide useful context and evidence for the NHS and the veteran support sector.

Priority Framework of Recommendations

The findings from two stakeholder workshops with nine female veterans and 13 representatives from veteran/military support organisations were used to develop a priority framework for the new policy work and further research that is required. These are outlined in the two tables below and ordered by priority level (1–4).

Note that recommendations **within** each priority level are not ordered meaningfully, rather they are ordered numerically in relation to their position within the report.

Priority Level	Report Recommendation	Recommendations for Policy Development and the Improvement of Support Services	Benefits of Recommendation
1	**24 and 27** **Tailoring support for female veterans**	We recommend the following measures to help veteran support services better tailor their services for female veterans: Targeting services towards 'ex-servicewomen', rather than using the term 'veteran', which many women do not identify with. Embedding female peer support ambassadors within their services to encourage engagement with female veterans. Implementation of other aspects of best practice when identified following the mapping exercise recommended below (see Recommendations 28 and 29).	The evidence presented in this report suggests that the male-dominated nature of the veteran support sector may be discouraging women from accessing support and that many ex-servicewomen do not identify with the term 'veteran'. Implementing these recommendations will enable veteran support services to better target their services to engage and meet the needs of female veterans.
2	**4 and 9** **Addressing discrimination, harassment and bullying**	We recommend that the MOD prioritise implementing the remaining recommendations of the Wigston Review (particularly those related to military culture: 1.9, 1.12, 1.13, 1.14 and 2.2. and 2.9, related to information and training to prevent inappropriate behaviours).	This will help the MOD to begin to address the challenges women report experiencing within masculine military culture, and to provide a safe and inclusive work environment, in which behaviours regarding discrimination, harassment and bullying are recognised and addressed. This research will help improve unit cohesion, operational readiness and performance in units with women personnel.
	10 **Removing barriers to reporting**	It is recommended that the MOD should monitor and report levels of trust in the Service Complaints System.	The MOD have implemented an anonymous reporting tool for the reporting of sexual harassment and assault. This recommendation would enable them to determine the impact of this on trust in the Service Complaints System and on the reporting of inappropriate behaviour. Trust in the Service Complaints System is imperative for the MOD to retain personnel, as poor experiences of reporting are associated with dissatisfaction in the working environment.

2	13 **Addressing career disadvantage**	It is recommended that the MOD review whether military regulations focused on pregnancy/maternity and career progression (JSP 760: 24.91) are being adhered to, and engage with research examining the impact of having a family on the career progression of servicewomen (see research Recommendations 12 and 23).	This would help the MOD to ensure that women are being supported to progress in their careers and are not being discriminated against on the basis of family/parental status. This may again help the MOD to retain female personnel, who most commonly report leaving Service for pregnancy or family related reasons.
	26 **Developing a support network**	We recommend the development of an informal support network for female veterans across the UK. For example, an extension of the single Service women's networks into a tri-Service national support network.	This would provide female veterans with a support network of their peers, in which to share experiences, resources and information, and to raise awareness/signpost to veteran support services.
3	6 **Improving awareness of support needs**	We recommend that training is developed for staff working within healthcare services and veteran support services to raise awareness of women's roles and contributions to military Service, including the potential for exposure to combat and the impact of this on health and well-being.	Providing civilian and veteran support services with a better understanding of women's roles and experiences in the military will help them ensure they are identifying female veterans and providing them with appropriate support.
	21 **Improving employment support**	We recommend that civilian employment support services for female veterans be further developed, and that existing support is tailored and targeted to help female veterans to recognise, articulate and sell their transferable skills to civilian employers.	Research in the UK suggests that the ability to translate skills to the civilian world represents a significant barrier to employment for female veterans. Tailoring support to address this would help to support female veterans to obtain employment commensurate with their skills.
4	22 **Improving resettlement support**	It is recommended that the MOD review the current resettlement support provided to Service leavers to ensure that it is tailored to meet the needs of women. For example, by including advice and guidance related to more flexible and less typically male-oriented career paths.	This will help the MOD to address the disadvantage reported by female Service leavers in accessing support that meets their needs, to ensure a successful transition to the civilian workplace. This will help to improve engagement with Career Transition Partnership (CTP) services and the six month employment outcomes reported by CTP, which are lower in female compared to male Service leavers.

Priority Level	Report Recommendation	Recommendations for Further Research	Benefits of Recommendation
1	**11** **Impact of sexual harassment and assault**	Research focused on the impact of experiencing sexual assault and harassment during Service is urgently required. It is recommended that mixed methods research be commissioned, examining the impact of experiencing sexual harassment and assault on health and well-being outcomes in female veterans.	This research will provide vital evidence regarding the impact of experiencing sexual assault and harassment on female veterans' health, well-being and support needs. This will enable the veteran support sector to ensure that they are providing the appropriate support to meet these needs. This will also enhance the work of the existing Army Sexual Harassment survey, which is not uniformly delivered across all Service branches. This research will help improve unit cohesion, operational readiness and performance in units with women personnel.
2	**2 and 7** **Impact of the masculine military culture**	We recommend that mixed methods research is undertaken to better understand the impact of women's experiences of integration into the masculine military culture, including their experience of peer support/ interpersonal relationships in Service, on their transition to civilian life, and post-Service health and well-being. This research should include an intersectional approach, examining experiences across different Service branches and ranks, and different demographic groups.	Identifying the impact of women's experiences during acculturation into the male-dominated military environment on post-Service health, well-being and support needs, will enable support services to better anticipate and meet these needs. In addition, this research will provide the MOD with evidence regarding the demographic and military factors that put women at risk of poor experiences, affording them the opportunity to address these cultural issues. This research will help improve problems reported with unit cohesion for women, and as a result may increase operational readiness and performance in units with women personnel.
	8 **Women's leadership and career progression**	It is recommended that mixed methods research is undertaken to better understand women's experiences of leadership and career progression in the UK Armed Forces, and the impact that career disadvantage during Service may have on transition to civilian life.	This research should provide clear recommendations as to how the MOD can improve leadership opportunities, experiences and career progression for women into senior roles in the military. This will help the MOD to address any career disadvantage experienced by women in Service that may later impact on their well-being. Furthermore, this will help to provide positive role models to encourage women to join the military, helping the MOD to meet its female recruitment targets.

2	**14** **Impact of historic discriminatory policies**	It is recommended that mixed methods research is undertaken to determine the impact of historic discriminatory policies on the health and well-being of UK female veterans, and the differential impact of Service era on help-seeking and support needs.	This research will provide veteran support services with an understanding of whether female veterans' support needs differ depending on the era in which they served and whether specific support is required for those who served under discriminatory policies.
	28 and 29 **Mapping best practice**	We recommend that a mapping exercise is carried out to identify best practice in targeting services and providing support for female veterans. This should include further exploration of gender-related barriers to accessing care.	This project should provide recommendations for improvement of services in the veteran support sector, including how these services can better engage with and meet the needs of women (see also Recommendations 24 and 27).
3	**19** **Financial and housing needs**	An investigation into the financial and housing needs of female veterans in the UK is recommended, including a focus on identifying risk factors for financial disadvantage in civilian life i.e. discharge due to historic discriminatory policies.	Considering the significant lack of research in this area in the UK, this research will provide much needed evidence regarding the financial and housing support needs of female veterans, and those most vulnerable to disadvantage. This would enable veteran support services to better target support to meet these needs.
	20 **Reasons for unemployment**	It is recommended that mixed methods research be undertaken to determine if higher unemployment in female veterans is related to voluntary or involuntary economic inactivity (i.e. due to caring responsibilities) and/or disadvantage in the civilian labour market.	Should disadvantage in the civilian labour market be identified, this research should aim to provide recommendations on how to support those female veterans who wish to obtain access to suitable employment (See also support and policy Recommendation 21).
4	**1** **Impact of pre-Service factors**	We recommend mixed methods research assessing women's pre-Service experiences and circumstances in enlistment, and how this relates to health and well-being outcomes throughout military Service and after discharge.	A better understanding of these issues will enable the MOD and veteran support services to screen for risk factors (prior to and during Service) associated with poor outcomes and to provide preventative support. This in turn may help the MOD to retain more female personnel, who are shown to be more likely to leave Service prematurely for medical reasons.

4	**3 and 16** **Musculoskeletal problems**	It is recommended that mixed methods research is carried out to examine the prevalence and impact of musculoskeletal problems in ex-servicewomen. This should include a review by the MOD of the suitability of equipment and uniforms for women currently in Service, with a focus on the associated health outcomes during and after Service.	This will inform support services providing care to veterans, including the NHS, and provide them with vital evidence regarding women veterans' physical health support needs. Additionally, this will enable the MOD to ensure that inadequate equipment does not cause women disadvantage and therefore result in poor physical outcomes post-Service. This may help to promote operational readiness and also prevent women from leaving Service early due to injury.
	5 **Pre-deployment and deployment related trauma**	We recommend that mixed methods research is carried out to examine the cumulative effect of pre-deployment and deployment-related trauma exposure on female veterans' health and well-being needs. International collaboration with the other Five Eyes Nations is recommended, to ensure a large enough sample size.	Research in the UK and internationally suggests that women are more likely to have experienced trauma prior to deployment compared to men, which is associated with poor mental health. As such, this research will provide a better understanding of the support needs of women who have experienced both deployment and non-deployment-related trauma.
	12 and 23 **Work/Life balance in the military**	It is recommended that qualitative research be undertaken to provide a better understanding of the difficulties servicewomen face in balancing a military career with family life, and how this impacts health and well-being during and after Service. This should in part focus on the additional challenges faced by single parents and those in a dual serving couple.	This project should provide recommendations on how the MOD can best support servicewomen with their work/life balance during Service, particularly those with children, to ensure that they are not at a disadvantage regarding both their career progression and their well-being. This may again help the MOD to retain female personnel, who most commonly report leaving Service for pregnancy or family related reasons.
	17 and 18 **Impact of Service in mental health needs**	It is recommended that qualitative research is undertaken to better understand the impact of military Service on female veterans' mental health. Furthermore future quantitative research examining UK female veterans mental health should include a focus on serious mental health conditions, and the risk and protective factors for mental health outcomes.	This will provide healthcare and veteran support services with a more in-depth understanding of how military Service may impact on female veteran's mental health and on their unique support needs. This will in turn help these services to tailor support for female veterans.

Introduction

In December 2019, the Confederation of Service Charities (Cobseo) formally approved the creation of a **Female Veteran Cluster Group**. This group consists of representatives from military and veteran charities and third sector organisations, statutory organisations, and academic institutions with a **vested interest in the issues and challenges faced by female veterans** in the United Kingdom (UK). This group joins nine other established subject-specific cluster groups, which aim to enhance collaborative working and to provide and action solutions to issues raised in the military, veterans, and military families' charity sector.

Research focused on female veterans in the UK is limited and has been carried out in silos, with little strategic oversight or coordination of our understanding of female veteran's needs. Indeed, research mentioning women makes up **approximately 2% of research with veterans** internationally, and an even smaller percentage focuses on women directly.[1]

Following recognition of this, in June 2020 the Cobseo Female Veteran Cluster Group, supported by NHS England and NHS Improvement, commissioned the Veterans and Families Institute for Military Social Research (VFI) to undertake a scoping study into the **health and well-being needs of female veterans in the UK, identify gaps in research utilising international research, and to provide a framework for prioritising research and activities in the UK going forward**. This report outlines the findings of this scoping study.

History of Women in the UK Armed Forces

Women's integration into all roles within the UK Armed Forces has been incremental and the result of a number of policy changes over the decades:

Women were first legally allowed to serve in the UK Armed Forces in 1917, with the formation of the Women's Army Auxiliary Corps, the Women's Royal Naval Service and the Women's Royal Air Force during the First World War.[2] Following the Second World War, the **Women's Service Act was passed in 1948**[3], which allowed for permanent peacetime roles for women in the UK Armed Forces. Whilst women initially served in the women's corps (the Women's Royal Army Corps, Women's Royal Air Force, Women's Royal Naval Service), integration into mainstream Services activities did not begin until the 1990s (Army, 1992; Royal Navy, 1993; Royal Air Force, 1994).[4]

1 Dodds CD, Kiernan MD, *Hidden Veterans: A Review of the Literature on Women Veterans in Contemporary Society*. Illness, Crisis & Loss. 2019;27(4):293–310.
2 The Royal British Legion, *100 years: Women in the Armed Forces*. 2017.
3 HM Government, *Army and Air Force (Women's Service) Act 1948*. 1948.
4 The Royal British Legion, *100 years: Women in the Armed Forces*. 2017.

All military roles have gradually been opened to women, most recently with the **lifting of the ban on women in Ground Close Combat (GCC) roles in 2016**, and roles across all specialisms open to women by the end of 2018.[5] This followed several reviews into the exclusion of women from GCC roles by the Ministry of Defence (MOD) carried out in 2002 and 2010.[6] The most recent review began in 2015, with an interim report in 2016[7] raising concerns over the impact that opening up these roles would have on unit cohesion, and the physiological and psychological impact that this would have on women. Despite this, the then Secretary of State for Defence, Michael Fallon, felt that there was insufficient evidence of risks to women to support a continuation of the ban. For context, exclusionary bans on women serving in GCC roles were lifted prior to this in all other Five Eyes Countries: United States in 2013[8]; Canada in 1989[9]; Australia in 2011[10]; New Zealand in 2001.[11]

Women have also been subject to **historic discriminatory policies** that have impacted their ability to maintain a career in the UK Armed Forces. Whilst there was no formal ban on marriage following the abolishment of the marriage bar in the civil service in 1946, policies associated with posting and accommodation created **barriers to careers for women**[12]**,** up until the Sex Discrimination Act of 1975 made it illegal to discriminate on the grounds of marital status.[13] However, **automatic discharge for pregnancy remained in place until 1992**[14], meaning that women had to choose between having a career and having a family.

Furthermore, the **ban on homosexuality** in the UK Armed Forces was not lifted until 2000, following a case in the European Court of Human Rights that found it to constitute a breach of Article eight of the European Convention on Human Rights.[15] Until this point, UK policy meant that both men and women could be discharged on the grounds of homosexuality. These historic policies resulted in many women being discharged for disciplinary reasons or giving up a career in the Armed Forces earlier than planned or desired.

Women in the Armed Forces Today

At the time of writing **women make up 11% of the UK Armed Forces**.[16] This has gradually increased over the years, with women making up just 6.7% 30 years ago in 1991 and 4.3% in 1975 when MOD online records began.[17] The RAF currently has the highest proportion of women (14.9%), followed by the Royal Navy/Royal Marines (10%) and the Army (9.8%).

5 Ministry of Defence, *Ban on women in ground close combat roles lifted*. 2016.
6 Ministry of Defence, *Report on the review of the exclusion of women from ground close-combat roles*. 2010.
7 Ministry of Defence, *Women in ground close combat roles review 2016*. 2016.
8 US Department of Defense, *Elimination of the 1994 Direct Ground Combat Definition and Assignment Rule*. 2013.
9 Canadian Human Rights Commission, *Milestones timeline*. 2020.
10 Parliament of Australia, *Women in Combat Duties – Reservation Withdrawal*. 2013.
11 New Zealand Parliament, *Human Rights (Women in Armed Forces) Amendment Bill – First Reading*. 2006.
12 Sherit K, *The integration of Women into the Royal Navy and Royal Air Force, Post War II to the Mid 1990s*. 2013.
13 HM Government, *Sex Discrimination Act 1975*. 1975.
14 The Royal British Legion, *100 years: Women in the Armed Forces*. 2017.
15 Hansard, *Armed Forces (ECHR) 12 January vol 342 cc287–301*. 2000.
16 Ministry of Defence, *UK Armed Forces Biannual Diversity Statistics: 1 October 2020*. 2020.
17 Ministry of Defence, *Defence Statistics*. 1992.

As of October 2020, female representation in the intake into the UK Regular Forces and Reserves was 12.2%[18], meaning that the MOD had not met its self-imposed target of 15% of all military recruits being female by 2020.[19] Furthermore, the overall percentage of women in the UK Armed Forces is comparatively lower than that seen in the other Five Eyes Countries (US: 16.5%[20], Canada: 16%[21], Australia: 18.6%[22], New Zealand: 18%[23]).

In 2020, the MOD launched the **Women in Defence Charter**.[24] This policy paper outlines the UK Defence Sector's commitment to creating a gender balanced environment and providing fair opportunities for women to succeed at all levels. Organisations who sign up to this charter commit to setting diversity and inclusion targets and publishing progress. The charter currently has 51 signatories.[25]

However, the recent 2019 MOD *Report into Inappropriate Behaviours*[26] highlighted an **unacceptable level of inappropriate behaviour** within the UK Armed Forces, including sexual harassment and discrimination. Furthermore, a disproportionate over-representation of women in the Service Complaints system suggests these behaviours are often directed towards women. These issues were identified over a decade ago in reports for the MOD and British Army, published in 2006[27] and 2009.[28] This suggests that more needs to be done to tackle these issues and provide a safe and inclusive environment for women to serve. Considering these findings, the recruitment and retention of women will hinge on not just structural, but also cultural and attitudinal changes within the Armed Forces.

Female Veterans in the UK

In the UK, the term 'veteran' refers to any individual that has served in Her Majesty's Armed Forces for at least one day.[29] The terms 'veteran' and 'ex-Service' are used interchangeably throughout this report.

The most recent MOD Annual Population Survey, published in 2019, reports that **11% of veterans in the UK are female**.[30] This is projected to increase to 13% by 2028.[31] Despite this increase, however, and the fact that over 1,000 women leave the Armed Forces each year, our understanding of veterans in the UK continues to be focused primarily, and in many cases exclusively, on men.[32]

18 Ministry of Defence, *UK Armed Forces Biannual Diversity Statistics: 1 October 2020*. 2020.
19 Ministry of Defence, *Working for the MOD: Careers in the Ministry in Defence*. 2020.
20 US Government Accountability Office, *Female Active-Duty Personnel: Guidance and Plans Needed for Recruitment and Retention Efforts*. 2020.
21 Government of Canada, *Statistics of women in the Canadian Armed Forces*. 2020.
22 Australian Department of Defence, *Women in the ADF Report 2018–19*. 2020.
23 New Zealand Defence Force, *Women in the NZDF*. 2019.
24 Ministry of Defence, *Women in defence charter*. 2020.
25 Ministry of Defence, *Women in defence charter signatories*. 2020.
26 Ministry of Defence, *Report on Inappropriate Behaviours*. 2019.
27 Rutherford S, Schneider R, Walmsley A, *Quantitative & qualitative research into sexual harassment in the Armed Forces*. Andover, UK: Schneider-Ross. 2006.
28 Andrews S, Watts A, Morton K, *Professional Army, Diverse Army: Forging the Link*. 2009.
29 Ministry of Defence, *Veterans: Key Facts*. 2016.
30 Ministry of Defence, *Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2017*. 2019.
31 Ministry of Defence, *Population Projections: UK Armed Forces Veterans residing in Great Britain, 2016 to 2028*. 2019.
32 Dodds CD, Kiernan MD, *Hidden Veterans: A Review of the Literature on Women Veterans in Contemporary Society*. Illness, Crisis &

Furthermore, the **Strategy for Our Veterans**[33], published by the UK Government in 2018, mentions women only once throughout the document, and provides **no specific guidance related to women**. This suggests that there has yet to be recognition by the UK government that ex-servicewomen may have differing needs to men. The Strategy centres on the following mission:

> *"Those who have served in the UK Armed Forces, and their families, transition smoothly back into civilian life and contribute fully to a society that understands and values what they have done and what they have to offer." (Pg.4)*

However, to meet the commitments made in this document, and those set out in the Armed Forces Covenant[34], **a better understanding of female veteran's health and well-being needs is required**. Indeed, in December 2020 the Defence Select Committee launched an inquiry: *Women in the Armed Forces: From Recruitment to Civilian life*[35], with the intention that a sub-committee focused on women will follow the conclusion of this inquiry. The aim of the inquiry is to determine whether there are unique challenges experienced by female Service personnel and veterans that are not addressed sufficiently by current policies and support services.

How we Undertook This Scoping Study

This report aims to outline what is (and is not) known about the health and well-being of female veterans in the UK, and to provide a priority framework of recommendations for research and support/policy going forward.

In the comprehensive scoping literature review that forms the foundation of this report, the authors **identified 50 papers for inclusion published between 2000 and 2020**, of which 43 were peer-reviewed papers, 3 were research reports and 4 were PhD theses. Due to the focus on female veterans' health and well-being, papers were excluded if they focused on **current Service personnel only**. To support this, papers from the other Five Eyes alliance countries (Australia, Canada, New Zealand, and the Unites States [US]) are selectively drawn upon to provide evidence of consistency in findings and to identify research gaps. In addition, statistics and survey data provided by the Ministry of Defence (MOD) are drawn upon to provide context where relevant.

The **majority of the academic research** focused on the health and well-being of female veterans has been undertaken and **published in the US**. Whilst these findings are of relevance to this report, there are considerable cultural and structural differences between the UK and US military and healthcare systems that make direct comparisons difficult. We therefore attempted to focus preferentially on analysis of the literature that has been undertaken in the other Five Eyes countries (Canada, Australia and New Zealand) where possible. However, a lack of research was

Loss. 2019;27(4):293-310.

33 HM Government, *The Strategy for Our Veterans.* 2018.

34 Ministry of Defence, *Armed Forces Covenant: Today and Tomorrow.* 2011.

35 Defence Committee, *Defence Committee launch inquiry on Women in the Armed Forces.* 2020.

also identified in these countries and led to most of the international research cited in this report originating from the US. Rather than apply these findings to the UK context, we have utilised this research to highlight gaps in our understanding and consistency in findings.

We also conducted a series of **13 interviews with subject matter experts** (SMEs) who work with UK ex-servicewomen in some capacity. The interviews were transcribed and thematically analysed. Pseudonyms, ranging from P1–P13, were assigned to each participant in order to protect their anonymity where direct quotations are used in the report. A call for evidence was disseminated within the field to ensure identification of past and ongoing research related to the health and well-being of female veterans in the UK. The key points from the evidence base and the SME interviews were discussed in two stakeholder meetings, which sought to identify and develop priority areas of support and further research. Results from the literature, call for evidence and SME interviews are amalgamated in the main body of the findings, with the results from the stakeholder meetings reported separately alongside a priority framework for recommendations.

A more detailed account of the methods used in this project can be found in *Appendix A*. A breakdown of the UK evidence base identified within the scoping review is provided in *Appendix B*.

Pre-Service Risk Factors

There is a **lack of UK research** investigating the **pre-Service experiences and factors** that influence post-Service health and well-being outcomes in female veterans.

Adverse Childhood Experiences

Two UK papers were identified that focused on women's circumstances prior to joining the military. The first, a qualitative study[36], was carried out with 100 ex-Service women recruited through the charity, Forward Assist.[37] This report highlights **socio-economic disadvantage** as one of the reasons that women in this study joined the Armed Forces. Twenty percent of the women interviewed had been in local authority care during their childhood, and over 50% reported joining the Armed Forces to **escape an abusive home environment**. However, a number of other women (percentage not specified) reported stable and supportive family lives, and choosing the military as a career, sometimes due to being part of a military family. This study suggests that over half of female veterans may have **experienced childhood adversity**, which is consistent with the link between adverse childhood experiences and poor post-Service outcomes reported in UK veterans in general. However, further research is required to directly investigate the link between these pre-Service risk factors and post-Service health and well-being outcomes in ex-servicewomen in the UK.

Childhood adversity has also been linked to **leaving the Armed Forces prematurely**. In a cohort study of male and female Service personnel and veterans in the UK[38], childhood externalising behaviours (for example, physical aggression and rule-breaking) were associated with leaving the Armed Forces amongst Non-Commissioned personnel. Indeed, being an Early Service Leaver (i.e. leaving the Armed Forces before completing their 3–4.5 years minimum Service contracts) has previously been associated with higher levels of childhood adversity and linked to poor mental and physical health outcomes.[39] Furthermore, this agrees with previous research with UK male veterans and veterans seeking treatment for mental health.[40,41] However, **no gender-related differences** in the link between childhood externalising behaviours and leaving the Armed Forces was reported in this study.[42]

36 Edwards P, Wright T, *No Man's Land: Research study to explore the experience & needs of women veterans in the UK.* Forward Assist; 2019.

37 Forward Assist.

38 Burdett H, Stevelink SAM, Jones N, Hull L, Wessely S, Rona R, *Pre-service Military-related and Mental Disorder Factors Associated with Leaving the UK Armed Forces.* Psychiatry. 2020;83(3):262–77.

39 Buckman JEJ, Forbes HJ, Clayton T, Jones M, Jones N, Greenberg N et al, *Early Service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early.* European journal of public health. 2013;23(3):410–5.

40 Ross J, Armour C, Murphy D, *Childhood adversities in UK treatment-seeking military veterans.* BMJ Mil Health. 2020.

41 Iversen AC, Fear NT, Simonoff E, Hull L, Horn O, Greenberg N et al, *Influence of childhood adversity on health among male UK military personnel.* The British Journal of Psychiatry. 2007;191(6):506–11.

42 Burdett H, Stevelink SAM, Jones N, Hull L, Wessely S, Rona R, *Pre-service Military-related and Mental Disorder Factors Associated with Leaving the UK Armed Forces.* Psychiatry. 2020;83(3):262–77.

International research similarly highlights the association between adverse childhood experiences (ACEs) and **poor mental health outcomes** in Service personnel and veterans in Canada and the United States (US). However, gender differences in the health and well-being outcomes associated with ACEs remain unclear. Canadian studies looking at mood, anxiety disorders and suicide attempts in Service personnel found no gender differences in the association between ACEs and these mental health outcomes.[43,44]

US research suggests that whilst there does not appear to be any clear gender differences in the association between ACEs and health-related quality of life in veterans, **female veterans have increased levels of ACEs**, compared to male veterans and civilians.[45] This supports suggestions that some veterans may have joined the military to escape poor home environments and further suggests that this may be more pertinent for women compared to men. Indeed, a study that looked at adverse experiences and health outcomes exclusively in veteran women in the US[46], found that the prevalence of both childhood adversity and adverse events during military Service was high. However, this study also found that **traumatic experiences during military Service** were more important in predicting adverse health outcomes than ACEs.

SMEs interviewed as part of this project also highlighted the potential impact of ACEs and **socio-economic disadvantage in early life** on women's health and well-being post-Service:

> *"Women who use our service are often from areas of multiple deprivation that have significant trauma issues. They have adverse childhood experiences, so they have multiple layers of complex trauma." (P12)*

Additionally, there was suggestion from SMEs that **ACEs may differ for men and women**, which reflects the international evidence discussed above suggesting ACEs are more common in women:

> *"It is an escape route for young men and women from quite difficult backgrounds… Those kinds of backgrounds will be different for men and women. Cause certain things happen to girls and young women that don't happen to boys." (P9)*

43 Sareen J, Henriksen CA, Bolton SL, Afifi TO, Stein MB, Asmundson GJ, *Adverse childhood experiences in relation to mood and anxiety disorders in a population-based sample of active military personnel.* Psychological medicine. 2013);43(1):73–84.

44 Belik SL, Stein MB, Asmundson GJ, Sareen J, *Relation between traumatic events and suicide attempts in Canadian military personnel.* The Canadian Journal of Psychiatry. 2009;54(2):93–104.

45 Katon JG, Lehavot K, Simpson TL, Williams EC, Barnett SB, Grossbard JR, Schure MB, Gray KE, Reiber GE, *Adverse childhood experiences, military service, and adult health.* American Journal of Preventive Medicine. 2015;49(4):573–82.

46 Gaska KA, Kimerling R, *Patterns of adverse experiences and health outcomes among women veterans. American journal of preventive medicine.* 2018;55(6):803–11.

Key findings and recommendations

- There is a **lack of UK research** looking specifically at women's experiences prior to joining the military or gender differences in pre-Service risk factors for poor health and well-being outcomes.
- The available UK research suggests women who seek help for mental health problems post-discharge may come from **disadvantaged backgrounds**, and that leaving the military prematurely is associated with **problems in behaviour during childhood** for women (and men).
- International research suggests that whilst there may be no clear differences in the association between ACEs and poor health outcomes in veterans, there appears to be a **higher prevalence of ACEs in military women**. Research is required to determine whether the findings of this research are applicable in the UK context.
- A better understanding of these issues will enable UK healthcare providers to screen ex-servicewomen for **factors that might indicate increased risk** of certain physical and mental health disorders.

Recommendation 1

We recommend mixed methods research assessing women's pre-Service experiences and circumstances on enlistment, and how this relates to health and well-being outcomes throughout military Service and after discharge.

Integration Into the Military

As discussed in the introduction, women's physical integration into the UK Armed Forces has been facilitated by a series of amendments to original terms of Service. Changes to internal policies have allowed women to assimilate into various branches, units and roles, and have removed the barriers to a military career that were associated with marriage, pregnancy and homosexuality. However, **women's social integration into the military has proved much more complex and difficult to implement**. We identified just one research report and two PhD theses that qualitatively explored women's experiences of integration into the UK Armed Forces. These are outlined alongside MOD reports and survey data, SME comments and international research findings in the sub-sections below.

Fitting in to the male-dominated military environment

The military is often described in terms of its male-dominated nature[47] and the **masculine nature of traditional military roles therefore makes gender pertinent** for women's experiences during Service[48]. Indeed, the concept of 'hegemonic masculinity' is often discussed in relation to the military institution and is defined as 'hardness of physical and emotional toughness, stoicism, self-reliance, aggressiveness, and a robust sense of heterosexual identity' (pg. 4)[49]. Hegemonic masculinity is seen to promote and legitimise the dominance of a masculine hierarchy and the subordination of women in the military.

Research with servicemen and women carried out for the MOD and Equal Opportunities Commission in the UK in 2006[50] highlights the **centrality of masculinity to the UK military culture**. Servicemen who took part in focus groups for this report described the military environment as 'macho' and women in this environment as a 'liability' (pg. 12) and not strong enough to meet the physical or emotional demands of the military. Male Service Personnel also felt that women should adapt to the military environment, rather than vice versa.

This masculine military culture was also evident from the limited UK research available on female veterans. UK PhD research[51], that included both current and ex-Serving Personnel, reported that there were three aspects to integration for women: 1) adopting a military identity; 2) assimilating

47 McCristall P, Baggaley K, *The progressions of a gendered military: a theoretical examination of gender inequality in the Canadian military.* Journal of Military, Veteran and Family Health. 2019;5(1):119–26.

48 Woodhead C. *The mental health and well-being of women in the UK Armed Forces:* King's College London (University of London); 2013.

49 Cooper L, Caddick N, Godier L, Cooper A, Fossey M. *Transition from the military into civilian life: An exploration of cultural competence.* Armed Forces & Society. 2018;44(1):156–77.

50 Rutherford S, Schneider R, Walmsley A. *Quantitative & qualitative research into sexual harassment in the Armed Forces.* Andover, UK: Schneider-Ross; 2006.

51 Woodhead C, *The mental health and well-being of women in the UK Armed Forces:* King's College London (University of London); 2013.

gendered expectations, and 3) avoiding negative gender stereotypes. Fitting in was conceptualised as **whether women** (or others integrating into the military culture) **fit military cultural norms**. For some, this meant putting on a front and going along with behaviours and viewpoints that represented these norms, even if they did not agree with them. '**Banter**', defined in this research as "the playful and friendly exchange or teasing remarks" (pg. 175)[52], was seen as **key in fitting in to the Armed Forces culture**. For women, joining in with banter was seen as a way of 'becoming one of the lads', and **adopting masculine traits** was reported by women in order to fit in. Furthermore, focus groups carried out with female Service Personnel as part of a report for the MOD in 2006[53], found that many of these women accepted that **banter was a part of Service life**. However, this report highlighted the fact that joining in with this banter often meant making disparaging comments about their own gender.

This focus on banter to fit in to the masculine military culture, and the implications for minorities more generally within the Armed Forces, was commented on by an SME:

> *"There's a real challenge when you're a minority in the services and that's regardless of race or gender. It's systemic, I would argue, in the DNA of all three services, that anything that is different or anything that is a minority is open to what, euphemistically, is called banter. And the challenge with… banter is … it's a double-edged sword.* ***So, there's some humiliation in that, there's some bullying in that, there's a huge amount of discomfort in that****, it's quite, what I would call a brutal form of humour." (P13)*

Furthermore, qualitative research with 100 female veterans reported that women felt as though they **had to work twice as hard to prove themselves** in a male-centric environment, in which they felt overlooked and undervalued[54]. Indeed, 85% of women in this study felt they were treated differently to their male counterparts during their military Service. Military women also report that efforts to integrate or fit into the male dominated military had a **negative impact on their psychological well-being**, often leaving them feeling isolated and left out[55,56].

52 Woodhead C, *The mental health and well-being of women in the UK Armed Forces:* King's College London (University of London); 2013.

53 Rutherford S, Schneider R, Walmsley A, *Quantitative & qualitative research into sexual harassment in the Armed Forces.* Andover, UK: Schneider-Ross; 2006.

54 Edwards P, Wright T, *No Man's Land: Research study to explore the experience & needs of women veterans in the UK.* Forward Assist; 2019.

55 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

56 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

Research from the US[57], Sweden[58], Israel[59], Canada[60], Australia[61] and New Zealand[62] further highlights the need for women to adjust their behaviour to **conform to the masculine cultural norms** of the military institution.

US research also highlights differences in the experiences of different groups of military women. In one US study[63] a difference in the experience for women in healthcare and non-healthcare based military roles was highlighted. Women in health-based military roles did not feel as though they were treated differently to men, and felt they had equal promotion and career opportunities. However, those in **non-healthcare based military roles** did not feel as though they were treated equally to men and reported being **treated as 'second class citizens'** (pg. 117). This study highlights the importance of examining differences in the experiences of women integrating into different roles, branches, and ranks, rather than assuming equality of experience across women in the military. Indeed, subsequent US research[64] highlights **a difference in the impact of military Service on the well-being of women by Service branch**. As such, it will be important for researchers in the UK to identify how attitudes towards women differ across the UK Armed Forces.

Whilst research appears to consistently highlight the difficulties experienced by women in adapting to the masculine military culture, there is a lack of UK and non-US research looking at the impact of this on the health and well-being of women post-discharge. However, US research highlights the difficulties some women experience in transitioning to civilian life as a result of **developing a non-traditional gender identity** during their military Service. For example, in one US study[65], female veterans discussed how they had **supressed their 'femaleness'** to fit into the military, and subsequently felt unable to fit into the gendered expectations of being a woman in civilian society. Another study[66] found that US female veterans **struggle to maintain relationships** with civilian female friends, who found their masculine military mannerisms difficult to understand. Some women in this study also reported difficulties in the civilian workplace, in which they felt they were perceived as over assertive, despite feeling they were more self-disciplined and committed to work than civilian colleagues. More discussion of women's veteran identity post-Service is provided in the *Veteran Identity* section of post-Service health and well-being outcomes below.

57 Silva JM, *A new generation of women? How female ROTC cadets negotiate the tension between masculine military culture and traditional femininity.* Social Forces. 2008;87(2):937–60.

58 Linehagen F, *Conforming one's conduct to unwritten rules experiences of female military personnel in a male-dominated organization.* Res Militaris 2018;8(1):1–25.

59 Karazi-Presler T, Sasson-Levy O, Lomsky-Feder E, *Gender, emotions management, and power in organizations: The case of Israeli women junior military officers*. Sex Roles 2018;78(7–8):573–86.

60 Winslow D, Dunn J, *Women in the Canadian Forces: between legal and social integration.* Curr Sociol 2002;50(5):641–67.

61 Smith H, McAllister I, *The changing military profession: Integrating women in the Australian Defence Force.* The Australian and New Zealand Journal of Sociology 1991 Dec;27(3):369–91.

62 Werder, M, *NZ Army culture: Developing a learning organisation to adapt to gender diversity. Face the Future: Concepts on Force Design.* Supplementary Publication to the NZ Army Journal 2019; 4, 55–63.

63 Burkhart L, Hogan N, *Being a female veteran: A grounded theory of coping with transitions. Social work in mental health* 2015;13(2):108–27.

64 Shields M, Thomas KH, Bernard C, Lumsden D, *The Correlation between Female Veteran Mental Health and Branch of Military Service.* Journal of Health Education Teaching 2020;11(1):14–23.

65 Demers AL, *From death to life: Female veterans, identity negotiation, and reintegration into society.* Journal of Humanistic Psychology. 2013;53(4):489–515.

66 Burkhart L, Hogan N, *Being a female veteran: A grounded theory of coping with transitions.* Social work in mental health 2015;13(2):108–27.

We did not identify any research in the UK that directly investigated the impact of adapting to the masculine military culture on women's health and well-being post-Service. However, one of the SMEs interviewed for this project felt that these experiences impacted on women's expectations and choices in the civilian workplace, with some women seeking out workplaces that reflected a similar culture to that which they had experienced in the military.

> *"A large percentage of female veterans [who] have learned to thrive and survive in that environment, step out and expect it to be prevalent in Civvy Street… Or they seek out environments where that is still the norm... So women that go and work in those sectors find that they're, they're exposed to the same kind of behaviour, mind-set and thinking." (P13)*

Inadequate equipment for women

Another factor highlighted by our SMEs was the potential impact of **equipment and uniforms that were not designed for women.** Whilst for most SMEs this issue was historic, others felt that difficulties still existed:

> *"Historically when I joined, there were huge issues around, you know, the size of boots… the webbing that one used to wear, the hand me down camouflage kits that one was given because there just weren't modelled to the female form. And that caused quite a lot of difficulty... And therefore if you've got mixed platoons, for example, at Sandhurst …, because of the size of the pace that one has to take in marching, you've got a lot of pelvic issues for women because they are being required to over march over pace in order to keep up with their male counterparts. And, you know, there are physiological differences between men and women, which one can't escape, however one aspires to equality…" (P11)*

> *"There's still stuff around ill-fitting uniforms and equipment not being right for women. All of that kind of stuff is still exactly the same as it was 40 or 50 year ago. There's been no change with that." (P12)*

> *"I don't think we quite understand that bad – it's not about uniform per se – but bad fitting, protective equipment, things like using webbing and that's the sort of, the kit back in sort of the eighties, seventies, eighties, and nineties, …" (P6)*

There is a lack of published UK research looking at the impact of unsuitable or ill-fitting uniform and equipment during military Service on the health and well-being of female veterans in the UK. We also found that research related to this issue in any of the Five Eyes nations was limited. However, PhD research published in New Zealand in 2019[67], found that female Army Officers were still required to wear male uniforms due to a perception that **women do not represent a large enough proportion** of the New Zealand Army for there to be a need to develop a specific uniform for them. The ill-fitting nature of this uniform left women in this study feeling a **lack of social integration and acceptance**.

Whilst there is a lack of research examining this issue in the UK, a report looking at the risk to women's health and well-being of lifting the ban on GCC roles from the UK MOD[68] highlighted the **increased risks of musculoskeletal and overuse injuries during military training for women** compared to men. This report recommended the optimisation of physical training strategies that are tailored and appropriate for women, to prevent injury. Whilst these findings are not directly related to inadequate equipment for women, they illustrate the need to tailor policies and strategies for military women, to **ensure equity in military integration** and to avoid the risk of poor health and well-being outcomes for women during and after Service. More discussion of musculoskeletal conditions in female veterans can be found in the *Physical Health* section of post-Service health and well-being outcomes below.

Negative gender stereotyping and discrimination

All three pieces of research that explored women's experience of integration into the UK Armed Forces reported issues with **negative gender stereotyping**, and **gender-related discrimination or sexism** experienced by women whilst serving. UK PhD research published in 2013[69] with female serving and ex-Service Personnel reported that women perceived a **reluctance to accept women** into the UK military, particularly by older generations of male Service Personnel. Women felt **undermined by male colleagues**, and as though they had to **work twice as hard to prove themselves** due to unequal evaluation of performance across gender. Over half of the women interviewed in this research felt that they had been treated unfairly because of their gender. Gender-based bullying was also reported and was related to physical and mental health problems in women during Service, as well as a desire to leave the Armed Forces.

Indeed, a research report in which 100 female veterans were interviewed [70] found that **73% of women reported either witnessing or experiencing sexual discrimination** (i.e. name calling and verbal harassment towards women) that was minimised and classed as military banter. Examples of negative gender stereotyping and discrimination reported by women in another piece of PhD research in the UK include being called a poor mother for going on deployment, being encouraged to include a personal picture on a CV, and having their gender changed to 'male' on an application for a training course to increase likelihood of success[71].

67 Nelson E, *The social well-being of women officers who have left the New Zealand Army.* New Zealand: Massey University; 2019.
68 Ministry of Defence. *Interim Report on the Health Risks to Women in Ground Close Combat Roles.* 2016.
69 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.
70 Edwards P, Wright T, *No Man's Land: Research study to explore the experience & needs of women veterans in the UK.* Forward Assist; 2019.
71 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian*

SMEs interviewed for this project also commented on sexism and gender-related bullying experienced by women during Service, with one SME providing examples of significant bullying that had occurred in the 1990s:

> *"When people were moving into the Sergeant's Mess, they, the first people in that role were having rats, dead rats, you know, put into their bedrooms and in their underwear drawers and under their beds because blokes didn't want them there. Now that's not that long ago..." (P11)*

SMEs also felt that this was a **systemic problem engrained within the military culture**, and that women to some extent became accustomed to this. Furthermore, the hierarchical culture of the military was also seen as a barrier to effectively reporting or challenging inappropriate behaviour:

> *"In part, because [we've] been accustomed to controlling male behaviour, to hierarchy and cultures, some aggression, what people would perceive as aggression. We've got a higher tolerance of it in the female veteran population that isn't, I would argue necessarily in the general female population... The Armed Forces systemically is masculine. It's in the DNA. It is, I think it's – and I love it, I grew up in the military....but it's misogynist in its nature... So, we have huge micro-aggressions, some of the language is sexualised, there's bullying... women are treated or viewed as second class to men." (P13)*

> *"I think for my generation of women there was, without question, prejudice of inordinate levels, frankly, wholly driven by the experience of your male boss, which was likely to be the case. I think women did do stuff that they probably would not necessarily have done if they'd been in Civvy Street, because I think there was an expectation placed on them in a very hierarchical environment." (P11)*

> *"What must it be like if you are in a minority, you know, on your own suffering? You know, who do you go to? Who do you go to talk to? Because culturally, that's not invited." (P9)*

environments: University of Manchester; 2018.

Research in the UK further highlights how women interviewed for these studies **felt unable to challenge the sexism** they experienced during military Service [72,73]. Some women report **actively rejecting feminine traits** to avoid bullying and discrimination based on prejudiced views of the weakness associated with these traits. Furthermore, there was indication from these studies that some women within the UK Armed Forces also **held negative gender stereotypes about other women**. For example, some reported feeling as though women used their gender as an excuse to not meet physical standards, or their children as a reason to get out of work. However, this is based on small qualitative sample and may not represent the views of the female veteran population as a whole. One SME also commented on the difficulties that women had in challenging sexism, with some potentially becoming complicit:

> *"I have to stress, this is all anecdotal, this is all from what I hear from women who've become Officers. They are kind of complicit in the sexism that's there. So knowingly, so to get on… somebody who said, when she was at Sandhurst, was told 'Well if you want, if you want to be like a man, you have to act like a man'. She desperately wanted to challenge it, but what came out of her mouth was 'yes sir'." (P9)*

However, there was indication from both the limited UK research and SME interviews that **attitudes towards women in the UK Armed Forces are improving**. Female Service Personnel and veterans interviewed by Woodhead (2013)[74], felt that women's experiences in the UK military were **changing for the better**, and that the younger generations were more accepting (or at least resigned to) women's integration into the UK Armed Forces. SMEs interviewed for this project also felt that attitudes were changing, and women's experiences during Service were improving:

> *"I think depending on the age group of the people clearly, younger veterans from Iraq and Afghanistan, probably have better opportunity and equality of opportunity than historically they had. And things are much more equal..." (P11)*

> *"Now I mean, that is just changed out of all recognition. And so it should! Young women today are, they are given much greater access." (P2)*

> *"Now it's completely changed… the obstacles and barriers that were there definitely 20 years ago and probably even ten years ago, it's completely gone, with the odd exception, where it's encouraging females to go for it." (P8)*

72 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

73 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

74 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

Some SMEs put this change in attitudes down to the **increased willingness of individuals to speak out** about negative experiences during Service:

> *"So, I think there are people who've been in the military who are speaking out, women and men who were speaking out about their experiences. I think the military [and the] MOD is trying to change." (P9)*

> *"I think there was a culture of silence around it because… people thought it would affect their career and therefore endured it, as a way of not getting on, but ensuring you weren't disadvantaged… I think in today's world people are far more prepared to speak about it and much less tolerant of putting up with it." (P11)*

The Wigston Review of Inappropriate Behaviours in the UK Armed Forces[75], published in 2019, also suggested that more recent generations of Service Personnel, including increased numbers of Black, Asian, and Minority Ethnic (BAME) Personnel, women and other underrepresented groups, had resulted in **improvements in bullying and discrimination**. However, it was reported that there are still sections of the Armed Forces in which **unacceptable language and behaviour towards minority groups still occurs**.

This review makes **36 recommendations for reducing inappropriate behaviours** in the UK Armed Forces. Notably regarding improving military culture, these include establishing a specific role and focal point for tracking and informing Defence culture and behaviours (Recommendation 1.7), carrying out climate assessments across the military to assess and understand culture and behaviours (Recommendation 1.9), and developing and evaluating cultural and behavioural training programmes (Recommendations 1.12, 1.13, 1.14 and 2.2). A progress report published in December 2020[76] suggests that **11 of the 36 recommendations had been fully implemented** across the UK Armed Forces. However, all but one (Recommendation 1.7; fully implemented) of the recommendations cited above (related to improving military culture) are still 'in progress'.

Furthermore, a previous inquiry into equality and diversity in the British Army (The Watts-Andrews Inquiry)[77], published in 2009, highlighted **a mismatch between Army equality and diversity policy, and the lived experience** of Service Personnel. For women in particular, this gap was found to be wide. This report further emphasises how female Personnel feel they must conform to the masculine military culture and work twice as hard to be judged equally to their male colleagues, because of negative gender stereotypes held by senior ranks. This report provided a number of recommendations focused on adopting principles and undertaking actions to improve culture and attitudes towards minority groups in the British Army. This suggests that **despite identification of systemic problems with discrimination against women in the Armed Forces over a decade ago,**

75 Ministry of Defence, *Report on Inappropriate Behaviours*. 2019.
76 Ministry of Defence, *Unacceptable behaviours: progress review 2020*. 2020.
77 Andrews S, Watts A, Morton, K, *Professional Army, Diverse Army: Forging the Link.* 2009.

little progress has been made in improving the experiences of women and minorities in the UK Armed Forces.

We know very little from the UK research identified in this review as to what the impact of experiencing negative gender stereotyping and bullying in Service has been on women's health and well-being after discharge. However, SMEs felt that these experiences were **likely to impact negatively on life after Service**, with one SME suggesting that these experiences may have the biggest impact on those in more junior ranks:

> *"Where women come out with most challenges on transition... where the impact is deepest, potentially where the sexism and abuse is deepest – because they're powerless and in a minority – might be in the ranks." (P9)*

Most of the international research in this area has focused on **the impact of sexual harassment or violence** (discussed in the *Sexual Harassment and Assault* section below), rather than the impact of negative gender stereotyping or adapting the masculine military culture on female veteran's health and well-being. Whilst these issues are related, not all women who experience negative gender stereotyping during military Service will experience sexual harassment or violence. As such, the impact of women's experience within the masculine military culture and experiences of sexism on health and well-being post-discharge is an area that requires further investigation in the UK.

Key findings and recommendations

- There is a **lack of UK research focused on women's integration** into the military environment and the impact of their experiences on health and well-being outcomes.
- The limited qualitative research that does exist in the UK suggests that women feel as though they must **adopt masculine traits and accept masculine 'banter'** to fit into the military environment, which may **negatively impact on their psychological well-being**.
- International research also highlights the negative impact of adapting to masculine military cultural norms on women, and further suggests a **difference in the experiences of women dependent on their military role and Service branch**.
- SMEs and international research highlight the potential impact of **ill-fitting uniforms and equipment** on health and well-being outcomes. However, no research has focused on this in the UK context.
- A large proportion of women in qualitative UK research and MOD reports indicate that they have experienced **significant negative gender stereotyping and sexism** during military Service. SMEs highlighted this as a systemic problem in the Armed Forces but felt that **attitudes were slowly improving**.

Recommendation 2

We recommend that a mixed methods research project is undertaken to better understand the link between women's experiences within the masculine military culture and their experiences of transition, and post-Service health and well-being. This research should include an intersectional approach, examining experiences across different Service branches and ranks, and different demographic groups.

Recommendation 3

We recommend that the MOD undertake a review of the suitability of equipment and uniforms for women, with a focus on the associated health outcomes during and after Service.

Recommendation 4

We recommend that the MOD prioritise implementing the remaining recommendations of the Wigston Review (recommendations 1.9, 1.12, 1.13, 1.14 and 2.2) in order to provide a safe and inclusive work environment, in which discrimination and bullying is not tolerated.

Deployment Experiences

As discussed in the introduction, the **ban on women in Ground Close Combat (GCC) roles was lifted in 2016**, with all roles opened to women by the end of 2018[78]. However, women have been serving in frontline support roles for decades and as such many will have been exposed to the same trauma-related stressors during deployment, and the impact of this on well-being, in the same way as men. We identified three peer-reviewed academic papers and two PhD theses that examined the experience and impact of deployment and/or combat experiences on ex-servicewomen in the UK.

Impact of deployment and combat exposure on health and well-being outcomes

Research carried out with Service personnel and veterans who served in the Gulf War (1990–91) and in Bosnia (1992–97), found that **deployed women were more likely to report mental health problems** compared to non-deployed women[79]. However, **no gender differences** were identified in mental health problems in this study. Following this, research with current Service Personnel that served in the Gulf conflict and the Iraq conflict[80] found that psychological symptoms were associated with deployment for women that served in the Gulf War, but not the Iraq War. Interestingly, an increase in psychological symptoms was seen in non-deployed women compared to men, with higher alcohol misuse reported in non-deployed men compared to women. However, again, **no gender differences were reported in the deployed sample**.

Research reported in both an academic peer-reviewed paper[81] and a PhD thesis[82] investigated gender differences in the impact of exposure to combat during deployment on the mental health of current Service personnel and veterans in the UK. In this study, women deployed to Iraq (between 2006 and 2007) or Afghanistan (in 2003) reported **fewer incidences of combat exposure** that involved a risk to themselves or others and were **less likely to report negative appraisals of their deployment**, compared to men. Women who scored in the highest categories of combat exposure were more likely to report poor mental and physical health. However, this study found that the **impact of increased exposure to traumatic experiences on mental health was similar in men and women**.

Exploring these deployment experiences further in women, Woodhead (2013)[83] reported that almost 30% of deployed women **reported difficulties adjusting on return home** and this was associated with poor post-deployment well-being in terms of mental health, physical health, and alcohol use. Furthermore, over a third of women in this study **felt unsupported by the military following return from deployment**, with over half reporting that they didn't receive a homecoming

78 Ministry of Defence, *Ban on women in ground close combat roles lifted.* 2016.

79 Unwin C, Hotopf M, Hull L, Ismail K, David A, Wessely S, *Women in the Persian Gulf: Lack of gender differences in long term health effects of Service in United Kingdom armed forces in the 1991 Persian Gulf War.* Military medicine. 2002;167(5):406–13.

80 Rona RJ, Fear NT, Hull L, Wessely S, *Women in novel occupational roles: mental health trends in the UK Armed Forces.* International journal of epidemiology. 2007;36(2):319–26.

81 Woodhead C, Wessely S, Jones N, Fear NT, Hatch SL, *Impact of exposure to combat during deployment to Iraq and Afghanistan on mental health by gender.* Psychological medicine. 2012;42(9):1985–96.

82 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

83 Woodhead C, Wessely S, Jones N, Fear NT, Hatch SL, *Impact of exposure to combat during deployment to Iraq and Afghanistan on mental health by gender.* Psychological medicine. 2012;42(9):1985–96.

brief and 70% reporting they did not go through a decompression process. This is concerning, considering evidence that those who did perceive military support following return from deployment were 50–75% less likely to report physical and mental ill-health post-deployment.

More recent research with a large cohort of UK current Service personnel and veterans that served in Iraq and/or Afghanistan suggests that **men report being deployed more frequently and for longer periods**[84]**.** However, despite evidence in the UK of a link between deployment and/or combat exposure and mental ill-health, **women in this study were more likely than men to report mental health symptoms**. The authors of this research suggest that women may have higher baseline levels of mental health symptoms, in line with findings from the general population, and that this may need to be taken into consideration in relation to increased operational (and combat) exposure for women taking up GCC roles.

Interestingly, previous research with this survey cohort[85] reported that **women had slightly higher underlying levels of traumatic symptoms** compared to men, suggesting potential differences in pre-deployment traumatic experiences in women that requires further investigation. This is supported by research with female Service Personnel in the UK[86], which found that whilst deployed women were more likely to report common mental health symptoms compared to men, this was not associated with greater combat exposure. US research sheds some light on these findings: Vogt et al (2011)[87] found that pre-deployment factors had a greater impact on post-deployment mental health in US female veterans from Iraq and Afghanistan compared to prior conflicts, and these **women reported more pre-deployment stressors.** This suggests that women may experience increased trauma and stressors in their lives prior to deployment, which may in turn be linked to increased mental health issues, regardless of combat exposure.

These findings suggest that whilst deployment and combat exposure are related to psychological ill-health for women, this does not appear to differ significantly to men. However, the UK survey research identified in this section included both current Service personnel and veterans, so **the impact of these experiences following transition remains unclear**. One SME highlighted the impact of combat on female veteran's well-being, and how these experiences might differ from those experienced in civilian occupations:

> *"I suppose one difference for me would be exposure to combat situations, operational tours and some of the things that you see and experience on operational tours that you wouldn't see in civilian life. And I think again, that leads to mental health and well-being issues when you actually leave the Service, if they haven't been properly addressed whilst you're in." (P3)*

84 Jones N, Jones M, Greenberg N, Phillips A, Simms A, Wessely S, *UK military women: mental health, military service and occupational adjustment.* Occupational Medicine. 2020;70(4):235–42.

85 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

86 Jones N, Greenberg N, Phillips A, Simms A, Wessely S, *British military women: combat exposure, deployment and mental health.* Occupational Medicine-Oxford. 2019;69(8–9):549–58.

87 Vogt D, Smith B, Elwy R, Martin J, Schultz M, Drainoni ML, Eisen S, *Predeployment, deployment, and postdeployment risk factors for posttraumatic stress symptomatology in female and male OEF/OIF veterans.* Journal of Abnormal Psychology. 2011;120(4):819.

Qualitative research reported in two UK PhD theses help us to further examine women's combat and deployment experiences and the impact this may have on their well-being post-Service. Women interviewed for both Woodhead (2013)[88] and Jones' (2018)[89] PhD studies spoke of the **psychological impact of exposure to traumatic events** (including combat and those providing medical care in hospitals) on operational deployment.

Woodhead (2013)[90] reported two typologies in terms of adjustment to post-deployment life in female Service personnel and veterans: positive/neutral adjusters (17 out of 26 women interviewed) and negative adjusters (9 out of 26 women interviewed). Positive/neutral adjusters described no major deployment related problems on return. However, **negative adjusters described significant problems on return from deployment**, including alcohol misuse, anger/aggression, and mental and physical health problems. Those who reported negative adjustment experiences were less likely to be Officers, to be in a long-term relationship, to have children, and to still be serving. Additionally, positive/neutral adjusters were more likely to describe their work environment to be female-dominated and to work in roles that did not involve exposure to combat. Negative adjusters also discussed a **lack of support from peer and leaders during deployment** that negatively impacted on their well-being during and after deployment. This study further suggests a number of external (i.e. military support, family support, peer/leader support) and internal factors (i.e. perceived job satisfaction and reward, positive coping strategies) that were found to be protective of the impact of deployment experiences on women's post-deployment health.

The research findings discussed in this section suggest that the **outcomes associated with exposure to combat are similar in male and female veterans**. This is supported by US research[91] which suggests that exposure to combat (rather than just deployment) is similarly associated with poor mental and physical health in both female and male veterans. However, research[92] also suggests increased levels of sexual harassment and assault during military Service and lower levels of alcohol use in female compared to male veterans who have deployed in the US.

These findings are important considering the increased exposure to combat that is likely because of the repeal of the GCC ban for women in the UK military, and research that suggests veterans exposed to combat are more likely to experience mental health issues such as PTSD[93]. However, US research[94] also suggests that **female veterans are more likely to report functional impairment than men post-deployment,** highlighting the importance of assessing broader well-being outcomes, rather than just health.

88 Woodhead C, *The mental health and well-being of women in the UK Armed Forces:* King's College London (University of London; 2013.

89 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments.* University of Manchester; 2018.

90 Woodhead C, *The mental health and well-being of women in the UK Armed Forces.* King's College London (University of London); 2013.

91 Wang JM, Lee LO, Spiro III A, *Gender differences in the impact of warfare exposure on self-rated health.* Women's Health Issues. 2015;25(1):35–41.

92 Afari N, Pittman J, Floto E, Owen L, Buttner M, Hossain N, Baker DG, Lindamer L, Lohr JB, *Differential impact of combat on post-deployment symptoms in female and male veterans of Iraq and Afghanistan.* Military Medicine. 2015;180(3):296–303.

93 Stevelink SAM, Jones M, Hull L, Pernet D, MacCrimmon S, Goodwin L, et al, *Mental health outcomes at the end of the British involvement in the Iraq and Afghanistan conflicts: a cohort study.* The British journal of psychiatry: the journal of mental science. 2018;213(6):690–7.

94 Wang JM, Lee LO, Spiro III A, *Gender differences in the impact of warfare exposure on self-rated health.* Women's Health Issues. 2015;25(1):35–41.

Reproductive health on deployment

International research highlights the issues around sexual and reproductive health faced by women on deployment, such as contraception and management of menstruation[95]. Much of the research in this area comes from the US and suggests that a substantial amount of healthcare use amongst female Service Personnel is related to **gynaecological, contraceptive, and menstrual issues**[96]. In relation to deployment, suppression of menstruation, unintended pregnancy, difficulties accessing bathrooms and hygiene issues in the **deployment environment are some of the issues reported by US women**[97,98]. A gap in understanding of contraception was identified in US female Service Personnel, resulting in **increased risk of sexually transmitted infections and pregnancy**. Indeed, one US study[99] reported unintended pregnancies in 5% of US servicewomen during deployment. Another study[100] explored the issue of abortion on deployment and found a **lack of access to safe abortion** on deployment, sometimes leading to unsafe attempts to terminate pregnancies. Whilst these studies were small and qualitative in nature, the implications of these issues are likely to be significant for servicewomen. However, due to the cultural differences between the US and UK, particularly in terms of deployment length and processes, **the applicability of these findings to UK female Service Personnel is unknown**. In terms of **reproductive outcomes, infertility rates and menstrual disorders** are shown to **increase with increasing number and length of deployment** in US servicewomen. Furthermore, some research suggests an increased risk of ectopic pregnancy[101] and miscarriage[102] in US military women who had been deployed in the Gulf War.

No research was identified in the UK that focused on this issue, and the SMEs interviewed for this project did not raise this as a problem. However, the MOD's 2016 review[103] of the health risks to women in GCC roles highlighted **that potential for arduous combat roles to impair reproductive health** in women. This review also highlighted the fact that UK servicewomen over the age of 30 were more likely to seek healthcare for fertility problems compared to age-matched female civilians. As such, future research in the UK investigating the experiences of women on deployment should seek to examine this further. Indeed, an ongoing research survey project at the University of Edinburgh[104] was identified investigating the reproductive health of current female Service Personnel in the UK Armed Forces and women in the Metropolitan Police Service.

95 Neuhaus SJ, Crompvoets SL, *Australia's servicewomen and female veterans: do we understand their health needs?* The Medical journal of Australia. 2013;199(8):530–2.

96 Lawrence-Wood E, Kumar S, Crompvoets S, Fosh BG, Rahmanian H, Jones L, Neuhaus S, *A systematic review of the impacts of active military service on sexual and reproductive health outcomes among servicewomen and female veterans of Armed Forces.* Journal of Military and Veterans Health. 2016;24(3):34.

97 Doherty ME, Scannell-Desch E, *Women's health and hygiene experiences during deployment to the Iraq and Afghanistan wars, 2003 through 2010.* Journal of Midwifery & Women's Health; 2012;57(2):172–7.

98 Hines JF, *Ambulatory health care needs of women deployed with a heavy armor division during the Persian Gulf War.* Military medicine. 1992;157(5):219–21.

99 Albright TS, Gehrich AP, Wright Jr J, Lettieri CF, Dunlow SG, Buller JL, *Pregnancy during operation Iraqi freedom/operation enduring freedom.* Military medicine. 2007;172(5):511–4.

100 Grindlay K, Yanow S, Jelinska K, Gomperts R, Grossman D, *Abortion restrictions in the US military: voices from women deployed overseas.* Women's Health Issues. 2011;21(4):259–64.

101 Araneta MR, Kamens DR, Zau AC, Gastañaga VM, Schlangen KM, Hiliopoulos KM, Gray GC, *Conception and pregnancy during the Persian Gulf War: the risk to women veterans.* Annals of epidemiology. 2004;14(2):109–16.

102 Kang H, Magee C, Mahan C, Lee K, Murphy F, Jackson L, Matanoski G, *Pregnancy outcomes among US Gulf War veterans: a population-based survey of 30,000 veterans.* Annals of epidemiology. 2001;11(7):504–11.

103 Ministry of Defence, *Interim Report on the Health Risks to Women in Ground Close Combat Roles*. 2016.

104 The University of Edinburgh. *Female Fertility in the Forces Study*. 2021.

Recognition of women's roles on deployment

Despite increased combat exposure in servicewomen in recent years, women's frontline roles in the military are not necessarily recognised by society. Indeed, female veterans interviewed for PhD research carried out by Jones (2018)[105] highlighted a **lack of recognition from civilian society and support services** that women would have been in combat or frontline roles and may be dealing with the same type of trauma as male veterans. This is also reported in research with female Service Personnel in the Australian Defence Force[106], and the US military[107], in which women report feeling as though the there was a **lack of public awareness and recognition** amongst the veteran community of women's contributions to military operations. Increased awareness of the roles of servicewomen in the UK are required within civilian support services to ensure women are provided with appropriate recognition and care following their experiences during Service.

Key findings and recommendations

- UK research suggests that the health and well-being outcomes associated with exposure to combat and traumatic events during deployment is **similar across men and women** during Service, but the impact of this post-Service is unclear.
- UK and international research suggest women may have increased mental health symptoms **regardless of deployment status** and report increased exposure to **pre-deployment traumatic events**.
- International research highlights the **impact of deployment on reproductive health** (i.e. gynaecological, contraceptive, and menstrual issues) **and pregnancy outcomes**, and ongoing research focused on this issue has been identified in the UK.
- Qualitative research in the UK suggests that female veterans **do not feel recognised** for their contribution to Service by **society and that veteran support services lack awareness** that women may have been exposed to combat-related trauma.

Recommendation 5

We recommend that mixed methods research is carried out to examine the cumulative effect of pre-deployment and deployment-related trauma exposure on female veterans' health and well-being needs. International collaboration with the other Five Eyes Nations is recommended to ensure a large enough sample size.

105 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

106 Feldman S, Hanlon C, *Count Us In: The Experiences of Female War, Peacemaking, and Peacekeeping Veterans.* Armed Forces & Society. 2012;38(2):205–24.

107 Service Women's Action Network. *First Annual Planning Summit: Historic changes, significant challenges.* 2017.

Recommendation 6

We recommend that training is developed for staff working within healthcare services and veteran support services to raise awareness of women's roles and contributions to military Service, including the potential for exposure to combat and the impact of this on health and well-being.

Unit Cohesion and Leadership

Unit cohesion, or the **bond that Service Personnel have within a unit**, is an important predictor of health and well-being outcomes. In UK servicemen[108], unit cohesion (measured using survey questions related to comradeship, social support, caring leadership and feeling part of the group) is shown to be **associated with lower levels of mental health symptoms during deployment**. In this study, **caring leadership** during deployment was found to be a **protective factor** for probable Post-traumatic stress disorder (PTSD) and common mental health disorders.

One study identified in this review, reported as part of a PhD thesis[109], investigated the impact of unit cohesion and leadership on female Service personnel and veteran's health in the UK. Woodhead (2013) found that in a survey of 432 military women (current Service personnel and veterans) who had deployed to Iraq or Afghanistan, **92% felt a sense of comradeship with their unit.** However, a lower percentage (73%) felt they could go to members of their unit with a personal problem, which suggests that **over a quarter of these women did not feel emotionally supported during deployment**. Furthermore, only 59% felt that their leadership treated all members of the unit fairly. As reported previously in servicemen, women in this study who reported negative perceptions of their leadership and lower unit cohesion were more likely to report mental and physical health symptoms post-deployment.

These findings were supported in qualitative interviews in this study, in which a **lack of support from peers and leaders was perceived to adversely impact well-being** during and after deployment. Whilst these findings in female Service personnel and veterans are in line with those reported in servicemen, some **gendered aspects of peer and leadership support were identified**. Women reported feeling a lack of peer support because they were one of few or the only female in their unit, and particularly when women were accommodated separately to men on deployment. This resulted in women **feeling isolated** and as though they missed out on opportunities to bond with the male members of their unit. This suggests that servicewomen may experience additional challenges in relation to unit cohesion during deployment which may adversely impact on their well-being post-deployment and following discharge.

These findings are supported by recent research in current Service Personnel in the UK Armed Forces[110], in which women were significantly **less likely than men to report high levels of unit cohesion (66% vs 71%)**. These findings are also consistent with research carried out with Service Personnel in Australia[111] and the US[112]. Furthermore, PhD research carried out in the US[113] suggests that **greater unit cohesion** during military Service is associated with **greater life satisfaction and**

108 Du Preez J, Sundin J, Wessely S, Fear NT, *Unit cohesion and mental health in the UK armed forces.* Occupational medicine. 2012;62(1):47–53.

109 Woodhead C. *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

110 Jones N, Greenberg N, Phillips A, Simms A, Wessely S. *British military women: combat exposure, deployment and mental health.* Occupational Medicine-Oxford. 2019;69(8–9):549–58.

111 Kanesarajah J, Waller M, Zheng WY, Dobson AJ, *Factors associated with low unit cohesion in Australian Defence Force members who deployed to the Middle East (2001–2009).* BMJ Military Health. 2016;162(5):366–72.

112 Welsh JA, Olson JR, Perkins DF, *Gender differences in post-deployment adjustment of Air Force personnel: the role of wartime experiences, unit cohesion, and self-efficacy.* Military medicine. 2019;184(1–2):e229–34.

113 Fry, KM. *Reintegration and Life Satisfaction among Military Veterans: The Complex Role of Unit Cohesion.* US Fielding Graduate University. 2020.

lower levels of mental health symptoms following transition to civilian life. However, we were unable to identify any research in the UK that investigates gender differences and the impact of unit cohesion during military Service on the well-being of female veterans post-discharge.

Female leadership in the military

Women are **significantly underrepresented in senior leadership roles** in the UK Armed Forces. According to MOD diversity statistics in 2020[114], women occupy just 5% (or 22 out of 447) of senior officer positions (OF6–OF9; or one star and above). This pattern is seen internationally, with underrepresentation of women in leadership roles reported in Canada[115], Australia[116], New Zealand[117] and the US[118].

US research[119] suggests that Service Personnel perceive successful leadership characteristics to be those associated with masculinity. Indeed, qualitative work carried out in New Zealand[120,121] suggests that **women in senior officer roles downplay their femininity** and feel obliged to adopt a more masculine and aggressive approach to leadership, in line with their preconceived notion of what constitutes military leadership. This is despite leadership skills which are beneficial to the military, such as fostering relationships and team building, being associated with more feminine traits [122,123].

Adopting a more masculine approach to leadership was also reported to have **negative consequences for women's well-being during Service**, and for some led to termination of their Service in order to improve their psychological well-being[124]. For those women who do reach high seniority (i.e. Major General and above), they report feeling more comfortable adopting a more feminine and authentic approach to leadership[125]. However, subsequent research with women in the New Zealand Defence Force[126] highlighted the fact that most women leave before reaching these ranks. Indeed, US servicewomen report feeling that they are **more likely to be overlooked for promotion**, linked to the perception that they are judged more harshly than men[127]. Furthermore, women in the New Zealand Defence Force report experiencing **career disadvantage due to their gender**, including having to defend their right be considered for promotion, and being overlooked for training courses required for promotion, in favour of male colleagues. This is supported by an international review of the literature[128] which identifies

114 Ministry of Defence, *UK Armed Forces Biannual Diversity Statistics: 1 October 2020.* 2020.
115 Matheson LI, Lyle E, *Gender bias in Canadian Military Leadership Training.* Journal of Ethnographic & Qualitative Research. 2017;12(1).
116 Australian Department of Defence, *Women in the ADF Report 2018–19.* 2020.
117 New Zealand Defence Force, *Women in the NZDF*. 2019.
118 US Department of Defense, *2018 Demographics Report.* 2018.
119 Boyce LA, Herd AM, *The relationship between gender role stereotypes and requisite military leadership characteristics.* Sex Roles. 2003;49(7–8):365–78.
120 Brosnan, A, Exploring the leadership experiences of senior female officers in the New Zealand Defence Force. New Zealand Massey University. 2015.
121 Nelson E, *The social well-being of women officers who have left the New Zealand Army.* New Zealand: Massey University; 2019.
122 Stevens K, Greener B. The New Zealand Army, Peacekeeping and Masculinities in the Solomon Islands In BK Greener (Ed.) *Army Fundamentals: From making soldiers to the limits of the military instrument.* Massey University Press. 2017.
123 Nelson E, *The social well-being of women officers who have left the New Zealand Army.* New Zealand: Massey University. 2019.
124 Nelson E, *The social well-being of women officers who have left the New Zealand Army.* New Zealand: Massey University. 2019.
125 Brosnan A, Exploring the leadership experiences of senior female officers in the New Zealand Defence Force. New Zealand; Massey University. 2015.
126 Nelson E, *The social well-being of women officers who have left the New Zealand Army.* New Zealand: Massey University. 2019.
127 Harris GL, *The Multifaceted Nature of White Female Attrition in the Military.* Journal of Public Management & Social Policy. 2009;15(1).
128 Ishaq M, Hussain AM, *Advancing the equality and diversity agenda in armed forces: global perspectives.* International Journal of Public Sector Management. 2014;27(7).

significant gender inequality in promotion opportunities in militaries globally, and a lack of female role models in leadership positions in the military.

Two papers identified from the UK also highlight some of the difficulties experienced by women in leadership roles in the military. Female Service personnel and veterans interviewed for PhD research[129,130] reported that their **male colleagues were sometimes reluctant to work with them** and would undermine them by ignoring or not obeying orders. However, we were unable to identify any research in the UK that directly investigates women's experiences in senior leadership roles in the military or the impact of this on their health and well-being. It will be important for future research in the UK to examine why women are underrepresented in the more senior ranks of the military, and how their experiences of career progression and leadership roles might impact on their well-being during and after military Service.

Key findings and recommendations

- UK and international research suggest that servicewomen **perceive lower unit cohesion** than servicemen and that women experience **poor peer support** as a minority. However, the impact of these findings on health and well-being outcomes post-Service is unclear.
- There is a significant **lack of women in senior roles** in the UK military, and international research suggests that women experience **disadvantage in progressing their military career** due to their gender.

Recommendation 7

We recommend that mixed methods research is carried out to examine the cumulative effect of pre-deployment and deployment-related trauma exposure on female veterans' health and well-being needs. International collaboration with the other Five Eyes Nations is recommended to ensure a large enough sample size.

Recommendation 8

It is recommended that mixed methods research is undertaken to better understand women's experiences of leadership and career progression in the UK Armed Forces, and the impact that career disadvantage during Service may have on transition to civilian life.

129 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

130 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester. 2018.

Sexual Harassment and Assault

Sexual harassment and assault the military is a topic of national interest. Male-dominated environments such as the Armed Forces have been linked to **higher rates of sexual harassment and assault** in the UK, suggesting Service Personnel may be particularly at risk[131]. Indeed, a report in 2014[132] found that the **highest rates of sexual harassment by occupation were within the Uniformed and Armed Services**, with 23% of women in these occupations indicating that they had been sexually harassed in the past three years.

Furthermore, inappropriate behaviour in the Armed Forces was the subject of a government review led by Air Chief Marshal Wigston that was published in 2019[133]. This reported indicated that a **significant amount of Service Personnel experience bullying, discrimination, and harassment**, including that of a sexual nature, and many feel unable to come forward and report it. However, we identified a **paucity of UK research** focused on this topic in UK veterans. Whilst we found two research reports reporting qualitative findings related to sexual harassment and assault **during military Service**, no independent research focused on the prevalence of these experiences in UK ex-Service Personnel exists.

Whilst this indicates **a significant gap in research with UK veterans**, we did identify four MOD reports that examine the prevalence of sexual harassment and assault in current UK servicewomen and men from 2006 to 2018. In addition, this section will utilise the results of a review of diversity and inclusion for the British Army from 2009[134] and the Wigston *Report of Inappropriate behaviours* in 2019[135].

Prevalence of sexual harassment and assault during military Service

In 2006, following an investigation into sexual harassment in the military by the Equal Opportunities Commission, the MOD published a report[136] suggesting that **sexualised behaviours were common in the UK Armed Forces**. The report stated that 99% of servicewomen had experienced jokes, stories, or language of a sexual nature in the past 12 months. However, there was a **high tolerance for these behaviours** as only 52% reported finding them offensive. Furthermore, 67% had encountered targeted sexualised behaviours, from unwelcome comments and receipt of explicit material to unwanted touching and sexual assault. Two percent of servicewomen reported a sexual assault. In this study, **lower ranks and younger servicewomen were the most vulnerable** to sexual harassment.

Following this report, the MOD put in place an action plan to tackle sexual harassment. However, a subsequent inquiry into diversity and inclusion in the British Army, published in 2009[137], concluded that young women were still experiencing **a significant level of sexual harassment**. Furthermore,

131 Trade Union Congress, *Still just a bit of banter? Sexual Harassment in the workplace in 2016*. 2016.
132 Nawrockyi L, Swiszczowski L, Saunders R, Colquhoun-Alberts T, *Project 28–40: The Report*. 2014.
133 Ministry of Defence, *Report on Inappropriate Behaviours*. 2019.
134 Andrews S, Watts A, Morton, K, *Professional Army, Diverse Army: Forging the Link*. 2009.
135 Ministry of Defence, *Report on Inappropriate Behaviours*. 2019.
136 Rutherford S, Schneider R, Walmsley A, *Quantitative & qualitative research into sexual harassment in the Armed Forces*. Andover, UK: Schneider-Ross; 2006.
137 Andrews S, Watts A,Morton K, *Professional Army, Diverse Army: Forging the Link*. 2009.

Service-specific reports published in 2015 and 2018 suggest **this remains an issue in the UK Armed Forces**.

In 2015 the Royal Navy and Royal Marines[138] reported that over 90% of Service personnel (women and men) had experienced sexual jokes, stories, and sexually explicit language, and 2% reported a sexual assault in the past 12 months. Female Naval personnel were significantly more likely than male personnel to report unwelcome body language of a sexual nature, attempts to touch them, and attempts to establish a sexual relationship with them despite discouragement. Rates of reported sexual assault did not differ by gender in this survey, however **servicewomen were more likely to report a 'particularly upsetting experience involving unwelcome sexualised behaviours'** compared to men.

Two surveys focused on sexual harassment have been published by the Army, in 2015[139] and 2018[140]. The 2018 report suggested that the **proportion of Service Personnel experiencing sexualised behaviours has reduced since 2015**, particularly for servicewomen (2015: 92%; 2018: 89%), although these behaviours remain common. However, **servicewomen were still more likely to be offended** by these behaviours (2015: 27%; 2018: 33%) compared to servicemen (2015: 11%; 2018: 13%). **Servicewomen were more likely to report most targeted sexualised behaviours** compared to servicemen in both 2015 and 2018, with about a third of women reporting unwelcome sexual comments (2015: 39%; 2018: 4%), compared to just over a fifth of men (2015: 22%; 2018: 21%). A similar proportion of servicewomen and men reported a serious sexual assault in the past 12 months in both 2015 and 2018 (servicewomen: 2%; servicemen: 1%). However, consistent with findings in Naval Personnel, **servicewomen were more likely to report a 'particularly upsetting experience'** than servicemen, and this had increased from 15% to 18% between 2015 and 2018.

Whilst these surveys provide us with an indication of the prevalence of sexual harassment and assault in the past 12 months in current Service personnel in the UK, **there is a lack of data pertaining to prevalence in UK veterans**. However, qualitative research with female veterans in the UK suggests that inappropriate sexual behaviour is a common experience for women during Service. Most of the women interviewed for the PhD research carried out by Woodhead (2013)[141] described inappropriate sexual behaviour, ranging from suggestive remarks to sexual assault. It was felt by these women that these targeted behaviours were **intended to exclude and differentiate women** from their unit. Furthermore, in a study of 100 female veterans[142] it was found that **52% reported being sexually assaulted** during Service. However, this sample was recruited through a charity focused on providing mental healthcare and as such it is unclear if the results are generalisable to the UK female veteran population as a whole.

138 Harris Interactive, *Royal Navy and Royal Marines Sexual Harassment Survey*. 2015.
139 British Army, *Sexual Harassment Report*. 2015.
140 British Army, *Sexual Harassment Report and Action Plan.* 2018.
141 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.
142 Edwards P, Wright T, *No Man's Land: Research study to explore the experience & needs of women veterans in the UK:* Forward Assist; 2019.

SMEs interviewed for this report also commented on the prevalence of sexual harassment and assault histories in female veterans:

> *"We do get probably a reasonable number of calls around abuse and indecent proposals and indecent actions… sexual abuse… unfortunately still goes on... it can be [important for] veterans because it becomes baggage that they carry with them for a very long time." (P5)*

> *"There's big issues with women within the military of assault and things like that. And that happens a lot as well." (P7)*

Another SME suggested that within the Army, the culture was one where sexual assault was normalised, inhibiting reporting and recompense as a result.

> *"And the trouble was, in the Army, what you and I might term a sexual assault just was seen as normal behaviour." (P3)*

International research similarly highlights a **sexualised military culture** in which women are vulnerable to sexual harassment and assault. In Canada, the Deschamps *External review*[143] *into sexual misconduct and harassment in the Canadian Armed Forces* in 2015 found that **female recruits and lower rank servicewomen were particularly at risk** of sexual misconduct. This was linked to a perception that it was generally seen as permissible across the rank structure to objectify women's bodies, to make sexual jokes about women and to cast doubt on women's capabilities. Similar findings are reported in Australia[144] and New Zealand[145].

The US provides the most comprehensive data on the prevalence of sexual harassment and assault (termed Military Sexual Trauma or MST in the US) in the military and veteran population. Direct comparisons between military and civilian data are sparse, however research in the US has found **rates of sexual harassment and assault to be higher in military populations**[146]**, albeit this difference is suggested by some to be small**[147]. A recent meta-analysis of available US research[148] suggests that considerably more female Service personnel and veterans report a sexual assault and harassment during military Service (sexual assault: 23.6%, sexual harassment: 52.5%) compared to men (sexual assault: 1.9%, sexual harassment: 8.9%). This review also highlights an increased prevalence found

143 Deschamps M, *External review into sexual misconduct and sexual harassment in the Canadian Armed Forces.* 2015.
144 Australian Human Rights Commission, *Review into the Treatment of Women in the Australian Defence Force.* 2012.
145 Teale D, MacDonald C, *Independent Review of the New Zealand Defence Force's progress against its Action Plan for Operation Respect.* 2020.
146 Stander VA, Thomsen CJ, *Sexual harassment and assault in the US military: A review of policy and research trends.* Military medicine. 2016;181(suppl_1):20–7.
147 Rough JA, Armor DJ, *Sexual Assault in the US Military: Trends and Responses.* World Medical & Health Policy. 2017;9(2):206–24.
148 Wilson LC, *The prevalence of military sexual trauma: A meta-analysis*. Trauma, Violence, & Abuse. 2018 19(5):584–97.

from self-report (i.e. surveys and interviews) compared to that found when reviewing medical records. Whilst we are unable to apply these findings to the UK context directly (due to significant differences in the structure and processes of the US and UK militaries), this research suggests that **inappropriate sexual behaviour is a pervasive problem, particularly for women**.

SMEs further highlighted the lack of research focused on the prevalence of sexual harassment and assault in female Service Personnel and veterans in the UK:

> *"You hear these sort of themes and people say it's everywhere, but because the research doesn't happen, you have no knowledge of prevalence." (P9)*

One SME felt that it was unlikely that the prevalence in UK Armed Forces differed to that found internationally:

> *"It's difficult in this country to know what the prevalence is. All of the research in this country that's been done on veterans is predominantly with male veterans and women are tagged on... There isn't any research out there, but it's, it's difficult, isn't it? Because if you were to compare to other countries, their statistics mirror the statistics that are collated, so it would be a little bit strange for the UK not to mirror what other statistics that are out there." (P12)*

What constitutes inappropriate sexual behaviour?

Qualitative research in the UK and MOD survey data indicates a **lack of understanding** from Service Personnel as to what constitutes inappropriate sexual behaviour. Female Service personnel and veterans interviewed for Woodhead's (2013)[149] PhD research suggested that only a portion of those experiencing sexualised behaviours found it to be upsetting or harassing. This was seen to be partly the result of a **lack of clarity as to where the line was between acceptable and unacceptable banter**.

This is supported by qualitative data collected for the 2006 MOD report[150], in which there was **a lack of awareness amongst servicemen** that women may be offended or upset by sexualised language or behaviours. Furthermore, the more common the behaviours were found to be from the survey data collected for this report, the less likely Service Personnel were to think it constituted sexual harassment. However, data collected for the Army Sexual Harassment survey suggests an increase from 2015[151] to 2018[152] in the proportion of Service Personnel who thought targeted sexual behaviours constituted sexual harassment. Furthermore, **the potential for banter to 'go too far' was**

149 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.
150 Rutherford S, Schneider R, Walmsley A, *Quantitative & qualitative research into sexual harassment in the Armed Forces.* Andover, UK: Schneider-Ross; 2006.
151 British Army. *Sexual Harassment Report.* 2015.
152 British Army. *Sexual Harassment Report and Action Plan.* 2018.

highlighted, and Service Personnel suggested that once this behaviour becomes unwanted and persistent it should be considered sexual harassment. The difficult blend between work and home life was also described as facilitating inappropriate behaviour, with **servicewomen finding it difficult to challenge this behaviour**.

Considering these findings, it will be important for the UK Armed Forces to provide **clear information and training as to what constitutes inappropriate behaviour**, to make it easier for servicewomen to challenge and report this behaviour. Indeed, the recent Wigston report[153] recommended that 'Communication on behaviours must be consistent and persistent'. How we deal with inappropriate behaviour must be transparent, including the appropriate publication of outcomes'. (Recommendation 2.9). However, a recent progress update[154] on the implementation of the recommendations from this report indicates that this recomendation is still 'in progress' across the UK Armed Forces.

Barriers to reporting

Women who experience sexual harassment/assault during military Service may have to continue to work or interact with the perpetrator, particularly if they are part of the same unit. As such, this may discourage them from reporting these experiences. MOD surveys suggest **significant underreporting of sexual harassment and assault**. In the 2006 MOD report[155], it was found that 94% of UK female Service Personnel who reported a 'particularly upsetting experience' in the past 12 months had tried to deal with it themselves. In those who told someone at work about this experience, the majority (67%) told a colleague, rather than tell their line manager (37%) or another superior officer (23%). The main reason for not telling anyone at all was **wanting to deal with it themselves** (67%), followed by fear of being **labelled as a troublemaker** (39%%) and fear that the complaint would have a **negative impact on their career** (35%).

Two qualitative research studies identified in the UK highlight the barriers to reporting inappropriate sexual behaviour experienced by ex-servicewomen. Edwards & Wright (2019)[156] found that the women veterans interviewed for their study were reluctant to make a complaint regarding bullying, harassment, or inappropriate behaviour during Service. The reasons cited for this were centred on **fear they of not being believed**, or **being blamed for their experience**, and fear that complaining would have a **negative impact on their career**. Of those who reported some type of bullying, harassment, or assault in this study, **only 25% reported it** at the time.

Most women interviewed by Woodhead (2013)[157] highlighted similar barriers to reporting, including the potential impact on their career and reputation and **a lack of trust in the formal complaints process**. Furthermore, most women in this study indicated a preference for initially

153 Ministry of Defence, *Report on Inappropriate Behaviours*. 2019.
154 Ministry of Defence, *Unacceptable behaviours: progress review 2020.* 2020.
155 Rutherford S, Schneider R, Walmsley A, *Quantitative & qualitative research into sexual harassment in the Armed Forces.* Andover, UK: Schneider-Ross; 2006.
156 Edwards P, Wright T, *No Man's Land: Research study to explore the experience & needs of women veterans in the UK.* Forward Assist; 2019.
157 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

reporting it to their chain of command, to try to deal with it within unit rather than going through the formal complaints process. For those that did make a formal complaint, most reported that this was a negative experience.

A reluctance to report experiences of sexual harassment and assault was also suggested by SMEs:

> *"There seems to be a lack of inclination to report problematic relationships to the support services in the Armed Forces." (P9)*

> *"Anecdotally… from [what I hear] in-Service, particularly women and ethnic minorities is that it isn't robust, and we still have the deterrent from complaining... And to complain or to raise a concern, takes a huge amount of fearlessness. It's a huge amount of courage. So don't underestimate the trust, because there is always backlash… as a consequence." (P13)*

These findings are supported by MOD survey data, with **just 5% of servicewomen** in the 2006 MOD report[158] who had suffered a 'particularly upsetting experience' reporting that they had **made a formal complaint,** and over **half of these individuals reporting negative consequences** as a result. This appears to have improved slightly in the 2015 *Royal Navy and Royal Marines Sexual Harassment Survey*[159], in which 15% of Service Personnel who had been in an 'upsetting situation' had made a formal complaint. However, a breakdown by gender is not provided in this Survey. Regarding the Army *Sexual Harassment Report*[160] data, **an increase from 5% to 10%** between 2015 and 2018 was seen in female Service Personnel making a formal complaint about an upsetting experience. The most common reasons for female Service Personnel not to make a formal complaint in 2018 were feeling as though they could handle the situation themselves (41%) and fear that it would make their work situation unpleasant (40%). Of those who made a formal complaint, **high levels of dissatisfaction with the process** were seen in 2018; 70% were dissatisfied with the amount of time it took to resolve the complaint, 70% were dissatisfied with the action taken again those responsible, and 64% were dissatisfied with the way they were treated by the people that handled the complaint. These findings are also in line with data published by the Department of Defense in the US[161].

The Wigston Review[162] highlights significant issues regarding the UK Service complaints process. This report concludes that there is a **significant lack of confidence in the Service complaints process** resulting in underreporting. The development of an anonymous tool for reporting

158 Rutherford S, Schneider R, Walmsley A, *Quantitative & qualitative research into sexual harassment in the Armed Forces.* Andover, UK: Schneider-Ross; 2006.
159 Harris Interactive. *Royal Navy and Royal Marines Sexual Harassment Survey*. 2015.
160 British Army. *Sexual Harassment Report and Action Plan*. 2018.
161 US Department of Defense. *Sexual Assault Accountability and Investigation Task Force.* 2019.
162 Ministry of Defence. *Report on Inappropriate Behaviours.* 2019.

inappropriate behaviours is recommended in this review, to ensure that Service Personnel are enabled to safely report bullying, discrimination, and harassment against them. A progress report in 2020[163] indicates that **this recommendation has now been implemented** by the MOD, however, it will be important for the MOD to monitor the impact of this on levels of reporting. The Wigston Review also reports that the US, Australia, and New Zealand operate reporting models in which an individual can seek support for sexual misconduct without having to initiate a formal investigation. In the US this has resulted in individuals coming forward for support who indicated they would not have done so if it required a formal complaint.

Difficulties with the Service complaints process were also discussed by SMEs:

> *"I think there should be work done around… abuse and more support for serving female members of the Armed Forces [that] have either raised a complaint and nothing has been done about it, or are too frightened to raise a complaint." (P5)*

> *"We need a far more robust Service complaints system. I think there's a legitimate [complaint] for some female veterans out there that have been slighted, have had wrongs, have suffered detriment and that should then be addressed." (P13)*

One SME felt that women should be able to report sexual harassment or assault once they had left Service and feel safe in doing so:

> *"Because if you don't feel safe whilst you're inside, once you're out [and] a bit more sure footed then you've got an opportunity to feed back into a system." (P13)*

Indeed, another SME felt that women were more likely to disclose their experiences once they had left Service:

> *"I've also heard quite a number of stories about the amount of sexism and abuse that actually goes on in the armed forces. That is sort of… kept hidden, and then for female veterans, it kind of comes out and comes to the surface when they leave the forces." (P9)*

163 Ministry of Defence, *Unacceptable behaviours: progress review 2020*. 2020.

Impact on health and well-being post-Service

There is a significant lack of research in the UK focused on the impact of sexual harassment and assault during military Service on the health and well-being of female veterans. Research carried out by Edwards & Wright (2019)[164] suggests that sexual assault during military Service is **common in women seeking help for mental health problems.** However, this research does not allow us to conclude that there is a causal link between these experiences in Service and mental health outcomes.

Data collected during Service can give us an indication of the impact of sexual harassment and assault on Service Personnel whilst still serving. Survey data collected by the Royal Navy/Royal Marines in 2015[165], whilst not split by gender, suggests that 37% of those who had experienced a particularly upsetting experience reported experiencing **depression or anxiety**, and 31% reported **health problems**. However, a significant impact on Service Personnel appears to be related to how they felt about work, with 63% stating they felt **uncomfortable at work**, 59% stating they felt their **work environment had become unpleasant**, 58% stating they **felt excluded from their team**, and 36% stating they had **thought about leaving the Armed Forces**.

This is similarly highlighted in the Army Sexual Harassment Report in 2015[166] and 2018[167], with servicewomen most likely to say that they **lost respect for the people involved** (90%), **felt uncomfortable at work** (87%), and **felt embarrassed** (85%). This suggests that the impact of inappropriate sexual behaviours in the Armed Forces may impact on Service Personnel's commitment to work and as such **may be an issue for retention**.

However, these surveys are unable to provide information on the impact of sexual harassment and assault post-Service. A significant body of evidence exists in US pertaining to the impact of Military Sexual Trauma (MST) on female veteran's health and well-being. It is beyond the scope of this report to provide a comprehensive review of this US evidence base. However, a review of the literature[168] reported that MST was related to **increased psychological symptoms** across a variety of mental health disorders, as well as **increased physical symptoms** and health conditions. US female veterans with a history of MST are shown to be up to nine times more likely to develop PTSD than female veterans with no history of sexual assault. Furthermore, individuals who have experienced MST have more **problems readjusting to civilian life[169], and MST is associated with increased risk of homelessness** following discharge in US female veterans[170].

Whilst we have little evidence of the impact of sexual harassment and assault on UK female veterans' health and well-being, our SMEs commented on the mental health implications of these experiences.

164 Edwards P, Wright T, *No Man's Land: Research study to explore the experience & needs of women veterans in the UK.* Forward Assist; 2019.

165 Harris Interactive, *Royal Navy and Royal Marines Sexual Harassment Survey.* 2015.

166 British Army, *Sexual Harassment Report.* 2015.

167 British Army, *Sexual Harassment Report and Action Plan.* 2018.

168 Suris A, Lind L, *Military sexual trauma: A review of prevalence and associated health consequences in veterans.* Trauma, Violence, & Abuse. 2008;9(4):250–69.

169 Skinner KM, Kressin N, Frayne S, Tripp TJ, Hankin CS, *The Prevalence of Military Sexual Assault Among Female Veterans' Administration Outpatients.* Journal of Interpersonal Violence. 2000;15(3):291–310.

170 Pavao J, Turchik JA, Hyun JK, Karpenko J, Saweikis M, McCutcheon S, et al. *Military Sexual Trauma Among Homeless Veterans.* Journal of General Internal Medicine. 2013;28(S2):S536–S541.

> *So, I'm told of sexism, I'm told of abuse, by other serving males and females, all of which have a real impact on people's well-being and mental health and physical health when they come out (P9)*

The trauma of in-Service experiences regarding MST were suggested by one SMEs to carry over into their civilian life, sometimes for years afterwards, where female veterans were left 'stunned' by their experiences, which in turn was perceived to lead to *'PTSD and a detrimental effect on mental health'. (P3)*

Failing to acquire justice for sexual harassment and assault experienced during their time in the military was also seen as an additional mental health stressor for female veterans. Having effective means of redress for historical cases of abuse was highlighted due to the **potential for trauma to continue affecting their mental health in post-Service life**. This was in part due to unresolved cases that either were not raised during Service either due to a lack of complaints mechanisms in place or fear of the consequences if they did raise complaints, or complaints that were raised but were but were not handled adequately.

> *She hadn't pursued it but was still very, very angry about it... and I think there should be more support or maybe, study done into how we can support female veterans better… Historical cases of sexual abuse or whatever need to be addressed. And because I think an awful lot just carry it as baggage with them, and that is not how they should have to live. (P5)*

A lack of justice for sexual harassment and assault cases was also said to particularly affect older generations of female veterans, for example those who served pre-2000:

> *That's the biggest thing that women who served prior to 2000 have to come to terms with, because there's no recompense, there's no compensation. There's no, there's nowhere to go to get to what people would call justice. Because you've got this chain of command… which is so rigid and which just doesn't allow for deviation from it. (P3)*

In terms of help-seeking, US research[171] suggests that history of MST is related to **lower satisfaction with coordination of healthcare** and **poorer communication from healthcare providers**. However,

171 Koo KH, Maguen S, *Military sexual trauma and mental health diagnoses in female veterans returning from Afghanistan and Iraq: Barriers and facilitators to Veterans Affairs care*. Hastings Women's Law Journal. 2014;25:27.

within those who had a history of MST, female veterans were more likely to access MST-related care than male veterans[172]. Barriers to care for women with a history of MST include embarrassment and shame, privacy and confidentiality concerns, and fear they won't be believed[173]. In addition to this, gender-related barriers are reported, including **discomfort within a male-dominated healthcare environment,** and preferring to see a female clinician[174].

It is difficult to generalise these findings to the UK context, due to considerable difference in healthcare structures. However, one of our SMEs commented on the impact of feeling unable to report sexual harassment and assault during Service on help-seeking post-Service:

> *"I think that could have a lasting impact on your ability to seek help from perhaps anything, any source, statutory source who you perceive as being part of the military machine. That's why it's really important that during transition, you have access to a wide range of agencies, both civilian and the military." (P10)*

Key findings and recommendations

- Despite several inquiries over the previous 15 years, MOD survey data and reports suggest that **inappropriate sexual behaviours remain a problem in the UK Armed Forces**, and younger servicewomen in junior ranks are particularly at risk.
- UK research and MOD data suggest a **lack of clarity** amongst Service Personnel as to what constitutes inappropriate sexual behaviour.
- MOD survey data and international research suggest a **significant lack of trust in the formal complaints process**, leading to significant underreporting of sexual harassment and assault.
- Experiencing sexual harassment and assault during military Service is associated with subsequent **difficulties in the work environment**, leading some to consider leaving the UK Armed Forces.
- Whilst international research indicates a significant impact on health and well-being outcomes in female veterans, there is a **lack of research** focused on the impact of these experiences on ex-Service Personnel in the UK.

172 Turchik JA, Pavao J, Hyun J, Mark H, Kimerling R, *Utilization and intensity of outpatient care related to military sexual trauma for veterans from Afghanistan and Iraq*. The Journal of Behavioral Health Services & Research. 2012;39(3):220–33.

173 Turchik JA, Bucossi MM, Kimerling R, *Perceived barriers to care and gender preferences among veteran women who experienced military sexual trauma: A qualitative analysis*. Military Behavioral Health. 2014;2(2):180–8.

174 Turchik JA, Pavao J, Hyun J, Mark H, Kimerling R, *Utilization and intensity of outpatient care related to military sexual trauma for veterans from Afghanistan and Iraq*. The Journal of Behavioral Health Services & Research. 2012;39(3):220–33.

Recommendation 9

It is recommended that the MOD prioritise implementing Recommendation 2.9 of the Wigston Review, to ensure clear information and training is available for Service Personnel regarding what constitutes inappropriate sexual behaviour.

Recommendation 10

It is recommended that the MOD should monitor and report levels of trust in the Service Complaints System.

Recommendation 11

Research focused on the impact of experiencing sexual assault and harassment during Service is urgently required. It is recommended that mixed methods research be immediately commissioned, examining the impact of experiencing sexual harassment and assault on health and well-being outcomes in female veterans.

Work/Family Life Balance

We identified two UK PhD theses that commented on the difficulties that women faced **in balancing work and home/family life during military Service**. Within the female veterans interviewed for Jones (2018)[175] there was a consensus that women's unique needs were not catered for in the UK Armed Forces, and that it was difficult to balance military Service with family life. Additionally, women reported that the support to help them through difficulties associated with work/life balance was not adequate.

This is supported by the results of the most recent Armed Forces Continuous Attitudes Survey (AFCAS) in 2020[176] suggests that less than half of Service Personnel **(45%) agree that they are able to maintain a balance between their personal and working life**. Furthermore, **just a third are satisfied with their opportunities to work flexibly**. However, this survey data is not split by gender, so we are unable to ascertain whether this differs between servicewomen and men. In response to AFCAS results consistently showing a desire for flexible working options for Service Personnel, the MOD produced a guide outlining flexible working options in 2018[177], based on JSP 750 policy. Flexible working options include working from home, compressed hours (i.e. working full-time hours in across a reduced number of days), transfer of leave to spouse in dual serving couples, and career intermissions. However, the 2020 AFCAS results suggest that a high proportion of Service Personnel are still struggling to balance their work and home life.

The issue of parenthood during military Service was found to be pertinent in qualitative research by Woodhead (2013)[178]. Over a quarter of women interviewed for this study who were parents identified their role at work and as a parent as **competing demands for their time and energy**, which resulted in **mental and/or physical stress**. Additionally, **feelings of guilt and anxiety** associated with prioritising either work or family life over the other was reported. This is supported by research in the US[179] that suggests whilst servicemen and women both have concerns regarding the impact of deployment on family relationships, this was more strongly associated with anxiety in women compared to men.

Furthermore, in female ADF Service Personnel[180] , **deployment was related to increased anxiety in mothers,** particularly if they were deployed at short notice, and concerns were often related to caring arrangements. Women in this study also reported **longer term impacts on their emotional health and well-being post-deployment**, as they adjusted back to their roles as partners and parents. However, another research study carried out with serving ADF mothers found no difference in psychological symptoms following deployment in women with and without children. Further research is required in the UK to determine if servicewomen with children are at more risk of

175 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

176 Ministry of Defence. *Armed forces continuous attitudes survey: 2020*. 2020.

177 Ministry of Defence. *Flexible working and you: a guide for Service Personnel. 2*018.

178 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

179 Vogt DS, Pless AP, King LA, King DW: *Deployment stressors, gender, and mental health outcomes among Gulf War I veterans.* J Trauma Stress. 2005; 18(2): 115–27.

180 Feldman S, Hanlon C, *Count Us In: The Experiences of Female War, Peacemaking, and Peacekeeping Veterans.* Armed Forces & Society. 2012;38(2):205–24.

developing poor mental health and well-being outcomes post-deployment compared to those without children, and how this might impact on them post-Service.

It has been argued[181] that work/life balance may be particularly difficult for servicewomen compared to men, due to the **often-increased responsibility often held by women in family life**. During deployment in particular women must manage their family responsibilities from afar, increasing the amount of stress they may experience in addition to that associated with being on operation. This is supported by research with women veterans of the ADF[182] who reported a '**double burden'** (p9) of having to deal with the **stressors of deployment and supporting their partner at home** to ensure family responsibilities are taken care of.

In particular, the challenges associated with being part of a **dual-serving family** with children were highlighted by several SMEs:

> *"You know, in the military, the mother might disappear away for six months, seven months, two or three weeks at a time. And I think that brings stresses and strains to a relationship, particularly if its two military people who are in that partnership." (P4)*

> *"It still seems to be that… if your partner is also in the Service and you're married then it's still really hard for… the militaries to join those two people up at the same location. And if they're going off to different locations, especially if they're different trade groups, so somebody might be an engineer and somebody might be in logistics or flying or whatever, to join them up, it's quite difficult." (P7)*

> *"I think the biggest issue comes… where there [is] a couple that meet in the military, which is extremely common. And then she's started to have a family where both are serving and then one may choose to leave, or they're both trying to stay together." (P1)*

> *"But what I hear is the challenges and the real pressure of juggling a Service career with motherhood and particularly those… who've got partners… who are still serving as well." (P13)*

181 Segal MW, The military and the family as greedy institutions. Armed Forces & Society. 1986;13(1):9–38.

182 Feldman S, Hanlon C, *Count Us In: The Experiences of Female War, Peacemaking, and Peacekeeping Veterans. Armed Forces & Society.* 2012;38(2:205–24.

There is limited research focused on this issue in the UK. In the US, whilst military women are less likely to be married than their male colleagues, they are **significantly more likely to be married to another Service member**[183]**.** There are no official statistics available in the UK for the number of dual-serving or single-serving parents. However, Army & You Magazine reported in 2018 that there are over 1,300 married couples serving together[184]. Furthermore, surveys carried out with Naval families in the UK[185,186], suggest that **between 5–13% of respondents were part of a dual-serving couple**, and **3% of respondents were lone serving parents**.

Dual-serving and single parent military families face the additional difficulties associated with juggling deployments, maintaining family relationships (both with their partner and children) long-distance and childcare, should both parents be deployed or working unpredictable hours. Indeed, survey data with Naval families in the UK suggests[187] that dual-serving couples are more likely to report a **negative impact of Service life on their mental health**, due to the challenges of both co-parenting and maintaining a relationship whilst serving. However, this survey does not provide results split by gender, so we are unable to determine the impact of these additional difficulties on UK servicewomen specifically.

International research has highlighted the additional challenges faced by servicewomen in dual-serving and single-parent families. US research[188] suggests that dual-serving couples report less satisfaction with military life, greater relationship instability and greater difficulties in balancing work and family life. In addition to this, US research suggests than **women are more negatively impacted by dual-Service marriages than men.** One study reports[189] that US servicewomen's stress levels were significantly predicted by their spouse's deployment, whereas men's stress levels were not. Another study[190] found that US servicewomen in dual-serving marriages reported lower marital quality than servicemen and civilians. Furthermore, women in the Australian Defence Force (ADF) with serving partners reported the difficult dilemma experienced when deciding who should deploy or **whose career should take precedence**[191]**.** Indeed, as discussed in the section below, servicewomen may feel as though they must choose between a career in the Armed Forces and having a family.

Additionally, single female Service Personnel will also likely have sole responsibility for children, and experience additional challenges associated with caring and work responsibilities. Survey research[192] in the Canadian Armed Forces found that work-family conflict and parental strain (I.e. the extent to which parental stressors, such as financial strain and caring responsibilities) had **significant**

183 Segal MW, Lane MD, *Conceptual model of military women's life events and well-being.* Military medicine. 2016;181(suppl_1):12–9.
184 Army & You Magazine, *Married to the Job.* 2018.
185 Naval Families Federation, *Naval Service Families Mental Health Survey.* 2018.
186 Naval Families Federation, *Childcare Report.* 2016.
187 Naval Families Federation, *Naval Service Families Mental Health Survey.* 2018.
188 Woodall KA, Richardson SM, Pflieger JC, Hawkins SA, Stander VA, *Influence of Work and Life Stressors on Marital Quality among Dual and Nondual Military Couples.* Journal of Family Issues. 2020.
189 Lacks MH, Lamson AL, Lewis ME, White MB, Russoniello C, *Reporting for double duty: A dyadic perspective on the biopsychosocial health of dual military Air Force couples.* Contemporary Family Therapy. 2015;37(3):302–15.
190 Woodhall KA, et al. 2020.
191 Feldman S, Hanlon C, *Count Us In: The Experiences of Female War, Peacemaking, and Peacekeeping Veterans*. Armed Forces & Society. 2012;38(2):205–24.
192 Skomorovsky A, Norris D, Martynova E, McLaughlin KJ, Wan C, *Work–family conflict and parental strain among Canadian Armed Forces single mothers: The role of coping.* Journal of Military, Veteran and Family Health. 2019;5(1):93–104.

negative impacts on the well-being of single parent servicewomen. A qualitative PhD study in the UK[193] highlighted the additional difficulties experiences by single mothers in the military, who report experiencing **stigma associated with being a single parent**. However, no UK research was identified that examines the impact of single parenting during military Service on female Service personnel and veterans in the UK. As such, it will be important for future research to look at the impact of juggling work and home life on female Service Personnel, and the potential long-term impact of this on well-being after Service.

Key findings and recommendations

- UK and international research suggests that servicewomen experience **significant difficulties in balancing their military career with family life,** particularly associated with separation. The impact of this on the health and well-being of current and ex-servicewomen in the UK is unknown.
- International research highlights the additional challenges in work/life balance experienced by **lone parent and dual-serving military families**, with servicewomen more impacted by this than servicemen. However, there is a lack of UK research focused on this issue.

Recommendation 12

It is recommended that qualitative research be undertaken to provide a better understanding of the difficulties servicewomen face in balancing a military career with family life, and how this impacts health and well-being during and after Service. This should in part focus on the additional challenges faced by single parents and those in a dual serving couple. This project should provide recommendations on how the MOD can best support servicewomen with their work/life balance during Service.

193 Woodhead C, *The mental health and well-being of women in the UK Armed Forces:* King's College London (University of London); 2013.

Reasons for Leaving

The reasons that women leave the Armed Forces is the **most researched aspect of Service life for female veterans in the UK**, with eight academic papers and research reports examining this in some way. Survey research with a large cohort suggests that **women serve for shorter lengths of time than men**[194]**, are more likely to leave early**[195,196], and are **more likely to leave due to ill-health**[197]. This pattern of leaving early holds for both commissioned and non-commissioned servicewomen[198].

Female Service Personnel across all Service branches are **significantly more likely to be medically discharged than** male Service Personnel[199] and those who are medically discharged are less likely to have prepared for civilian life. Indeed, qualitative PhD research in the UK[200] reports that those who experienced medical discharge felt **very unprepared for civilian life**, and some reported losing benefits that they would have received for longer Service. Increased discharge for medical reasons in women compared to men is also reported in Canada[201] and the US[202].

However, several studies carried out in the UK suggest that **parenthood and family are the most common reasons for women leaving the Armed Forces**. Indeed, the impact of military life on the family remains the top factor influencing intentions to leave in the most recent AFCAS[203] (62%), although this data is not split by gender. In their study examining Early Service Leavers (ESLs, i.e. those who had left before completing their 3–4.5 years of contracted Service) in the UK, Buckman et al (2013)[204] found that **women were more likely to be ESLs than men** and suggested that this may be accounted for by pregnancy and family-related issues. This is supported by both Burdett (2014)[205] and Burdett et al (2020)[206], in which an **increased risk of leaving was identified in servicewomen who were pregnant or had children**. Indeed, when having children was taken into account, women were no more likely to be considered 'unplanned leavers' than men. Furthermore,

194 Jones N, Jones M, Greenberg N, Phillips A, Simms A, Wessely S, *UK military women: mental health, military service and occupational adjustment.* Occupational Medicine. 2020;70(4):235–42.

195 Iversen A, Nikolaou V, Greenberg N, Unwin C, Hull L, Hotopf M, et al, *What happens to British veterans when they leave the armed forces?* The European Journal of Public Health. 2005;15(2):175–84.

196 Buckman JEJ, Forbes HJ, Clayton T, Jones M, Jones N, Greenberg N, et al, *Early Service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early. European journal of public health*. 2013;23(3):410–5.

197 Jones N, Jones M, Greenberg N, Phillips A, Simms A, Wessely S, *UK military women: mental health, military service and occupational adjustment.* Occupational Medicine. 2020;70(4):235–42.

198 Burdett H, Stevelink SAM, Jones N, Hull L, Wessely S, Rona R, *Pre-service Military-related and Mental Disorder Factors Associated with Leaving the UK Armed Forces.* Psychiatry. 2020;83(3):262–77.

199 Ministry of Defence. *Annual Medical Discharges in the UK Regular Armed Forces*. 2020.

200 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

201 Serré L, *A comparative analysis of medically released men and women from the Canadian Armed Forces.* Journal of Military, Veteran and Family Health. 2019;5(2):115–24.

202 Swedler DI, Knapik JJ, Williams KW, Grier TL, Jones BH, *Risk factors for medical discharge from United States Army basic combat training.* Military medicine. 2011.176(10):1104–10.

203 Ministry of Defence. *Armed forces continuous attitudes survey: 2020*. 2020.

204 Buckman JEJ, Forbes HJ, Clayton T, Jones M, Jones N, Greenberg N, et al, *Early Service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early.* European journal of public health. 2013;23(3):410–5.

205 Burdett H, *The mental health and social wellbeing of UK ex-service personnel: The resettlement process.* King's College London (University of London); 2014.

206 Burdett H, Stevelink SAM, Jones N, Hull L, Wessely S, Rona R, *Pre-service Military-related and Mental Disorder Factors Associated with Leaving the UK Armed Forces.* Psychiatry. 2020;83(3):262–77.

Woodhead (2013)[207] reports that servicewomen with children are more likely to leave because of **perceived strain arising from work-family conflict.**

These studies suggest that, despite the repeal of legislation requiring that women be discharged for pregnancy in 1992, **the negative impact of military Service on family life may still be leading women to leave earlier than planned**. Qualitative PhD work carried out in the UK supports this: Woodhead (2013)[208] reports that the career intentions of the women interviewed for this study were impacted by when they would be able to have children. Indeed, all but one of the female veterans interviewed in this study had left to have children, despite some initially planning to stay after having children. The main reasons cited in this study were associated with **concern about separation, difficulties with childcare and changes in priorities after becoming a parent.**

Trying to manage the **competing demands of a military career in addition to motherhood**, needed to be negotiated, especially given the additional challenges of societal norms where the majority of childcare responsibilities lie with the women. These issues are discussed further in the *Work/Family Life Balance* section above. For some, an **either-or decision was made where either a career or a family life was chosen,** rather than attempting to navigate both a military career and raising children simultaneously. Signing up for **shorter periods of Service and postponing pregnancy** until this period of Service had been complete was one method of doing so.

> *"Years ago, you'd sign up, you'd be doing 21 years. Nowadays you can sign up for three years, five years and a female person may think I'm going to go and join the services, I'll come out, then I'll have my family." (P8)*

> *"I think there's an element of women being pressured to leave earlier in their careers because of family constraints. So, they feel that they have to either have a priority as a family or priority as their career. So, you either have a career where you don't have a family, and achieve that, or you have a family and that is your focus and therefore your career suffers." (P7)*

Whilst balancing a career with having a family also impacts on civilian women, it is likely that there are **additional challenges associated with military Service** that make this more difficult for servicewomen in comparison to other occupations (i.e. deployment, unpredictable work hours, frequent relocation). Indeed, women interviewed by Woodhead (2013)[209] felt that having children would **negatively impact on their career progression**, a finding observed across the rank structure. It was also felt that this was more of a concern for servicewomen than men. UK military regulations[210] state that:

207 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.
208 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.
209 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.
210 Ministry of Defence, *JSP 760 Tri-Service Regulations for Leave and Other Types of Absence. Part 1: Directive*. 2019.

> *A servicewoman is not to be overlooked for advancement or promotion because she is pregnant or on maternity leave, nor should any account be taken of any period of pregnancy-related sickness absence when a decision is made about her assignment/re-assignment. Throughout pregnancy, and maternity a servicewoman remains eligible for advancement or to be selected for promotion. During maternity a servicewoman's personnel manning authority is responsible for informing her of plans for promotion.* *JSP 760 (24.91.)*

However, there is no research in the UK examining if this is adhered to in practice.

A qualitative study in the UK[211] that focused on employment outcomes for female Service Leavers, also highlighted **work/life balance and family responsibilities as reasons for leaving**. However, job satisfaction, quality of management and lack of future opportunities were also cited. This is supported by non-mothers in Woodhead's (2013) PhD study[212], who most commonly cited **dissatisfaction with the military** as their reason for leaving.

These findings are echoed by US research[213] which suggests that both **balancing career with family responsibilities and dissatisfaction with military Service** are predictive of intention to the leave for female Service Personnel. Furthermore, qualitative research with US[214] female veterans reports that the circumstances that contributed to premature separation includes: 1) extraneous factors, such as health issues that predate Service, caregiving/family responsibilities and other life stressors external to the military, and 2) traumatic experiences during Service, such as sexual assault and combat exposure.

Key findings and recommendations

- UK servicewomen are **more likely to leave the military early**, be medically discharged and serve for shorter lengths of time compared to servicemen.
- UK and international research suggest that **the most common reason for women leaving the military is due to parenthood or family related issues**, supporting findings on work/life balance reported above.
- SMEs and some UK research suggests that having children **negatively impacts on the career progression** of servicewomen, despite military policy that regulates against this.

211 Parry E, Battista V, Williams M, Robinson D, Takala H, *Female Service Leavers and Employment.* 2019.

212 Woodhead C, *The mental health and well-being of women in the UK Armed Forces*: King's College London (University of London); 2013.

213 Kelley ML, Hock E, Bonney JF, Jarvis MS, Smith KM, Gaffney MA, *Navy mothers experiencing and not experiencing deployment: Reasons for staying in or leaving the military.* Military Psychology. 2001;13(1):55–71.

214 Dichter ME, True G, *"This Is the Story of Why My Military Career Ended Before It Should Have." Premature Separation From Military Service Among US Women Veterans.* Affilia: Journal of Women and Social Work. 2015;30(2):187–99.

Recommendation 13

It is recommended that the MOD review whether military regulations focused on the pregnancy/maternity and career progression are being adhered to, and to engage in research examining the impact of having a family on the career progression of servicewomen.

The Impact of Historic Discriminatory Polices

As discussed in the introduction, women's integration into the UK Armed Forces has been the result of several changes to policies over many decades. However, certain **discriminatory policies** were particularly significant in their potential impact on women's health and well-being post-Service:

- automatic discharge for marriage, phased out in the 1970s
- automatic discharge for pregnancy, which was phased out in 1992
- the ban on homosexuality, which was repealed in 2000.

Many SMEs commented on the discriminatory nature of these policies, and **the impact that having a career cut short might have on post-Service well-being**. Having their career terminated due to circumstances such as pregnancy, marriage and sexual orientation was said to have mental health consequences for the affected women.

> *"There's lots of women who had to leave on marriage. There's lots of women that then had to leave because they were pregnant, and those individuals had their careers taken away from them." (P7)*

> *"I think if you were affected by the imposition of those policies… I can see how it could absolutely impact on your transition… when you then reflected on your Service, how you felt about it. And perhaps the mental health support that you would have, you would need to come to terms with the loss of your career for a reason that was not professional. It wasn't your inability to do your job, it was because of your personal circumstances." (P10)*

> *"They feel robbed of a career, robbed of a life that might have been theirs... I guess by about the seventies, women had an expectation of a career. And to have that expectation taken away from you because you wanted to get married or have children, or were gay. I think that's where the biggest impact on the individual is, because you're being told that you can't have your career of choice... And I don't think you can underestimate… the effect that that has on an individual's mental health." (P3)*

The financial implications of having a career terminated prematurely are discussed later in the *Finances and Housing* section. There is a significant lack of research discussing the experiences of

women who served whilst these policies were in place. Furthermore, most research with female veterans in the UK focuses on women who served during the recent Iraq and Afghanistan conflicts. However, the research that does exist suggests **poorer mental health outcomes in women from earlier Service eras**: Rona et al (2007)[215] examined psychological outcomes in servicewomen and found that an effect of deployment on psychological symptoms was seen in women who served in the Gulf War, but not in women who served in the more recent Iraq conflict. Furthermore, Bergman et al (2017)[216] found an increased likelihood of suicide in Scottish female veterans who joined the Armed Forces prior to 1991, compared to those who joined after this date. This suggests that women who served as part of the women's corps and prior to the lifting of the policies related to pregnancy and homosexuality are **more at risk of suicide**. However, these findings require replication and further investigation.

These findings are supported by international research[217,218], which suggests that older age is related to increased rates of depression and PTSD in female, but not male veterans.

As part of the Call for Evidence carried out for this study, we were informed of ongoing research examining the **impact of different Service eras on the health and well-being of female Army veterans** in the UK. This research is being carried out by Combat Stress[219] and the Women's Royal Army Corps (WRAC) Association[220], and aims to provide a large sample of female army veterans (members of WRAC) within which to investigate whether the challenges faced by female veterans have changed over time.

Whilst not discussed in relation to the ban on homosexuality specifically, Woodhead (2013)[221] highlighted the **difficulties associated with being a minority within a minority** for those who did not fit into traditional gender roles in the military. For some women in this study, this meant alienation from normative patterns of interpersonal relationships with colleagues.

Whilst there is currently **no published UK research that directly investigates the impact of the ban on homosexuality on veterans**, we are aware that the charity Fighting with Pride[222] have recently commissioned research exploring this issue.

Whilst there is a lack of UK research focused on this issue, published US research exists which focuses on impact of the '**Don't Ask, Don't Tell' policy**. This policy was implemented in 1993 in the US military to replace the ban on homosexuality and specified that homosexual Service Personnel could only serve if they kept their sexual orientation to themselves. However, **those who were**

215 Rona RJ, Fear NT, Hull L, Wessely S, *Women in novel occupational roles: mental health trends in the UK Armed Forces. International journal of epidemiology*. 2007;36(2):319–26.

216 Bergman BP, Mackay DF, Smith DJ, Pell JP, *Suicide in Scottish military veterans: a 30-year retrospective cohort study.* Occupational Medicine. 2017;67(5):350–5.

217 Maguen S, Ren L, Bosch JO, Marmar CR, Seal KH, *Gender differences in mental health diagnoses among Iraq and Afghanistan veterans enrolled in veterans affairs health care.* American journal of public health. 2010;100(12):2450–6.

218 Fontana A, Rosenheck R, Desai R, *Female veterans of Iraq and Afghanistan seeking care from VA specialized PTSD programs: Comparison with male veterans and female war zone veterans of previous eras*. Journal of Women's Health. 2010;19(4):751–7.

219 *Combat Stress.*

220 *The Women's Royal Army Corps Association.*

221 Woodhead C, *The mental health and well-being of women in the UK Armed Forces:* King's College London (University of London); 2013.

222 *Fighting with Pride.*

openly gay, lesbian or bisexual would still be discharged. This research[223] highlights what was termed as 'witch-hunts' of Service Personnel accused of being gay, and the stress associated with needing to **conceal one's identity for fear of harassment and harm**. Whilst this policy was repealed in 2010, US research further highlights the **significant impact on mental health** and well-being for those veterans affected during their Service, including increased PTSD and depression[224], as well as low self-esteem and negative self-image[225].

SMEs commented on the significant impact of the historic ban on homosexuality on Service personnel and veterans in the UK, in terms of their experience of being discharged and their mental health post-discharge:

> *"So, if you go back to pre-2000 when you couldn't serve and be gay, the women that experienced being outed and the way they were treated was appalling. They weren't just dismissed, they were humiliated. Court-martialled had their medals taken away… they were treated just awful." (P3)*

> *"I think it's been complicated for gay people because the trauma of being booted out was significant. And even if you weren't booted down, if you were involved in an investigation, whether you were… a witness or on the receiving end of an investigation. Certainly, in the early eighties when I was serving, for the first 20 years of my career, I had to sit and witness some pretty unpleasant, really rather more interrogation than investigation of, gay women, because it was against the law, against military law... they were persecuted for being gay by their peers and the people investigating them. I think, if I'm honest, the attitude of male investigators to gay women was rather more lewd than investigative... I think that for homosexuals who were discharged from the military, there has been some pretty catastrophic impacts on people, men and women, because there was shame associated with it. There was sudden discharge, there wasn't any time to appreciate it. So it was a traumatic event. And I think that has led to some pretty traumatic mental health issues across the piece." (P11)*

223 Madu-Egu C, *The effects of the Don't Ask, Don't Tell policy on gay, lesbian and bisexual veterans' emotional well-being:* California State University; 2013.

224 Cochran BN, Balsam K, Flentje A, Malte CA, Simpson T, *Mental health characteristics of sexual minority veterans. Journal of Homosexuality.* 2013;60(2–3):419–35.

225 Madu-Egu C, *The effects of the Don't Ask, Don't Tell policy on gay, lesbian and bisexual veterans' emotional well-being:* California State University; 2013.

SMEs discussed how **some women had received compensation** for their discharge due to historic discriminatory policies and felt some, particularly those discharged for homosexuality, were still due compensation:

> *"Those that stayed and became pregnant and then were forced to leave were paid compensation." (P1)*

> *"Financial compensation did ameliorate some of the indignity and trauma of it… whereas that has not happened for, for the gay community. But I think the gay community were stigmatised and reticent as a community, which meant that they didn't go down the route of compensation. I think that might change… I think that the landmark of 20 years since the ban was lifted has raised its head. I think there may be more movement in that direction." (P11)*

SMEs suggested that **women's experiences were now much improved**, however the importance of recognising and examining the experiences of women who served under these restrictive terms was emphasised:

> *"So things are significantly better than they were 10, 20, 30 years ago. But it doesn't mean to say that because you bring these policies in that it's a magic bullet for everybody, and they're all gonna be able to serve and have great careers and have the life with that as well." (P7)*

> *"I think in terms of the LBGT community, it has completely transformed. It's not there yet, but it has definitely transformed, compared to 20 years ago... But saying that… those restrictions have gone so there's no problem, it's just not right. Because the impact has already been felt by those individuals who served under those restrictive terms... This has impacted on people's lives, their futures and everything else that goes with that." (P3)*

Key findings and recommendations

- Many ex-servicewomen in the UK served under **historic discriminatory policies** related to **marriage, pregnancy and homosexuality**.
- SMEs and limited UK research suggests that older women and women who served in earlier Service eras may experience **increased difficulties with their mental health**, but this requires further investigation.
- US research highlights the **significant adverse impact of policies on homosexuality** on the health and well-being of veterans, and UK research focused on this is ongoing.

Recommendation 14

It is recommended that mixed methods research is undertaken to determine the impact of historic discriminatory policies on the health and well-being of UK female veterans, and the differential impact of Service era on help-seeking and support needs.

Recommendation 15

It is recommended that all future research with female veterans in the UK takes Service era into account during the analysis and interpretation of findings and highlights any differential implications for support needs of women who served in different Service eras.

Post-Service Health and Well-Being Outcomes

The focus for the majority of the UK literature on female veterans was on **mental or physical health outcomes.** A significant proportion of this literature relied on data from two large cohort studies – the King's Centre for Military Health Research (KCMHR) cohort study (Hotopf et al, 2002[226]; Hotopf et al, 2003[227]; Iversen et al, 2005a[228]; Jones et al, 2019[229]; Jones et al, 2020[230]; Pinder et al, 2012[231]; Reid et al, 2001[232]; Rhead et al, 2020[233]; Rona et al, 2007[234]; Stevelink et al, 2018[235]; Unwin et al, 2002[236]; Woodhead et al, 2011[237]; Woodhead, 2013[238]) and the Scottish Veterans Health Study (Bergman, 2015[239]; Bergman et al, 2014[240]; 2015a[241]; 2015b[242]; 2016a[243]; 2016b[244]; 2016c[245]).

226 Hotopf M, Hull L, David AS, Hyams KC, Unwin C and Wessely SC, *Self-Reported Health Of Persian Gulf War Veterans: A Comparison of Help-Seeking and Randomly Ascertained Cases. Military Medicine*. 2002; 167(9), pp. 747–752.

227 Hotopf M, David AS, Hull L, Ismail K, Palmer I, Unwin C and Wessely S, *The Health Effects of Peace-Keeping in The UK Armed Forces: Bosnia 1992–1996. Predictors of Psychological Symptoms*. Psychological Medicine. 2003; 33(1), pp. 155–162.

228 Iversen A, Dyson C, Smith N, Greenberg N, Walwyn R, Unwin C, Hull L, Hotopf M, Dandeker C, Ross J, Wessely S, *'Goodbye And Good Luck': The Mental Health Needs and Treatment Experiences of British Ex-Service Personnel.* Br J Psychiatry. 2005a; 186, pp. 480–486.

229 Jones N, Greenberg N, Phillips A, Simms A and Wessely S, *Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces by Gender. Psychiatry-Interpersonal and Biological Processes*. 2019; 82(3), pp. 256–271.

230 Jones N, Jones M, Greenberg N, Phillips A, Simms A & Wessely S, *UK Military Women: Mental Health, Military Service and Occupational Adjustment.* Occupational Medicine, 2020, 70, 235–242.

231 Pinder RJ, Iversen AC, Kapur N, Wessely S and Fear NT, *Self-Harm and Attempted Suicide Among UK Armed Forces Personnel: Results of A Cross-Sectional Survey*. The International Journal of Social Psychiatry. 2012; 58(4), pp. 433–439.

232 Reid S, Hotopf M, Hull L, Ismail K, Unwin C & Wessely S, *Multiple Chemical Sensitivity and Chronic Fatigue Syndrome in British Gulf War Veterans.* Am J Epidemiol. 2001; 153, 604–9.

233 Rhead R, Macmanus D, Jones M, Greenberg N, Fear NT & Goodwin L, *Mental Health Disorders and Alcohol Misuse Among UK Military Veterans and the General Population: A Comparison Study*. Psychological Medicine. 2020; 1–11.

234 Rona RJ, Fear NT, Hull L & Wessely S, *Women in Novel Occupational Roles: Mental Health Trends in the UK Armed Forces.* International Journal of Epidemiology. 2007; 36, 319–326.

235 Stevelink SAM, Jones M, Hull, L, Pernet D, Maccrimmon S, Goodwin L, Macmanus D, Murphy D, Jones N, Greenberg N, Rona RJ, Fear NT and Wessely S, *Mental Health Outcomes at The End Of The British Involvement In The Iraq And Afghanistan Conflicts: A Cohort Study*. The British Journal Of Psychiatry: The Journal Of Mental Science. 2018; 213(6), pp. 690–697.

236 Unwin C, Hotopf M, Hull L, Ismail K, David A and Wessely S, *Women In The Persian Gulf: Lack Of Gender Differences In Long Term Health Effects Of Service In United Kingdom Armed Forces In The 1991 Persian Gulf War.* Military Medicine. 2002; 167(5), pp. 406–413.

237 Woodhead C, Rona RJ, Iversen A, Macmanus D, Hotopf M, Dean K, Mcmanus S, Meltzer H, Brugha T, Jenkins R, Wessely S and Fear NT, *Mental Health and Health Service Use Among Post-National Service Veterans: Results From The 2007 Adult Psychiatric Morbidity Survey Of England.* Psychological Medicine. 2011; 41(2), pp. 363–372.

238 Woodhead C, *The Mental Health And Well-Being Of Women In The Uk Armed Forces:* King's College London (University Of London); 2013.

239 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study Of 57,000 Military Veterans And 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

240 Bergman BP, Mackay DF and Pell JP, *Acute Myocardial Infarction in Scottish Military Veterans: A Retrospective Cohort Study of 57,000 Veterans and 173,000 Matched Nonveterans.* American Journal of Epidemiology. 2014; 179(12), pp. 1434–1441.

241 Bergman BP, Mackay DF and Pell JP, *Long-Term Consequences of Alcohol Misuse In Scottish Military Veterans.* Occupational and Environmental Medicine. 2015a; 72(1), pp. 28–32.

242 Bergman BP, Mackay DF and Pell JP, *Motor Neurone Disease and Military Service: Evidence From The Scottish Veterans Health Study. Occupational and Environmental Medicine.* 2015b; 72(12), pp. 877–879.

243 Bergman BP, Mackay DF, Smith DJ & Pell JP, *Long-Term Mental Health Outcomes of Military Service: National Linkage Study Of 57,000 Veterans And 173,000 Matched Nonveterans*. Journal of Clinical Psychiatry. 2016a; 77, 793–798.

244 Bergman BP, Mackay DF and Pell JP, *Early Adoption of Screening and the Changing Pattern of Cervical Cancer in UK Military Women: Evidence from the Scottish Veterans Health Study*. Journal of the Royal Army Medical Corps. 2016b; 162(5), pp. 379–382.

245 Bergman BP, Mackay, DF, Morrison D and Pell JP, *Smoking-Related Cancer in Military Veterans: Retrospective Cohort Study of 57,000 Veterans And 173,000 Matched Non-Veterans.* BMC Cancer. 2016c; 16, pp. 311–315.

2017a[246]; 2017b[247]; 2018[248]; 2019a[249]; 2019b[250]; 2019c[251]). Resultantly, whilst the KCMHR cohort study papers are drawn from three different phases and samples, **the same sample (or cohort phase) of UK and Scottish female veterans has been used across some of the papers included in this report**. Although each paper explored different physical and mental health outcomes, it should be borne in mind that generalisability may be limited due to some of the data being generated from the same datasets. Although each paper explored different physical and mental health outcomes, it should be borne in mind that generalisability may be limited due to much of the data being generated from the same datasets. The small number of female veterans with rare health issues (such as multiple sclerosis [MS]) within these dataset also impeded statistical analysis, and hence any conclusions being drawn about some of these conditions.

The majority of the papers identified in this section explore mental and physical health outcomes in female veterans in comparison to female civilians and/or male veterans. A minority of papers examine the prevalence of mental and physical health conditions in a sample of female veterans with no comparator group.

Physical Health

Thirteen papers were identified which sought to explore physical health amongst UK female veterans. Papers which explored how physical health in UK female veterans compared to male veterans will first be discussed, followed by the literature which compared female veterans to female civilians.

Similarities and differences between male and female veterans

Using data from the Scottish Veterans Health Study, a large retrospective cohort study involving 57,000 military veterans born between 1945 and 1985 and residing in Scotland, Bergman's (2015)[252] PhD thesis explored multiple health outcomes amongst the study's female participants. Female veterans made up 9.4% (n=5,315) of the Scottish Veterans Health study. Bergman (2015) found that when compared to male veterans, female veterans were significantly less likely to experience **acute myocardial infarction (MI), non-melanoma skin cancer, alcoholic liver disease** but significantly more likely than Scottish veteran men to get **MS**. However, this aligned with the patterns observed within the general population, with women being between 2.2 and 2.8 times more likely to be diagnosed with MS than men.

246 Bergman BP, Mackay DF and Pell JP, *Lymphohaematopoietic Malignancies in Scottish Military Veterans: Retrospective Cohort Study Of 57,000 Veterans and 173,000 Non-Veterans*. Cancer Epidemiology. 2017a; 47, pp. 100–105.

247 Bergman BP, Mackay DF, Smith DJ, Pell JP, *Suicide In Scottish Military Veterans: A 30-Year Retrospective Cohort Study.* Occupational Medicine. 2017b; 67(5):350–5.

248 Bergman BP, Mackay DF & Pell JP, *Chronic Obstructive Pulmonary Disease in Scottish Military Veterans*. J R Army Med Corps, 2018; 164, 25–29.

249 Bergman BP, Macdonald EB, Mackay DF & Pell JP, *Healthy Workers or Less Healthy Leavers? Mortality in Military Veterans.* Occup Med (Lond). 2019a; 69, 570–576.

250 Bergman BP, Mackay DF, Smith DJ & Pell JP, *Non-Fatal Self-Harm in Scottish Military Veterans: A Retrospective Cohort Study of 57,000 Veterans and 173,000 Matched Non-Veterans*. Soc Psychiatry Psychiatr Epidemiol. 2019b; 54, 81–87.

251 Bergman BP, Mackay DF and Pell JP, *Peripheral Arterial Disease in Scottish Military Veterans: A Retrospective Cohort Study of 57 000 Veterans and 173 000 Matched Non-Veterans.* Journal of Public Health (Oxford, England). 2019c; 41(1), pp. E9–E15.

252 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study of 57,000 Military Veterans And 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

A non-significant reduction in diabetes risk was found amongst female veterans compared to male veterans in this study. No significant difference between Scottish male and female veterans was found for **hepatitis B or chronic obstructive pulmonary disease (COPD)**, although the small numbers of those with hepatitis B impeded statistical analysis. Interestingly, no significant difference was found in the incidence of Road Traffic Accidents **(RTAs**) between male and female veterans yet this diverged from the gender difference found amongst civilians, where women were found to have significantly higher chances of being in an RTA. Therefore, RTA incidence rates for female veterans were closer to those of men than to civilian women[253].

Unwin et al (2002)[254] report on a study exploring the health differences between males and females amongst a sample of 12,750 UK Service Personnel who had either been deployed during the 1990–91 Gulf War, the 1992–95 Bosnian War or were not deployed. This study found there to be no significant gender differences in 32 of the 50 health-related symptoms they measured. However, **women were significantly more likely than men to report: headaches, fatigue, constipation, stomach cramp, passing urine more often and nausea.** The symptoms that women were significantly less likely to experience in comparison to men were: **irritability/outbursts of anger, joint stiffness, itchy or painful eyes, wheezing, unable to breathe deeply enough, night sweats that soak the bed sheets, chest pains, increased sensitivity to light, ringing in the ears, persistent cough, loss or decrease in appetite and shaking.** It should be noted that although this sample included female veterans, many in the sample were still serving at the time of data collection. With results not split for those who had left Service, and compared to those who were still serving, this should be considered when interpreting these results.

Reid et al (2001)[255] in their cohort study exploring **multiple chemical sensitivities (MCS)** and **chronic fatigue syndrome (CFS)** amongst Gulf War veterans, found there to be no significant difference between the genders. Prevalence rates of 2.1% for CFS in both males and females found by Reid et al (2001) was contrary to the gender difference trends for CFS in civilians, typically reported to be more prevalent in females. However, the authors acknowledge that adequate analysis of these gender differences was impeded by the small number of women in the study (236 women in the study, compared to 3,295 men). Nevertheless, despite the lack of gender difference, CFS rates amongst Gulf War veterans and those who weren't deployed, were found to be higher than those found in the civilian population. MCS prevalence was found to be higher amongst those who had served in the Gulf War, compared to those who had served in Bosnia, or had not been deployed. MCS in the Gulf War cohort was also strongly associated with pesticide exposure.

In a study of 952 English veterans seeking access to an Improving Access to Psychological Therapies (IAPT) service for common mental health problems, 168 presented with alcohol and/or substance misuse[256]. Despite the total help seeking sample being comprised of 7.9% female

253 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study of 57,000 Military Veterans And 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

254 Unwin C, Hotopf M, Hull L, Ismail K, David A and Wessely S, *Women In The Persian Gulf: Lack Of Gender Differences In Long Term Health Effects Of Service In United Kingdom Armed Forces In The 1991 Persian Gulf War*. Military Medicine. 2002; 167(5), pp. 406–413.

255 Reid S, Hotopf M, Hull L, Ismail K, Unwin C & Wessely S, *Multiple Chemical Sensitivity and Chronic Fatigue Syndrome in British Gulf War Veterans.* Am J Epidemiol. 2001; 153, 604–9.

256 Giebel CM, Clarkson P & Challis D, *Demographic and Clinical Characteristics of UK Military Veterans Attending a Psychological Therapies Service*. Psychiatr Bull. 2014; 38, 270–5.

veterans, there was a smaller proportion of those presenting with alcohol and/or substance misuse who were female veterans (just 2.4%). Gender was therefore determined to be a significant factor amongst this help-seeking sample, where female veterans were less likely than male veterans to present with **alcohol and/or substance misuse** issues when accessing these services. A study by Jones et al (2019b)[257] using a mixed, serving and ex-Service sample, also found that reported probable harmful alcohol use amongst women was significantly lower, occurring in almost three times fewer women compared to men.

A gender difference in physical health help-seeking was identified in a study by Hotopf et al (2002)[258]. Using data from the KCMHR cohort study, Hotopf et al (2002) found that amongst a sample of 173 UK Gulf War veterans who had sought help from a specialist Medical Assessment Programme (MAP), female veterans had a significantly **higher medical utilisation rate** compared to males, being almost two and a half times more likely to use the MAP service than men. However, as with many of the studies based on the KCMHR cohort study, this study was not based on a solely veteran sample. Therefore, when interpreting this findings it should be borne in mind that some of the women that comprised the sample were still serving.

Similarities and differences between female veterans and civilian women

Based on the data from the SVHS, Bergman (2015)[259] found there to be no significant difference in **MI, stroke, peripheral arterial disease, cardiovascular disease, cancer (all), lung cancer, oral/laryngeal cancer, oesophageal cancer, non-lung smoking cancer, colorectal cancer, pancreatic cancer, liver cancer, small bowel cancer, kidney cancer, bladder cancer, malignant melanoma, non-melanoma skin cancer, all lymphohematopoietic cancers, leukaemia, non-Hodgkin lymphoma, cervical cancer, uterine cancer, ovarian cancer (for those born before 1960), breast cancer (for all ages) intracranial cancer, MS, motor neurone disease, alcoholic liver disease, alcohol related death, hepatitis B, hepatitis C, tuberculosis, COPD, peptic ulcers, diabetes, self-harm (**Bergman 2015[260], Bergman 2019b[261]), **or death** (Bergman 2015, Bergman 2019a[262]) amongst Scottish female veterans when compared to their female civilian counterparts (Bergman 2015). However, the small numbers of female veterans with some of these rare conditions may have impacted on the ability to detect significant differences in this study.

Roberts et al (2019)[263] in their study comparing female veterans (n=47) and civilian women (n=94) drawn from the 2007 *Adult Psychiatry Morbidity Study* (2007), found no significant difference noted

257 Jones N, Greenberg N, Phillips A, Simms A and Wessely S, *Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces By Gender. Psychiatry-Interpersonal and Biological Processes*. 2019b; 82(3), pp. 256–271.

258 Hotopf M, Hull L, David AS, Hyams KC, Unwin C and Wessely SC, *Self-Reported Health Of Persian Gulf War Veterans: A Comparison of Help-Seeking and Randomly Ascertained Cases.* Military Medicine. 2002; 167(9), pp. 747–752.

259 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study of 57,000 Military Veterans and 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

260 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study of 57,000 Military Veterans and 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

261 Bergman B P, Mackay DF, Smith DJ & Pell JP, *Non-Fatal Self-Harm in Scottish Military Veterans: A Retrospective Cohort Study of 57,000 Veterans and 173,000 Matched Non-Veterans*. Soc Psychiatry Psychiatr Epidemiol. 2019b; 54, 81–87.

262 Bergman BP, Macdonald EB, Mackay DF & Pell JP, *Healthy Workers or Less Healthy Leavers? Mortality in Military Veterans*. Occup Med (Lond). 2019a; 69, 570–576.

263 Roberts E, Dighton G, Fossey M, Hogan L, Kitchiner N, Rogers RD & Dymond S, *Gambling Problems and Military- and Health-Related Behaviour in UK Armed Forces Veterans.* Military Behavioral Health. 2019; 8, 212–221.

between female veterans and civilian women in any of the **substance misuse** variables. As was the case for many of the studies exploring physical health conditions in female veterans, very small numbers of occurrences of issues amongst the female sample impeded adequate interrogation and analysis of these data.

Two studies found increased occurrence of some cancers amongst female veterans compared to their civilian counterparts. Using SVHS data, Bergman (2015)[264] found that Scottish female veterans were significantly more likely than Scottish civilian women to experience **ovarian cancer** amongst those who were born after 1960. Female veterans with **13–16 years' Service** also had a **significantly higher chance of having breast cancer** than civilian Scottish women.

Drawing on data collected as part of the KCMHR cohort study, Rhead et al (2020)[265] found that female veterans were **significantly more likely to report symptoms of hazardous drinking,** compared to female civilians. However, there was no difference found in alcohol misuse between female veterans and female civilians in the study.

A small study of ten female blind veterans, found that one in ten were found to have probable **alcohol misuse**[266]. The blind female veterans were found to use both positive coping strategies, such as goal setting, as well as negative coping strategies, one of which was drinking, as a means of dealing with their visual impairments.

Similarities and differences between female veterans of operations and non-deployed women

Four UK studies investigated the differences in physical health related to deployment in ex-servicewomen. A study exploring the **foetal death and abnormality** amongst Gulf War veterans[267] found there to be no significant difference in **miscarriage** between female Gulf War and female non-Gulf War veterans. There appeared to be a higher incidence of **malformation,** where 5.3 malformations per 100 offspring were reported by female Gulf War veterans compared with 3.2 malformations per 100 offspring reported by female non-Gulf War veterans. However, analysis was impeded due to the small numbers of affected offspring within the study (28 affected offspring amongst the sample of 1269 female veterans in the study). An analysis of difference in **still births** between the two groups was also inhibited due to the limited numbers of affected individuals.

Macfarlane et al (2003)[268] found that there was no significant difference in **cancer rates** between 1,084 women who had been deployed in the Gulf War, when compared to 1,070 military women who had not been deployed. Thirteen cancers were detected in each group. Macfarlane et al

264 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study of 57,000 Military Veterans and 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

265 Rhead R, Macmanus D, Jones M, Greenberg N, Fear NT & Goodwin L, *Mental Health Disorders And Alcohol Misuse Among UK Military Veterans and The General Population: A Comparison Study.* Psychological Medicine. 2020; 1–11.

266 Stevelink SAM and Fear NT, *Psychosocial Impact of Visual Impairment and Coping Strategies in Female Ex-Service Personnel.* Journal of the Royal Army Medical Corps. 2016; 162(2), pp. 129–133.

267 Doyle P, Maconochie N, Davies G, Maconochie I, Pelerin M, Prior S and Lewis S, *Miscarriage, Stillbirth and Congenital Malformation in the Offspring of UK Veterans of The First Gulf War.* International Journal Of Epidemiology. 2004; 33(1), pp. 74–86.

268 Macfarlane GJ, Biggs AM, Maconochie N, Hotopf M, Doyle P and Lunt M, *Incidence of Cancer among UK Gulf War Veterans: Cohort Study*. BMJ (Clinical Research Ed.). 2003; 327(7428), pp. 1373.

(2000)[269] also found there to be no significant difference in **death** (mortality) rates between those who had served in the Gulf War, and non-deployed military women.

Unwin et al (2002)[270] found that female Gulf War veterans reported more of every one of the 50 physical symptoms assessed, and the majority of the health conditions examined compared with women deployed to Bosnia or era cohorts.

These UK studies suggest some differences in deployed women's physical health post-Service, compared to those who did not deploy. However, the causes of these differences are unknown from these studies. The possible deployment stressors that may impact on women's health and well-being post-discharge are discussed further in the *Deployment Experiences section* above. This includes combat exposure, but also a lack of support from peers and leaders as a minority with the military masculine culture, and a lack of support from the military following return from deployment.

International literature on physical health outcomes in female veterans

Physical health outcomes of female veterans were found to be **studied far more extensively outside of the UK**, especially within the US. Whilst a detailed comparison of each health condition between the US and UK literature is out of scope for this project, a general picture of the US literature can be made in examining the broader themes of interest.

Whilst the US literature covered physical health conditions that had also been explored in the UK literature, e.g. cardiovascular health, cancer, MS, diabetes, Gulf War illness, CFS, hepatitis and alcohol use, the US evidence base was also found to have addressed conditions for which no UK-situated evidence currently exists. In their evidence map of US literature on health outcomes in the female veteran population published between 2008–2015, Danan et al (2017)[271] found studies on obesity, chronic pain, traumatic brain injury, HIV/AIDS, spinal cord injury, tobacco use, traumatic amputations, colorectal diseases such as irritable bowel syndrome and inflammatory bowel disease, epilepsy, restless leg podiatry, urological disease, arthritis, vitamin D status, amyotrophic lateral sclerosis, and reproductive health, all of which there was no UK equivalent. Similarly, in our scoping of the US literature we confirmed that there were multiple US-based female veteran papers regarding the disease areas found by Danan et al (2017), with additional literature found relating to hearing, disability, nosocomial infections, renal disease and sleep disorders. Amongst the **comparatively smaller numbers of papers retrieved for New Zealand, Australia and Canada** most of these related to mental health (which will be discussed later). Some, albeit limited research was found to exist in Australia and Canada which had been conducted regarding **female veteran reproductive health** (See also *Reproductive health on deployment* section above). Limited research on hazardous drinking, chronic pain, chronic health conditions, and health condition prevalence amongst Canadian female veterans was also found.

269 Macfarlane GJ, Thomas E and Cherry N, *Mortality among UK Gulf War Veterans*. Lancet. 2000; 356(9223), pp. 17–21.

270 Unwin C, Hotopf M, Hull L, Ismail K, David A and Wessely S, *Women In The Persian Gulf: Lack Of Gender Differences In Long Term Health Effects Of Service In United Kingdom Armed Forces in the 1991 Persian Gulf War.* Military Medicine. 2002; 167(5), pp. 406–413.

271 Danan E, Ensrud K, Krebs E, Koeller E, Greer N, Velasquez T, MacDonald R, Wilt TJ, *An Evidence Map of the Women Veterans' Health Research Literature (2008–2015).* VA ESP Project #09–009; 2017.

Despite the broad range of health conditions researched internationally, the majority being conducted with a US sample of female veterans, **some topics remain under or unexplored**. US female veterans research in areas such as immunisations, cervical ovarian and uterine cancer and chronic conditions such as hypertension remains to be limited or non-existent[272]. There is also a **relative lack of physical health studies** in US female veterans when **compared to the amount of mental health-related studies**, although post-deployment health and reproductive health are recognised as emerging areas of research.

Musculoskeletal problems in female veterans

Whilst SMEs did not comment extensively on physical health issues in female veterans, a **high prevalence of musculoskeletal problems** was suggested. This was seen as a result of additional physical demands on women's bodies during Service:

> *"You've got a lot of pelvic issues for women because they are being required to over, march over pace in order to keep up with their male counterparts. And there are physiological differences between men and women, which one can't escape, however, one aspires to equality." (P11)*

International research suggests that **women may be particularly at risk of musculoskeletal problems** as a result of Service and are more likely to report multi-morbidity and increased pain related to these problems compared to men[273,274].

Whilst there is no research highlighting musculoskeletal problems in female veterans in the UK, MOD data from in Service suggests that **servicewomen are more likely to report musculoskeletal issues as a result of training** than servicemen[275]. As discussed in the section on *Inadequate equipment for women* section above, this highlights the need to ensure that physical adjustments are made to ensure that equipment and training strategies are appropriate for women during Service.

However, it may not just be the lack of physical adjustments available to Serving women, but the **degree to which these adjustments are used** if they are made available. The acknowledged physical differences and the adjustments put in place to account for this however could conversely be seen as another means of highlighting gender differences, affecting their uptake and the benefits that they were intended to provide. An example of this, provided by one SME, is where

272 Danan E, Ensrud K, Krebs E, Koeller E, Greer N, Velasquez T, MacDonald R, Wilt, TJ, *An Evidence Map of the Women Veterans' Health Research Literature (2008–2015).* VA ESP Project #09–009; 2017.

273 Higgins DM, Fenton BT, Driscoll MA, Heapy AA, Kerns RD, Bair MJ, Carroll C, Brennan PL, Burgess DJ, Piette JD, Haskell SG, *Gender differences in demographic and clinical correlates among veterans with musculoskeletal disorders.* Women's Health Issues. 2017;27(4):463–70.

274 Haskell SG, Ning Y, Krebs E, Goulet J, Mattocks K, Kerns R, Brandt C, *Prevalence of painful musculoskeletal conditions in female and male veterans in seven years after return from deployment in Operation Enduring Freedom/Operation Iraqi Freedom*. The Clinical journal of pain. 2012;28(2):163–7.

275 Ministry of Defence, *Women in ground close combat roles review 2016.* 2016.

physical adjustments were underused by the female veterans, potentially to their detriment, as in doing so their difference to their male counterparts would be highlighted:

> *"When I commanded my infantry regiment we would go on a run on a Friday, both male and female, but we would adjust those packages of support depending on what we were trying to achieve for those individuals. Some things would be different, but at the same time, many of the girls in the regiment didn't want to be seen as different. They were part of a cap badge and didn't want to be treated differently." (P4)*

The underlying reasons for why it was important to the female servicewomen to forego physical adjustments in circumstances like this is an issue which needs to be understood further from a research perspective. However, this may relate to servicewomen feeling as though they have to work twice as hard to prove themselves as a minority within the masculine military culture, discussed above in the *Fitting in to the male-dominated military environment* section.

Impact of COVID-19 on health

As part of the Call for Evidence for this project, the Royal Air Force Association[276] reported on a survey carried out to examine the **impact of the COVID-19 pandemic** on the health of its members. Female veterans who completed this survey (n=118) were more likely to report that they were anxious about their physical as opposed to their mental health during this time (45 vs 29%), and this was more common amongst older female veterans. Furthermore, 15% of the female veteran participants had sought some form of support during the pandemic, most commonly due to limited mobility, physical illness and social isolation. This survey, whilst based on a small sample, highlights the potential impact of the COVID-19 pandemic on female veterans concerns regarding their physical health, particularly for older veterans.

Key findings and recommendations

- Published UK research looking at physical health is **exclusively quantitative** in nature and is **dominated by two large cohort studies**. This research suggests that:
  - most of the gender differences reported in the physical health of veterans reflects gender differences seen in the general population
  - however, female veterans are more likely to report headaches, fatigue, digestive issues, and less likely to report acute MI, non-melanoma skin cancer, alcoholic liver disease and substance misuse than male veterans.

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- increased occurrence of certain cancers, including ovarian and breast cancer, and hazardous drinking was found in female veterans compared to female civilians
- the available UK research suggests limited differences in physical health outcomes dependent on history of deployment.

- SMEs indicated a higher prevalence of musculoskeletal problems in ex-servicewomen compared to men, which is supported by US research and MOD in-Service data. However, SMEs also highlighted how a **lack of uptake of physical adjustments** available to women during Service may impact negatively on their physical health.

Recommendation 16

It is recommended that mixed methods research is carried out to examine the prevalence and impact of musculoskeletal problems in ex-servicewomen.

Mental Health

Eighteen out of the 50 pieces of literature retrieved as part of the scoping review related to the post-Service mental health of female veterans in the UK. Common mental disorders and diagnoses, suicide, self-harm, aggression, and post-traumatic stress disorder (PTSD) were all explored with UK female veteran samples.

Similarities and differences between male and female veterans

Although Bergman (2015[277], 2017[278]) found that civilian Scottish women were **significantly less likely to commit suicide** than civilian Scottish men, there was a parity between Scottish male and female veterans, with **no significant difference in suicide rates found**. This indicates that risk of suicide amongst female veterans is closer to that of male veterans than what would be expected within the civilian population, where women typically have a lower risk of suicide than men. However, a cohort study by Kapur et al (2009)[279] using data held by the Defence Analytical Services Agency (DASA) and the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, found that among the 233,803 veterans who left the UK Armed Forces between 1996 and 2005, 224 died by suicide, nine of which were female. Female veterans were determined as being **significantly less likely to commit suicide** than male veterans. There was an indication that female veterans under 20 were at increased risk of suicide. However, due to the small number of female veterans who had died by suicide (n=9), analysis of this risk, and the risk of suicide amongst female veterans compared to female civilians, were indeterminable. Furthermore, as discussed in the *Impact of historic discriminatory polices* section above, Bergman et al (2017)[280] found an increased likelihood of suicide in Scottish female veterans who joined the Armed Forces prior to 1991, compared to those who joined after this date. However, these findings require replication and further investigation.

Using participants from the KCMHR cohort study, Pinder et al (2012)[281] found that intentional **self-harm and suicide was slightly lower amongst the women** in the sample, although the difference was deemed to be non-significant. However, increased self-harm and suicide was detected amongst ex-Service Personnel in general, who were found to have much higher prevalence of both compared to current Service Personnel. As the ex-Service Personnel group included males and females, and the female group included serving and ex-Service Personnel, it is not possible to establish the risk of suicide and self-harm amongst just the female veteran demographic from this paper.

277 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study of 57,000 Military Veterans and 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

278 Bergman BP, Mackay DF, Smith DJ, Pell JP, *Suicide in Scottish Military Veterans: A 30-Year Retrospective Cohort Study.* Occupational Medicine. 2017b; 67(5):350–5.

279 Kapur N, While D, Blatchley N, Bray I, and Harrison K, *Suicide After Leaving the UK Armed Forces – A Cohort Study*. Plos Medicine. 2009; 6(3), pp. E26.

280 Bergman BP, Mackay DF, Smith DJ, Pell JP. *Suicide in Scottish military veterans: a 30-year retrospective cohort study.* Occupational Medicine. 2017;67(5):350–5.

281 Pinder RJ, Iversen AC, Kapur N, Wessely S and Fear NT, *Self-Harm and Attempted Suicide Among UK Armed Forces Personnel: Results of A Cross-Sectional Survey.* The International Journal of Social Psychiatry. 2012; 58(4), pp. 433–439.

Of the 11 studies that examined mental health issues amongst female veterans in comparison to males, whether gender differences were detected appeared to differ depending on the instrument used to measure them. When mental ill health was defined as a score of four or more on the GHQ-12 survey, three out of the six studies using this measure found there to be significant differences between males and females. However, when a purely female veteran sample was used, or alternative methods of reporting whether participants had a common mental health disorder or had a received a diagnosis of such were used, no significant gender difference was detected.

Common mental health disorders

Four studies using samples of UK military women composed of serving and ex-serving personnel, concluded that women were more likely than men to experience common mental disorders (CMD) when this was measured by a score of ≥4 on the General Health Questionnaire survey (GHQ-12). In a sample of 2,049 UK Bosnian War veterans, using the KCHMR Cohort data, Hotopt et al (2003)[282] found that **women were over one and a half times more likely to have mental ill health** (as determined by the GHQ-12 survey) compared to their male counterparts. This gender difference was also determined to be significant. In their study composed of 3,358 men and 1,678 women who had served in the Gulf, Iraq, or Bosnia conflict, or were not deployed, Rona et al (2007)[283] also found that women were significantly **more likely than men to have a score of four or more on the GHQ-12 survey**. Women were also found to be significantly more likely than men to experience symptoms of CMD as defined by a GHQ-12 of ≥4 in a study by Jones et al (2020)[284]. Stevelink et al (2018)[285] found whilst there was an increase in CMD prevalence in women (24.3%) compared to men (21.6%), this difference did not reach statistical significance.

Despite also using the same GHQ-12 instrument, based on KCMHR cohort data, two studies found there to be no significant difference in CMD between males and female veterans using a female veteran sample. Rhead et al (2020)[286] found that female veterans were **not significantly more likely to report CMD** than male veterans, although the small number of female veterans in the study could have impeded analysis (2,917 UK veterans 305, i.e. 8.6% were female). In a sample of 1,711 (9.1% of which were female) UK veterans, using the KCMHR cohort study data, Burdett (2014)[287] also found there to be **no significant difference in CMD** between male and female veterans.

Therefore, of the six studies that used KCMHR cohort study data, and measured CMD using GHQ-12, the ones that used a mixed serving and veteran female samples found that women were more likely to experience CMD. The two studies that measured CMD using the KCMHR cohort study data,

282 Hotopf M, David AS, Hull L, Ismail K, Palmer I, Unwin C and Wessely S, *The Health Effects of Peace-Keeping in the UK Armed Forces: Bosnia 1992–1996. Predictors of Psychological Symptoms.* Psychological Medicine. 2003; 33(1), pp. 155–162.

283 Rona RJ, Fear NT, Hull L & Wessely S, *Women in Novel Occupational Roles: Mental Health Trends in the UK Armed Forces.* International Journal of Epidemiology. 2007; 36, 319–326.

284 Jones N, Jones M, Greenberg N, Phillips A, Simms A & Wessely, S, *UK Military Women: Mental Health, Military Service and Occupational Adjustment.* Occupational Medicine. 2020; 70, 235–242.

285 Stevelink SAM, Jones M, Hull L, Pernet D, Maccrimmon S, Goodwin L, Macmanus D, Murphy D, Jones N, Greenberg N, Rona RJ, Fear NT and Wessely S, *Mental Health Outcomes at the End of the British Involvement in the Iraq And Afghanistan Conflicts: A Cohort Study.* The British Journal of Psychiatry: The Journal of Mental Science. 2018; 213(6), pp. 690–697.

286 Rhead R, Macmanus D, Jones M, Greenberg N, Fear NT & Goodwin L, *Mental Health Disorders and Alcohol Misuse Among UK Military Veterans and The General Population: A Comparison Study*. Psychological Medicine. 2020; 1–11.

287 Burdett H, *The mental health and social wellbeing of UK ex-service personnel: The resettlement process*. King's College London (University of London); 2014.

yet used a female veteran sample (without the inclusion of current Service Personnel) found that no significant difference existed between the genders. It should be noted that these six studies **all used the same instrument** to measure CMDs, they were all based on the KCMHR cohort data, and hence there is the possibility of some overlap of the sample within all six studies. A limitation of the four studies that found an increase in CMD in women, was that the female participant data was mixed and did not separate out those who had left vs those who were still in Service. Furthermore, the two studies that found no significant gender difference in CMD were limited by the small numbers of female veterans in the sample.

As part of the Call for Evidence, the Royal Air Force Association[288] reported on a survey of the **impact of the COVID-19 pandemic** on the health of its members. This survey included 1,118 female veterans and using the GHQ-12 found low levels of mental health problems in this sample. However, 29% of female veterans reported being concerned about their mental health in this survey.

In their study of 1,714 UK Service Personnel and veterans who had experienced subjective stress, emotional, alcohol or mental health problem in the previous three years, Jones et al (2019)[289] found that prevalence of mental health disorder (measured using PHQ-9 and GAD-7), **did not significantly differ between the genders**. It should be noted that the results for female veterans alone, without the inclusion of women who were still serving, was not reported in this study.

Analysis of the SVHS data also found a **lack of gender difference regarding CMD** in Scottish veterans. When stratified by sex, Bergman (2015)[290] and Bergman et al (2016)[291] found that the risk of any mental health disorder showed a **similar pattern in male and female veterans.** Examining the data for participants identified as at high risk of mental health disorder within the KCMHR cohort data, Iversen et al (2005a)[292] also found that gender did not significantly predict a **mental health diagnosis** in the UK.

In a study by Dighton et al (2018)[293], using Adult Psychiatric Morbidity Survey (2007) data, female veterans were found to be **six times more likely to experience obsessive thoughts** about their family spouse or partner, than male veterans. However this difference was not found to be significant, potentially due to the small sample size.

Two of the studies which did not find significant differences between males and females regarding CMD (Jones et al (2019), Burdett et al (2014)), also found the same lack of significant difference between genders regarding PTSD.

288 *The Royal Air Force Association.*

289 Jones N, Greenberg N, Phillips A, Simms A and Wessely S, *Mental Health, Help-Seeking Behaviour and Social Support in The UK Armed Forces By Gender.* Psychiatry-Interpersonal and Biological Processes. 2019b; 82(3), pp. 256–271.

290 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study of 57,000 Military Veterans and 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

291 Bergman BP, Mackay DF, Smith DJ & Pell JP, *Long-Term Mental Health Outcomes of Military Service: National Linkage Study Of 57,000 Veterans and 173,000 Matched Nonveterans*. Journal of Clinical Psychiatry. 2016a; 77, 793–798.

292 Iversen A, Dyson C, Smith N, Greenberg N, Walwyn R, Unwin C, Hull L, Hotopf M, Dandeker C, Ross J, Wessely S, *'Goodbye And Good Luck': The Mental Health Needs and Treatment Experiences of British Ex-Service Personnel.* Br J Psychiatry. 2005a; 186, pp. 480–486.

293 Dighton G, Roberts E, Hoon AE, Dymond S, *Gambling problems and the impact of family in UK armed forces veterans.* Journal of behavioral addictions. 2018;7(2):355–65.

Anger, aggression, and violence

In a sample of 400 veterans seeking mental health treatment (4.2% of whom were female), Turgoose et al (2018)[294] found that women were significantly **less likely to report anger than men** (47.1% of women vs 75.1% of men). **Aggression was also less likely to be reported** by female veterans, although this difference wasn't found to be significant, the limited number of occurrences of women reporting aggression (n=2) should be taken into account when interpreting these findings. Burdett (2014)[295] also found a lower reported incidence of physical violence amongst the female veterans (4.7%) compared to male veterans (7.1%). However, this difference was not significant, potentially due to the small numbers of women involved.

Similarities and differences between female veterans and civilian women

Suicide

Two studies found female veterans to be at a **significantly greater risk of suicide and suicidal thoughts,** which were found to be 2.5 times more likely than that found within the female civilian population. Using data from the 2007 Adult Psychiatric Morbidity survey, Woodhead et al (2011)[296] found that English female veterans were **2.5 times more likely to report having had suicidal thoughts** than their civilian counterparts. A 2.5 times greater risk for suicide was also found amongst Scottish female veterans when compared to civilian women by Bergman[297, 298]. This was also determined to be significant.

Common mental health disorders

Using the KCMHR cohort data, Rhead et al (2020)[299] found there to be **no significant difference in CMD** prevalence between female veterans and female civilians, although the small number of female veterans in the study could have impeded analysis (2,917 UK veterans vs 305, i.e. 8.6% were female). Roberts et al (2019)[300] in their study comparing female veterans (n=47) and civilian women (n=94) drawn from the 2007 Adult Psychiatry Morbidity Study, **no significant difference** was noted between female veterans and the civilian sample **in any of the mental health variables**. However, very small numbers of occurrences of issues amongst the female veteran sample impeded analysis.

294 Turgoose D and Murphy D, *Anger and Aggression in UK Treatment-Seeking Veterans with PTSD.* Healthcare. 2018; 6(3), pp. 11.

295 Burdett H, *The mental health and social wellbeing of UK ex-service personnel: The resettlement process.* King's College London (University of London); 2014.

296 Woodhead C, Rona RJ, Iversen A, Macmanus D, Hotopf M, Dean K, Mcmanus S, Meltzer H, Brugha T, Jenkins, R, Wessely S and Fear NT, *Mental Health and Health Service Use among Post-National Service Veterans: Results from the 2007 Adult Psychiatric Morbidity Survey Of England.* Psychological Medicine, 2011; 41(2), pp. 363–372.

297 Bergman BP, *The Scottish Veterans Health Study: A Retrospective Cohort Study of 57,000 Military Veterans and 173,000 Matched Non-Veterans.* University Of Glasgow; 2015.

298 Bergman BP, Mackay, DF, Smith DJ, Pell JP, *Suicide in Scottish Military Veterans: A 30-Year Retrospective Cohort Study.* Occupational Medicine. 2017b; 67(5):350–5.

299 Rhead R, Macmanus D, Jones M, Greenberg N, Fear NT & Goodwin L, *Mental Health Disorders And Alcohol Misuse Among UK Military Veterans and The General Population: A Comparison Study*. Psychological Medicine. 2020; 1–11.

300 Roberts E, Dighton G, Fossey M, Hogan L, Kitchiner N, Rogers RD & Dymond S, *Gambling Problems and Military- and Health-Related Behaviour in UK Armed Forces Veterans.* Military Behavioral Health. 2019; 8, 212–221.

Post-traumatic stress disorder (PTSD)

Rhead et al (2020)[301] found that female veterans in employment were almost 2.5 times **more likely than employed women from the general population to report probable PTSD** (there was no significant difference amongst non-working women). Stevelink et al (2016)[302], in their small study of ten blind female veterans, also found one in ten to have **probable PTSD**. One in five fulfilled the criteria for probable **anxiety disorder** and one in ten of the respondents were also found to have **probable depression**. A visual impairment negatively affected psychosocial well-being, and was accompanied by a wide range of emotions including **irritation, frustration, anger, shock and feeling low**.

International literature on female veteran mental health

In terms of the number of research papers, **the mental health of female veterans has received greater attention** amongst the New Zealand, Australian and Canadian literature when compared to the attention that has been paid to physical health and other social and economic issues in these countries. Mental health was also found to have a greater number of research articles dedicated to it in the US female veteran literature in comparison to other health issues[303]. Research relating to PTSD in female veterans was found in all Five Eyes countries. Broader studies on general mental health needs, prevalence, access to services, interventions, co-morbidities and related factors were also evident amongst the limited literature in Canada, New Zealand and Australia.

The mental health issues found within the UK female veteran literature were also examined within the US literature, although these were covered more comprehensively in the latter. Although the UK literature found there to be limited evidence in support of a gender difference in mental health disorders amongst veterans (unless these were measured in mixed Service Personnel and veteran samples using the GHQ-12), there was **evidence within the US literature of gender differences** for some mental health disorders.

A systematic appraisal of the US female veteran literature by Runnals et al (2014)[304] concluded that **female veterans experience similar levels of PTSD to males**, although **being an older female veteran** was associated with an increased risk. Furthermore, female veterans were found to **experience depression and non-PTSD anxiety disorders at higher rates** than their male veteran counterparts. Concurring with the UK literature, US female veterans were **less likely than male veterans to experience alcohol misuse**, and **more likely to experience eating disorders**[305]. This study also identified several topics of research which had received limited attention in the US

301 Rhead R, Macmanus D, Jones M, Greenberg N, Fear NT & Goodwin L, *Mental Health Disorders And Alcohol Misuse Among UK Military Veterans and The General Population: A Comparison Study.* Psychological Medicine. 2020; 1–11.

302 Stevelink SAM and Fear NT, *Psychosocial Impact of Visual Impairment and Coping Strategies in Female Ex-Service Personnel*. Journal of The Royal Army Medical Corps. 2016; 162(2), pp. 129–133.

303 Danan E, Ensrud K, Krebs E, Koeller E, Greer N, Velasquez T, MacDonald R, Wilt TJ, *An Evidence Map of the Women Veterans' Health Research Literature (2008 – 2015).* VA ESP Project #09-009; 2017.

304 Runnals JJ, Garovoy N, McCutcheon SJ, Robbins AT, Mann-Wrobel MC, Elliott *A, Veterans Integrated Service Network (VISN six Mental Illness Research Education and Clinical Centers (MIRECC) Women Veterans Workgroup. Systematic review of women veterans' mental health*. Womens Health Issues. 2014; Sep-Oct;24(5):485–502.

305 Runnals JJ, Garovoy N, McCutcheon SJ, Robbins AT, Mann-Wrobel, MC, Elliott *A, Veterans Integrated Service Network (VISN) six Mental Illness Research Education and Clinical Centers (MIRECC) Women Veterans Workgroup. Systematic review of women veterans' mental health*. Womens Health Issues. 2014; Sep-Oct;24(5):485–502.

female veteran literature on mental health. The prevalence and treatment of non-PTSD anxiety disorders, depression, serious mental illnesses such as schizophrenia, substance use disorders, and the risks and/or protective factors associated with mental health issues were considered deserving of greater research attention.

Although MST was excluded from the aforementioned review of mental health conditions in US female veterans, the topic has been subject to evidence synthesis elsewhere having been studied far more extensively in the US than the other Five Eyes countries. As part of this scoping review, over 200 US studies were identified as relating to MST in female veterans. An overview of the literature related to experiences of sexual harassment and assault during Service for female veterans has been discussed earlier in this report (See *Sexual Harassment and Assault* section above).

Key findings and recommendations

- UK research focused on mental health is again **dominated by two large cohorts**, and there is a **significant lack of qualitative in-depth research** examining women's experiences of mental health post-Service.
- UK research suggests that:
  - female veterans appear to be at the **same or lower risk of committing suicide or engaging in self-harm** than male veterans but are at a higher risk of suicide and suicidal thoughts compared to civilian women
  - female veterans in mixed-serving and veteran samples report **increased symptoms of common mental disorders** using the GHQ-12, but **no significant gender differences in mental health disorders** were found when these were measured using a purely female veteran sample, other instruments or a formal diagnosis
  - **anger and aggression** are more commonly identified in male compared to female veterans
  - female veterans are more likely to report **probable PTSD** compared to civilian women.
- International research indicates similar research findings in regard to female veterans' mental health, but highlights a lack of international research focused on **non-PTSD** and **serious mental illness**, and on **risk and protective factors** associated with mental health outcomes for female veterans.

Recommendation 17

It is recommended that qualitative research is undertaken to better understand the experiences of female veterans in relation to the impact of military Service on their mental health, including the identification of risk and protective factors for mental health outcomes.

Recommendation 18

In light of the current UK evidence base and international reviews of female veterans' health research, it is recommended that future quantitative research examining UK female veterans' mental health includes a focus on serious mental health conditions, and the risk and protective factors associated with mental health outcomes.

Finances and Housing

Only one peer-reviewed study regarding finances amongst UK female veterans was found. In a study comparing a small sample of female veterans (n=47) and civilian women (n=94), using data from the Adult Psychiatry Morbidity Study (2007), Roberts et al (2019)[306] found there to be **no significant difference between female veterans and civilians in any of the financial management variables**, which included questions relating to having borrowed money, falling behind with payments, and gambling spending within the previous 12 months. In a report by Deloitte (2018)[307] examining post-transition careers amongst veterans in the UK, 203 of whom were female, a gender difference was found regarding earning expectations. The report found that **more female veterans perceived themselves to be earning less than they had expected** (29%) compared to males (24%), with fewer females also exceeding their earnings expectations (19%) than male veterans (30%).

Beyond salary expectations, a report produced outside of the UK for Veterans Affairs Canada by MacLean et al (2018)[308] found that female veterans had **objectively poorer financial prospects** compared to male veterans. Not only did they experience lower average salaries than men whilst they were serving ($58,340 compared to $66,590 respectively), but they also experienced a significant drop in income after Service. Canadian female veterans' income dropped by 21% on leaving, compared to only a 0.5% decrease for male veterans. Female veterans also **earned approximately 60% of what male veterans earned on leaving**, irrespective of the industry they worked in, with the exception of mining. The authors acknowledged that lower within-Service income for females could be partially attributed to shorter average lengths of Service, which may also partially explain the difference in pension income between the sexes on leaving, which was also lower for women compared to men ($14,150 compared to $21,040, respectively).

Female veterans experiencing **financial difficulty at pensionable age** was also raised within the SME interviews. It was older generations of female veterans who joined when terms of Service demanded they **relinquish their military career prematurely** due to marriage, pregnancy or homosexuality (see *Impact of historic discriminatory policies* section above), who were considered to be at a particular financial disadvantage. The resultant **lack of a military pension** had financial consequences long after leaving Service. The financial hardship in addition to having a career terminated prematurely was also considered to have an effect on the mental health of affected female veterans.

> *"A lot of women who served in the Army, they tend not to serve for a full career because of course they left to have children. And prior to 1990, if you wanted children, you had to leave, there was no choice about it... Which means that a lot of the women, when they leave, don't have access to any kind of pension. So the income issue is often a problem for a lot of female veterans..." (P3)*

306 Roberts E, Dighton G, Fossey M, Hogan L, Kitchiner N, Rogers RD & Dymond S, *Gambling Problems and Military- and Health-Related Behaviour in UK Armed Forces Veterans.* Military Behavioral Health. 2019; 8, 212–221.

307 Deloitte, *Veterans Work: Moving on*; 2018.

308 MacLean, MB, Van Til L, Poirier A, McKinnon K, Veterans Affairs Canada, Research Directorate. *Pre-and Post-Release Income of Regular Force Veterans: Life After Service Studies (2016)*; 2018a.

> *"I think for the more elderly veteran, because of the terms and conditions of Service, when you joined the ATS [Auxiliary Territorial Service] or the Women's Royal Army Corps, where you had to leave on marriage, you had to leave on pregnancy, you had to leave if you were gay. The issues that contribute to that generation of people I think are probably homelessness, poverty, because there was no pension sharing on divorce in those days... And as a direct result of those two things, probably mental health is the biggest issue." (P11)*

Financial support for older female veterans who had joined before 1992 was available from military charities who could provide grants to address this gap to some extent, ranging from large grants to help adapt existing accommodation for disability needs, to the provision of food stamps.

> *"Women only really started to get truly pensionable Service in the nineties. So what does that mean for sort of veterans that are maybe coming into the fifties and sixties? They may not have the same degree of financial support." (P6)*

In the US literature, financial difficulty was associated with, and was a risk factor for, **homelessness** amongst female veterans. US female veterans in poverty have been found to be more than three times as likely to be homeless as female civilians in poverty[309]. Between 13%[310] and 15%[311] of US female veterans in poverty experienced homelessness at some point over the course of a year[312], compared to a general prevalence rate amongst female veterans of 1–2%. Homelessness for veterans more generally in the US is decreasing, yet is rising for female veterans[313]. This is suggested to in part be due to underutilisation of housing assistance programmes due to a lack of awareness of their existence among female veterans compared to males[314]. Within one of the SME interviews, homelessness was perceived as being associated with financial issues, amongst other factors:

309 US Department of Housing and Urban Development & US Department of Veterans Affairs, *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homelessness Assessment Report to Congress;* 2010.

310 US Department of Housing and Urban Development & US Department of Veterans Affairs, *Veteran Homelessness: A Supplemental Report to the 2010 Annual Homelessness Assessment Report to Congress;* 2010.

311 Fargo J, Metraux S, Byrne T, Munley E, Montgomery AE, Jones H, et al, *Prevalence and risk of homelessness among US veterans.* Prevent Chron Dis. 2012; 9:E45.

312 Byrne T, Montgomery AE & Dichter ME, *Homelessness among Female Veterans: A Systematic Review of The Literature*. Women & Health. 2013; 53, 572–596.

313 Thompson Tollefsbol EA, *Exploring Veterans' Pathways To Justice Involvement In Washington State.* 2020; 81; Dissertation/Thesis, Proquest Information & Learning.

314 Thompson Tollefsbol EA, *Exploring Veterans' Pathways To Justice Involvement In Washington State.* 2020; 81; Dissertation/Thesis, Proquest Information & Learning.

> *When I've been helping out with the homeless… they're young girls, they're not just you know, 30 or 40 year olds. They're 20 year olds and teenagers. And some of those are former military people as well. So there's something around mental health issues, leaving the Services, um, stress, money problems, and basically whatever.* *(P8)*

Amongst the SME interviews, financial difficulty amongst female veterans was **interrelated with housing**, with financial support from one charity typically requested for the upfront costs of setting up in a new home.

> *Funding is often requested in terms of a property bond or a deposit first month's rent.* *(P5)*

Being single in general, even without children, was also considered to be comparatively more disadvantageous in comparison to their married counterparts when it came to housing.

> *There very much is this idea that single people are living on base accommodation and they don't have homes and they don't have houses, so they don't get the same support as somebody who is living off base.* *(P7)*

> *I was single, so I was always disadvantaged anyway, because they always assumed that single people lived in a suitcase.* *(P7)*

Housing outside of the military was also thought to be affected by the higher housing costs in the south of England compared to the North. Being posted to the south meant that the likelihood of acquiring a bought or rented house off-base was slimmer compared to being based further north. Although this is an issue that is applicable to both male and female veterans, it nevertheless posed an additional challenge regarding housing security for female veterans on leaving Service.

> *If you're living further north, then it's possible that you'll be able to get a mortgage and a house. And therefore, you'll have a different way of life and a different style of life.* *(P7)*

Key findings and recommendations

- UK research suggests **no difference** between female veterans and civilians in financial management issues. However, SMEs reported that female veterans who left due to **historic discriminatory policies** and did not have a Service pension were at a **financial disadvantage** in civilian life.
- UK research suggests female veterans **earn less than they expected** to following transition, and international research shows female veterans have **poorer financial prospects** compared to men.
- US research indicates that female veterans are at **increased risk of homelessness** compared to civilian women.
- No research focused on homelessness or the housing needs of female veterans was identified in the UK and other Five Eyes countries. However, SMEs commented on the difficulties faced by single female veterans and female veterans in the South of England in obtaining adequate accommodation.

Recommendation 19

It is recommended that a mixed methods investigation into the financial and housing needs of female veterans in the UK is undertaken, including a focus on identifying risk factors for financial disadvantage in civilian life, i.e. discharge due to historic terms of Service.

Employment

Unemployment, underemployment, and economic inactivity

In a sample of 7,942 UK veterans (8.8% of whom were female), Burdett et al (2019)[315] found that there was no significant difference in claiming disability benefits between male and female veterans. However, they did find that female veterans were **25% less likely to claim unemployment benefits** than male veterans, although this difference is not explored further within the paper.

Interestingly, despite fewer employment benefit claims amongst female veterans, they have been found to have **higher unemployment rates than male veterans**. Exploring the self-reported employment rates of 2,972 UK veterans who had left Service, Iversen et al (2005)[316] found there to be a **significant gender difference in employment status**, with male veterans being almost 2.5 times more likely to have a job than female veterans. Prevalence of unemployment amongst female veterans in Iversen et al (2005) was found to be 20.8% vs 11.1% for men. The Deloitte (2018)[317] report found that being unemployed or not in work was reported to be 13% amongst female veterans in the UK, compared to 9% of males. In UK studies examining a solely female veteran population, unemployment rates were found to be between 22–44%. A survey of 154 female veterans in the UK by Parry et al (2019)[318] found that 22% were not in employment. A qualitative study of of 100 female veterans by Edwards and Wright (2019)[319] found that 44% of the sample reported being unemployed for long periods of time.

No research was identified that sought to collect and compare data on the prevalence of female unemployment in a veteran and civilian sample. Drawing comparisons between UK studies of female veteran employment to separate reports on female civilian unemployment in the UK is difficult due to differences in the way that 'unemployment' is defined in these studies. Comparing the prevalence of female veteran unemployment between countries is also limited for the same reason.

According to the Office for National Statistics (ONS), unemployment is categorised by the absence of a job in those who are actively seeking or able to immediately start one. For those out of work and who have not sought work in the previous four weeks or cannot start working within the next two weeks, the label 'economic inactivity' is instead applied[320]. Many female veterans who were out of work and classed as 'unemployed' by some of the studies cited above, **may be out of work due to caring responsibilities,** a role which is classified elsewhere as economic inactivity.

315 Burdett H, Fear NT, Macmanus D, Wessely S, Rona RJ and Greenberg N, *Unemployment and Benefit Claims by UK Veterans in The New illennium: Results From A Record Linkage Study*. Occupational and Environmental Medicine. 2019; 76(10), pp. 726–732.

316 Iversen A, Nikolaou V, Greenberg N, Unwin C, Hull L, Hotopf, M, Dandeker C, Ross J & Wessely S, *What Happens To British Veterans When They Leave The Armed Forces?* The European Journal Of Public Health. 2005b; 15, 175–184.

317 Deloitte, *Veterans Work: Moving on*; 2018.

318 Parry E, Battista V, Williams M, Robinson D and Takala H, *Female Service Leavers and Employment*; 2019.

319 Edwards P, Wright T, *No Man's Land: Research study to explore the experience & needs of women veterans in the UK.* Forward Assist; 2019.

320 Leaker D, ONS, *A Guide to Labour Market Statistics.* 2020.

Economic inactivity amongst female veterans in the UK is poorly understood. One report which did measure economic inactivity amongst UK female veterans, albeit only at six months post leaving Service, was the *Career Transition Partnership Annual Statistics Bulletin*[321]. This report found that **female veterans were more likely to be economically inactive at six months post discharge** (18%) compared to men (7%). Female veterans were also **less likely to be employed** (76%) than male veterans (87%) at this time point. For comparison, 24.8% of women aged 16–64 in the UK are classified as economically inactive, with 3.6% of women who are classified as unemployed[322].

In the Labour Force Survey of Canada, Maclean (2016)[323] found that one year after release, 39% of female veterans were working, 22% were in education, 11% were retired, 10% were disabled/ on disability, **7% were caring for a family member or partner (compared to 1% of men), 6% were looking for work (compared to 7% of men),** and 5% were classified as other. Therefore, further research exploring female veteran's unemployment, economic inactivity rates, and reasons for these is warranted. This is especially pertinent given the prominence of child and family related reasons given by female veterans who leave the military prematurely (see section on *Reasons for leaving* above) and the blurred definition of what constitutes 'unemployment' in existing studies.

Barriers to employment

Multiple factors were identified within the literature and the SME interviews that were perceived to affect the employment prospects of female veterans in the UK. Finding appropriate work was seen as a challenge amongst female veterans who were unemployed. In their mixed methods exploration of employment outcomes amongst a sample of female veterans and civilian employers, Parry et al (2019)[324] found that **finding a suitable job was the greatest challenge for female veterans.** Of the 22% who were not in work, 68% wanted to be so.

In their sample of 100 female veterans, Edwards and Wright (2019)[325] also found that many reported **difficulties in finding employment** on leaving Service, and perceived themselves to be at a disadvantage compared to men. **Poor mental health** was attributed to difficulties in either finding or maintaining employment amongst help seeking women. This concurred with the findings of the Deloitte (2018)[326] report where finding the right job on leaving Service was reported as being 'very difficult' for 27% of female veterans, compared to 17% for men.

The effect of poor mental health on employment amongst female veterans has also been found in literature outside of the UK. Hamilton et al (2015)[327] found that **depression was associated with unemployment** amongst US female veterans, with those who screened positive for depression being almost five times more likely to be unemployed. Unemployment amongst a sample of female

321 Ministry of Defence (MOD). *Career Transition Partnership Annual Statistics: UK Regular Service Personnel Employment1 April 2018 to 31 March 2019;* 2020.

322 Devine BF and Foley M, *Women and the Economy. Briefing Paper. Number CBP06838*; 2020.

323 MacLean MB, Keough J, Poirier A et al. *Labour-market outcomes of veterans. VAC Research Directorate Technical Report*; 2016.

324 Parry E, Battista V, Williams M, Robinson D, Takala H. *Female Service Leavers and Employment*; 2019.

325 Edwards P, Wright T, *No Man's Land: Research study to explore the experience & needs of women veterans in the UK.:* Forward Assist; 2019.

326 Deloitte, *Veterans Work: Moving on*; 2018.

327 Hamilton AB, Williams L, Washington DL, *Military and Mental Health Correlates of Unemployment in a National Sample of Women Veterans*. Medical Care. 2015; 53, S32–S38.

US veterans screened for traumatic brain injury, found that unemployment was also significantly associated with those who reported affective and cognitive neurobiological health symptoms[328].

Transferable skills

The transferability of skills, the ability to recognise and articulate these, and the confidence to 'sell' them to civilian employment contexts were identified within the literature and the SME interviews as affecting the employment prospects of female veterans.

In the study by Jones (2018)[329], support for female veterans and civilian employers in **recognising what transferable skills were,** was highlighted as an under-addressed need. However, identifying what constitutes a transferable skill may be hindered by the lack of concrete definitions of such. No explicit distinction was made in the literature between technical or 'hard skills' (i.e. those which are identifiable and measurable such as qualifications) and 'soft skills' (i.e. those which are less tangible and non-technical in nature such as communicative ability) and how these may affect the transferability of these skills from the military to civilian life.

In two pieces of UK grey literature[329, 330] what might be defined as 'soft skills' were instead identified as **positive 'attributes' and 'qualities'**. Female veterans listed positive qualities, such as being self-motivated, a team player and having moral standards as those which they try and replicate in civilian life[331] although these weren't explicitly identified as transferable skills by the study participants. Parry et al (2019) also reported a number of **favourable 'attributes'** possessed by female veterans in comparison to males, from the perspective of employers. These included the administrative and organisational skills, forward planning and preparation, and the ability to coherently gather and synthesise evidence. **Skills gaps were identified** amongst female veterans from the perspective of employers, including a lack of commercial experience, discomfort with highly flexible environments and occasional insufficient diplomacy. However, these were not unique to female veterans and were identified as potential gaps in veterans in general. A lack of experience within the civilian working world was also described in an SME interview as disadvantageous.

> *"So they're then at a disadvantage going into the outside world, especially with their colleagues in the new environment who have been there from the start and have progressed through the business and things like that." (P7)*

328 Amara JH, Stolzmann KL, Iverson KM & Pogoda TK, *Predictors of Employment Status in Male and Female Post-9/11 Veterans Evaluated For Traumatic Brain Injury.* The Journal of Head Trauma Rehabilitation. 2019; 34, 11–20.

329 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

330 Parry E, Battista V, Williams M, Robinson D, Takala H, *Female Service Leavers and Employment*. 2019.

331 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

With limited evidence regarding the transferable skills of UK female veterans, it is unclear if difficultly in identifying transferable skills is due to **skills being poorly recognised by veterans and employers**, but also in **how these are articulated and defined**. Questions remain regarding how soft skills are described to potential employers and if these have the same currency in the civilian employment market. **Appropriate identification and articulation of existing skills** in order to sell these to employers is not the only challenge for female veterans looking for civilian employment. Having the confidence to 'sell' these skills was also highlighted.

Confidence

Parry et al (2019)[332] found both female veterans and employers thought that **female veterans undervalued themselves** and were hence reluctant to apply for positions. Some also felt that female veterans were less confident in their ability to take on new roles than male veterans were. The Royal British Legion's (2014)[333] household survey also found that female veterans of working age tended to be **less confident in their skills** and required further support compared to male veterans. A relative lack of confidence in being able to 'sell' these skills to employers amongst female veterans was also recognised as an issue by some of the SMEs:

> *"...[they] find it a bit of a challenge to sell themselves because some of their, what they've achieved… they can be a bit modest about it. And they need to be able to… really promote what knowledge, skills and attitudes they have developed and what they have to offer an employer, and that doesn't come naturally to everybody." (P2)*

However, lacking the confidence to exploit their skills to full effect was not just considered to be due to being female. One SME participant thought that it was a problem which extended to veterans more generally:

> *"I think it's having the confidence to take those skills and that's general of veterans. Anyway, I think veterans always put themselves back a little bit… and so that holds them back in, in their life, outside the military." (P7)*

Types of employment chosen

Careers outside of the military for some women were **second careers** in areas in which they had not previously acquired 'hard skills', and for which retraining, or a greater emphasis on the **application of transferable soft skills was necessary**. For some, leaving an established discipline behind and

332 Parry E, Battista V, Williams M, Robinson D, Takala H. *Female Service Leavers and Employment*; 2019.
333 The Royal British Legion. *The UK ex-service community: A household survey*; 2014.

choosing not to enter into their field of training was an active choice. The field of logistics was given as an example by two SMEs as an area which female veterans may choose not to apply their hard skillset to due to the societal aspects of it being a similar, male-dominant environment to the one they had left.

> *"Agricultural companies haulage, logistics. Male-dominated quite often, [with] a high percentage of ex-military, sitting in those organisations. So women that go and work in those sectors find that they're exposed to the same kind of behaviour, mindset and thinking." (P13)*

Although male-dominated careers may have been off-putting to some female veterans – conversely these may also be sought out by female veterans due to their similarities with the masculine military culture they have become accustomed to (see previous section on *Fitting in to the male-dominated military environment*). Given the differing perspectives shared by the SMEs, the extent of influence of masculine cultures within male-dominated occupations on the career preferences of female veterans warrants further attention.

Female veterans **actively choosing not to enter into the same careers** in their civilian life where their technical skills would be more readily applied was also found in the US literature. A US study by Gutierrez et al (2013)[334] found several female veterans, despite having originally planned for careers in the civilian medical field, changed their minds due to experiencing traumatic incidents as military medics. The implications that within Service issues, such as trauma, and negative experiences of the masculine military culture may have on the **underutilisation of skills** amongst female veterans is a topic which requires further attention.

For the female veterans who chose careers dissimilar to their military ones, some careers were seen as more favourable than others[335]. Comparisons were made by SMEs between the military and uniformed Service roles such as the police, where the latter could be seen as an appealing career choice due to the similar nature of the work, and the similar values which underpin military and public service.

> *"There's an awful lot of veterans end up in the police service either as a civilian working with the police forces or, you know, training to become a police officer." (P8)*

334 Gutierrez PM, Brenner LA, Rings JA, Devore MD, Kelly PJ, Staves PJ, Kelly CM & Kaplan MS, *A Qualitative Description of Female Veterans' Deployment-Related Experiences and Potential Suicide Risk Factors.* Journal of Clinical Psychology. 2013; 69, 923–935.

335 MacLean MB, Van Til L, Sweet J, et al, *Factors associated with work satisfaction among Veterans*. J Mil Vet Fam Health. 2018b; 4(1):33–41.

Interestingly, issues such as **dual serving partnerships and females as a minority** were also perceived to exist within uniformed services due to similarities in the masculine culture associated with these occupations:

> *"My sisters who have had careers in other institutions like the police force and their experiences were quite similar to mine… and actually the operational side for things like the police force is probably very similar." (P3)*

Public service, including administrative roles, were also seen as popular career destinations for female veterans in the UK.

> *"I know of people who were veterans and they ended up in local authorities, they tend to end up in public services." (P8)*

Public sector careers being a favourable choice for female veterans aligns with the career choices of female veterans in Canada. In their *Life after Service Study Report*, MacLean et al (2018)[336] found that **public administration roles** were the most popular employment destination for veterans in general, but more so for women. Over 40% of female veterans were employed in public administration, compared to 30% of male veterans. Female veterans were also **more likely to work in healthcare** compared to males, whereas male veterans were more likely to work in manufacturing and construction compared to female veterans.

Learning a trade in order to start an entirely new career, or to become a self-employed business owner was also a strategy used by female veterans in the UK. One SME noted that there was a **preference for trades and professions which are typically female dominated** amongst female veterans.

> *"It's been around hairstylists, florists, things like that, which, and I'm not definitely not trying to pigeon hole female veterans into hairstylists and florists, but … we've not seen many requests, which you see from the male cohort… [for] boiler courses, engineering courses and so forth." (P4)*

There was no evidence found which indicated why typically female-orientated trades and public services may be more popular among female veterans in the UK, whether this is a first choice option for them or whether these are taken due to other options being undesirable or unobtainable. In

336 MacLean MB, VanTil L, Poirier A, McKinnon K, Charlottetown (PE), *Veterans Affairs Canada Research Directorate; Pre- and post-release income of Regular Force Veterans. Life After Service Studies (2016)* Technical Report; 2018a.

spite of indications that public sector and female trades were popular career destinations for female veterans, **Career Transition Partnership services were seen by a number of SMEs as being male orientated.** Their bias towards men was found in both their messaging and in their content, focusing on building a business or career within male-orientated trades such as plumbing, excluding women from appropriate career support in the process.

> *"If you look at the career transition [CTP] workshops, for example, all of the employment opportunities or stereotypically male opportunities. So if you want to be a builder, if you want to be a carpet fitter, if you want to be an engineer, those are all stereotypical kind of jobs that a man would do. There's nothing stereotypical there for a woman to do at all." (P12)*

> *"So, there's Career Transition Partnership services…. A lot of them can feel very male orientated. That's the only thing I would say, some of the briefings that are about… males, they're very kind of old fashioned in a way. And then they don't feel very female centric. Some of the adverts and language, in a way that are very male language, not female language" (P6)*

> *"And I don't think it was really geared around supporting women transition from military to being a veteran, purely because the focus seemed to be about building your own business…. So, if you've got nine guys in the room and one female in the room, then all the ideas are going to be focused on that. It might not necessarily fit with where she wants to go." (P7)*

Finding that **employment support programmes did not suit the needs of women** was also reported by Parry et al (2019)[337]. They found that only a minority of female veterans felt that they received enough support during transition, and some female veterans said that the support available during resettlement was not sufficiently **tailored to the employment needs of women**, particularly related to flexible working and administrative roles. SMEs also recognised that flexibility was an important, yet under-catered for aspect of female veterans' careers many of whom were leaving Service due to caring responsibilities. Moreover, access to existing CTP programmes was seen as inflexible, with little career support focussed on how to obtain flexible careers.

337 Parry E, Battista V, Williams M, Robinson D, Takala H, *Female Service Leavers and Employment*. 2019.

> *"It's not flexible. That's the problem with it… Whilst there are lots of people within the resettlement organisation who will advise you about… setting up your own business or wanting to work part-time, the process as a whole is aimed at get[ting] you into employment… and I think that's the restriction for women who tend to be in need of more… flexibility when it comes to working. Either because they've got children or because their location of where they are, is driven by where their husband or partner is." (P3)*

Employment discrimination

In their sample of 133 UK female veterans, Parry et al (2019) also found that **32% of female veterans reported discrimination** when job seeking or when in employment. Discrimination due to being a veteran was the most commonly reported reason for discrimination, reported by 27% of the female veteran sample. Fifteen percent reported being discriminated against due to being female, whilst 11% reported discrimination due to being a female **veteran**. Although many SMEs acknowledged that attitudes towards women had improved over the years, many also reported female veterans' experiences in the civilian workforce were constrained by **existing societal prejudices, or assumptions about women in general and/or female veterans**. As a consequence, female veterans needed to work harder to prove themselves, as they had done whilst serving (see *Fitting into the male-dominated military environment* section above).

> *"You've got to go over and above and beyond just to be at the same place... just because you're female" (P7)*

The female veterans in the Jones (2018)[338] study also felt as if they had to **prove to society that they did indeed have military experience** and that it was easier for society to believe that a man had gained military experience, than a female. There was also a perceived difficulty in adjusting to different workplace cultures. Some female veteran interviewees, on the other hand, suggested that a minority of **civilian employers had difficulty coping with the capability and leadership skills of female veterans**.

Key findings and recommendations

- Female veterans in the UK are **more likely to be unemployed**, but **less likely to claim unemployment benefits** compared to male veterans. However, economic inactivity and disadvantage (i.e. due to caring responsibilities) amongst UK female veterans is poorly understood.

338 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

- UK research and SMEs suggest that **barriers to employment for female veterans** include poor mental health, difficulties finding suitable and flexible employment, inability to recognise and articulate transferable skills, and a lack of confidence in selling transferable skills to civilian employers.
- Limited UK research suggests female veterans **may experience negative discrimination** from civilian employers.
- Resettlement training is considered in UK research and by SMEs to be targeted towards men, and **not tailored to adequately meet the needs of female veterans**.

Recommendation 20

It is recommended that mixed methods research be undertaken to determine if higher unemployment in female veterans is related to voluntary or involuntary economic inactivity (i.e. due to caring responsibilities) and/or disadvantage in the civilian labour market.

Recommendation 21

We recommend that employment support services be developed, or existing support be tailored and targeted to help female veterans to recognise, articulate and sell their transferable skills to civilian employers.

Recommendation 22

It is recommended that the MOD review the current resettlement support provided to Service leavers to ensure that it is tailored adequately to meet the needs of women. For example, by including advice and guidance related to more flexible working and less typically male-oriented career paths.

Social Relationships

UK research focused on social relationships and social support in female veterans is sparse and limited to small quantitative and qualitative samples. These focus on difficulties experiences by female veterans with intimate relationships and wider social networks following transition to civilian life.

Relationship breakdown

Two quantitative studies were identified regarding relationship breakdown or instability amongst female veterans in the UK, both finding different results. In a study comprised of 94 civilian women and 47 female veterans in the UK, Dighton et al (2018)[339] found that female veterans were significantly **more likely to be either widowed, divorced, or separated than female civilians.** An earlier study of male and female veterans in the UK by Woodhead et al (2011)[340], however, did not find any significant difference in marital instability amongst female, nor male veterans, when compared to the civilian population, contrary to their initial hypothesis.

Relationship breakdown was an issue highlighted by SMEs to be common in the military population:

> *"I think it changes the balance between the two as well. You know one minute you're both serving and the next minute one of you is at home and the other one is still continuing with that life. And it lead[s] to a very high divorce rate." (P3)*

Tensions were also said to occur between military and civilian partners due to **the nature of military life,** potentially more so if the serving partner was female. The relationship between a female veteran with a male civilian partner was suggested to be at **risk of additional strain,** due to the pressure for the male partner to adopt an atypical role in the partnership, as the primary caregiver. For one of the female veterans in the Jones (2018) study[341] who had a male civilian partner during Service, the **reversal of traditional roles was considered to be a contributing factor in their divorce**.

Within the small sample of the Jones' study (2018) the **majority of UK female veteran participants had met their partner in the military**. These dual serving partnerships were suggested by SMEs to put an additional strain on relationships (see further discussion of this in section above on *Work/ family life balance).*

339 Dighton G, Roberts E, Hoon AE, Dymond S, *Gambling problems and the impact of family in UK armed forces veterans.* Journal of behavioral addictions. 2018;7(2):355–65.

340 Woodhead C, Rona RJ, Iversen A, Macmanus D, Hotopf M, Dean K, Mcmanus S, Meltzer H, Brugha T, Jenkins R, Wessely S and Fear NT, *Mental Health And Health Service Use Among Post-National Service Veterans: Results From The 2007 Adult Psychiatric Morbidity Survey Of England*. Psychological Medicine. 2011; 41(2), pp. 363–372.

341 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

> *"And when you do leave, then there's still pressure. The pressure hasn't been solved because your partner still is mobile." (P6)*

> *"You're then left with a husband or a partner who still follows that Service life [and] still goes away, spends a lot of time away." (P3)*

Limited evidence was found on divorce and relationship instability amongst female veterans within the other Five Eyes countries. However, evidence was found for serving populations in the US. Despite marrying at similar rates to male Service Personnel, a study of US Army Personnel found that **women reported higher rates of divorce compared to their male counterparts**[342]. Adler et al (2006)[343] also found that female Service Personnel in the US were more likely to experience divorce and remarriage than female civilians and male Service Personnel. Reasons why female veterans experience divorce and relationship breakdowns at a greater rate have not been adequately explored within the literature. However, some aspects of military life were found to relate to divorce amongst female Service Personnel in the US. Carter and Wozniak (2018)[344] found that experiencing an additional long-distance move during Service was found to significantly increase divorce amongst women who had joined post-9/11 by 7%.

SMEs highlighted the need to provide adequate support to single female veterans who had been through divorce, and it was perceived they would experience additional difficulties:

> *"It's making sure that the females, particularly if they're on their own, and whether they've gone through, a divorce or been made unemployed, they need to understand what the pathways are, what support mechanisms and organisations are there for them." (P2)*

Whilst not a theme identified in the UK literature related to female veterans, domestic violence was highlighted by some SMEs as an issue that may be prevalent in the veteran population. One SME felt that **female veterans may be at particular risk of domestic violence**, due to a potential tolerance of aggressive behaviour associated with the masculine military culture during Service:

> *"Domestic violence is an issue with the military, a lot with alcohol abuse, and alcohol, more than substance misuse… there is quite a high incidence of domestic violence and some of that's cultural." (P11)*

342 Carter SP, Wozniak A, *Making Big Decisions: The Impact of Moves on Marriage among U.S. Army Personnel*; 2018.
343 Adler-Baeder F, Pittman JF & Taylor L, *The Prevalence of Marital Transitions in Military Families*, Journal of Divorce & Remarriage, 2006; 44:1–2, 91–106.
344 Carter SP, Wozniak A, *Making Big Decisions: The Impact of Moves on Marriage among U.S. Army Personnel*; 2018.

> *"Domestic violence is higher within female veterans than I see in the general population and in part, because being accustomed to controlling male behaviour to, hierarchy and cultures, some aggression, what people would perceive as… aggression. We've got a higher tolerance of it in the female veteran population that isn't, I would argue, necessarily in the general female population." (P13)*

Research with veterans in the UK[345] has found that whilst male veterans are significantly more likely than civilians to experience domestic violence, no difference was found between **female veterans vs. civilians**. These results require replication, due to the comparatively small sample of female veterans (n=47), compared to male veterans (n=210) and female civilians (n=93), and due to their apparent contradiction to SMEs and the international literature. Contrary to the UK study, research in the US[346] with a sample of over 20,000 suggested female veterans may be at heightened risk for domestic violence compared to civilian women, in alignment with the observations of P13 above.

Reunifying dispersed families

No UK research focused on parenting or family relationships in female veterans was identified, however SMEs highlighted this as an important issue. For the **female veterans who had children** during their Service, there was an **additional obstacle for some in having to reunite their family after Service**. This was seen as a **particular problem for those in the Army**, who were more likely to have been mobile, and hence separated from their children, during their career.

> *"And now you're finished with the military, and that must be particularly difficult for female veterans if the female veteran… has children. I'm not saying that fathers don't have the same, but you do get the feeling that if a female veteran… especially if they've been in the Army, they would have been moved around with their units, much more as a soldier, posted out, and they leave their family behind." (P8)*

Relocation and reunifying family upon leaving were compounded if the woman was a **single parent or had limited family support networks** to assist. This was also seen as particularly difficult if the female veterans had a physical or mental health condition.

345 Dighton G, Roberts E, Hoon AE, Dymond S, *Gambling problems and the impact of family in UK armed forces veterans.* Journal of behavioral addictions. 2018;7(2):355–65.

346 Dichter ME, Cerulli C, Bossarte RM, *Intimate partner violence victimization among women veterans and associated heart health risks. Women's Health Issues.* 2011;21(4):S190–4.

> *"I do know that we have female members who are single parents and the additional challenges that that brings when you are living with a disability, and some of the practical challenges that that will bring as well as the additional emotional challenges and responsibilities." (P10)*

A review of the international literature[347] supports this finding and suggests a **link between mental health problems post-Service and reduced parenting satisfaction** in female veterans.

Although it was recognised that **single parenthood and sole care giving responsibility** also affected male veterans, it was female veterans that were perceived as more likely to be a single parent, and hence seek support from military charities in relation to this:

> *"Often there's a lot of problems around child support and what have you... those issues tend to be more prevalent amongst female veterans." (P5)*

The challenges associated with parenthood during military Service are explored in the *Work/Family Life Balance* and *Reasons for leaving in-Service* sections above. These section suggest that despite automatic discharge due to pregnancy being phased out in 1992, servicewomen are still leaving the military early due to a perceived incompatibility between the military work environment and family life. Being a woman and a single parent post-Service, also brought challenges around housing, finances and social support. These are discussed in other sections of this report.

Social support

UK research focused on social support for female veterans in the civilian world is limited and findings have been inconsistent. The prevalence of social support for female veterans was discussed in a recent peer-reviewed UK paper[348] that focused on the KCMHR cohort of current Service personnel and veterans in the UK. This paper found high **levels of social support reported in women**, who were significantly more likely than men to report that they had friends that they could confide in and who would try to help them with their problems. Despite this, women in this study were **significantly less likely than men to have sought informal support** from friends and family in relation to mental health difficulties. This suggests that although women may have social support available to them, they may not be utilising it. However, quantitative PhD research[349] with over 17,000 UK veterans found **no differences** between men and women in engagement with **social activities or the size of their social networks**.

347 Crompvoets S, *The health and wellbeing of female veterans: A review of the literature.* Journal of Military & Veterans' Health. 2011 Apr 1;19(2).

348 Jones N, Greenberg N, Phillips A, Simms A, Wessely S, *Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces by Gender.* Psychiatry-Interpersonal and Biological Processes. 2019;82(3):256–71.

349 Burdett H, *The mental health and social wellbeing of UK ex-service personnel: The resettlement process:* King's College London (University of London); 2014.

This is supported by qualitative PhD research in the UK[350] for which a sense of loss was identified amongst a small sample of female veterans. In particular, the **loss of the camaraderie** felt during military Service was reported, with a sense that this **could not be replicated in the civilian world**. This resulted in some women feeling isolated in the civilian world.

SMEs also commented on the loss of camaraderie for female veterans following transition, and the difficulties in identifying social support in the civilian world:

> *"If it wasn't for the camaraderie… then you can be very isolated. So I would say the biggest problem for female veterans coming out of the Services is what does she do next? Who does she turn to in order to know, 'what am I going to do now?'" (P8)*

> *"I think for a lot of them, it's that loss of camaraderie, and that is particularly felt if… they don't get into a job straight away…. that's not withstanding that you have got resettlement that's provided for you before you leave the Service, but you do feel… a sense of a loss of that Service spirit and camaraderie." (P2)*

In addition, unpublished research reported as part of the Call for Evidence for this study, the Royal Air Force Association[351] examined **loneliness as a result of the COVID-19 pandemic** in a small sample of UK female veterans (n=118). This survey found that using the UCLA Loneliness Scale, 46% of female veterans scored highly (i.e. between 6–9), indicating loneliness in this group. This is in comparison to just 29% of the overall participants in this study (i.e. members of the Royal Air Force community more broadly), suggesting that female veterans are a particularly lonely group.

We did not identify any research from other Five Eyes countries regarding social support for female veterans, with the exception of the US. US research[352] supports the suggestion that female veterans **struggle to identify social support following transition**, and also highlights the link between poor social support and **increased risk of poor health and socioeconomic outcomes post-Service**.

Low perceived peer support during military Service is discussed in the *Unit Cohesion and Leadership* section above, perceived by women as the result of being a minority within the masculine military culture, However, it is unknown how this might be related to the social support perceived by female veterans following transition to civilian life. Further discussion and recommendations in relation to social support are provided in the *Support Services* and the *Stakeholder workshop findings* sections below.

350 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments:* University of Manchester; 2018.

351 *The Royal Air Force Association.*

352 Thomas KH, Haring EL, McDaniel J, Fletcher KL, Albright DL, *Belonging and support: Women veterans' perceptions of veteran service organizations.* Journal of Veterans Studies. 2017;2(2).

Key findings and recommendations

- UK and international research suggest that female veterans are **more likely to be divorced** than their male counterparts. The reasons for this are unclear but may be related to increased likelihood and additional strain associated with **dual-serving partnerships**.
- UK research suggests that female veterans are at **no greater risk of domestic violence** compared to civilian women. This is in contrast to US research findings and SME perspectives.
- SMEs reported difficulties associated with readjusting to family life following discharge, and this was seen to be **particularly challenging for single female veterans with children**.
- UK research regarding gender differences in post-Service social support is unclear. However, there is some suggestion that women may feel a **sense of loss of the camaraderie** felt whilst in the Armed Forces and **may not be accessing their social networks for support.**

Recommendation 23

It is recommended that qualitative work be carried out to examine the challenges associated with parenting for female veterans transitioning to civilian life, with a particular focus on those in dual-serving partnerships and single parents. This work should seek to provide recommendations as to how female veterans can be better supported as parents.

Veteran Identity

Research focused on female veteran identity in the UK is again limited predominantly to small qualitative and quantitative samples. However, this research suggests women experience difficulties in renegotiating their identities on transition to civilian life, as a result of their experiences in the masculine military environment. This issue was also discussed by a number of SMEs.

Self-perception

In a sample of 200 UK veterans (26 of whom were female), Burdett et al (2013)[353] found that **veteran identity significantly differed between male and female veterans**. Fifty-five percent of men considered themselves to be veterans, in contrast to 31% of women. However, when these findings were subjected to further analyses to account for other extraneous variables, only two factors remained as significant: respondents who were regulars (as opposed to reservists) and those with lower educational attainment were significantly more likely to identify as a veteran.

A small qualitative study by Jones' (2018)[354] of six **female veterans in the UK also found the term 'veteran' was not one which was readily adopted by the** women in the study who saw the **term as belonging to those who were of an older male generation,** and those with an injury. **'Ex-military' or 'ex-Service' was preferred** instead. Within the SME interviews, one SME shared their experience with female veterans, believing that the term 'veteran' was also rejected due to its association with combat roles.

> *"And quite often I see the conversation around the fact that women don't consider themselves to be veterans because they see veterans as a war fighting role. So you've got to be in combat." (P7)*

Nevertheless, a **sense of pride for their Service was universally shared** amongst all six female participants in Jones et al (2018)[355] study. Relinquishing a military identity at the point of departure was further demarcated on **returning their military ID card**. An association between ID card and a military identity was also mentioned in an SME interview, with the SME advocating for a veteran ID card as a substitute:

353 Burdett H, Woodhead C, Iversen AC, Wessely S, Dandeker C & Fear, NT *"Are You A Veteran?" Understanding of The Term "Veteran" Among UK Ex-Service Personnel:* A Research Note. Armed Forces & Society. 2013; 39, 751–759.

354 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments*: University of Manchester; 2018.

355 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments*: University of Manchester; 2018.

> *If you look at the American model for how they look after their veterans they're all really respected, they keep their ID card or they have an ID card that they flash up to say, 'Hi, I'm a veteran!'* (P7)

Although no UK literature was found exploring if female veteran identity affected their uptake of support services designed for female veterans, there was some research from the US literature base. DiLeone et al (2016)[356] found that **female veterans who placed being a veteran as important feature of identity** and central part of their self-concept (i.e. 'centrality') were **significantly more likely to access veterans affairs services** than those who didn't. A lack of identification with a 'veteran' identity by women was seen as impeding their likelihood of accessing appropriate veteran-specific services within the SME interviews.

> *And if the majority of women don't think that they're, don't consider themselves as veterans, that's why they're not going in for help for mental health or all the other things that people need to go and get help for.* (P7)

> *Women aren't going to be getting the service that they need because they're not being assessed for it in the first place. A lot of people will say, 'Oh, you're a veteran'. If the woman doesn't identify with the word veteran because she thinks veteran is a man or an older man, then she's never going to answer that question.* (P12)

However, disassociation from the 'veteran' identity did not necessarily mean rejection of a military identity, which was readily embraced by some women.

> *They'd equally call themselves a squaddie and they've loved it. They really would have loved it. Cause that's what they always wanted to do.* (P8)

Female identity

How female veterans constructed their identities did not just relate to being a veteran, but also in how **prominent a feature being a woman** (and how this was defined by the individual) **was to their identity** also. Female identity, like veteran identity, **may affect Service uptake** with women who do not see being female as a prominent part of their identity potentially **less likely to engage with female-only services**. Individual differences amongst women was emphasised by a number of SMEs

356 Di Leone BAL, Wang JM, Kressin N, & Vogt D, *Women's veteran identity and utilization of VA health services.* Psychological Services. 2016; 13(1), 60–68.

interviewed, and although for some, the idea of female-only groups was championed, for others this was seen as off-putting, with potentially negative connotations.

> *"Now some women I have to say would be completely put off by an all [female] veterans group. You've got to understand that [for] an awful lot of women who are integrated into military Service, the thought about going to something all female can be completely against what they're used to as well. If I said that to my female colleagues in Service now, we're going to have set up an all-women's group about X, Y, and Z. I would get probably more of a negative reaction than I would a positive reaction, because women don't perceive themselves that way." (P6)*

Identity and preference were not the only factors determining access and uptake of female-only support groups, context and circumstances surrounding the reason for the meeting was also an important factor for consideration. In some circumstances **female-only groups and spaces were viewed as essential** – e.g. when related to experiences of sexual harassment and assault in military Service:

> *"I think for female veterans, there is something around creating what are called psychological safe spaces whereby groups of women can come together and talk about their experiences… there's a real emergence of people feeling as though they can now start to talk about some of their military sexual trauma. So I do think we need some safe spaces." (P13)*

Therefore, recognising the preferences of the individual in terms of their identity and how this may affect how they access and utilise female-only support services on offer is important. Whilst also not overlooking preferences and sometimes essential need for single gender services and support, where applicable.

Femininity and reconstructing identity after leaving

In the small qualitative study of six female veterans by Jones (2018)[357], adapting to civilian life involved **negotiating a new identity, or rediscovering parts of their identity** that were either latent, or suppressed during Service, femininity being one such trait. For many of the female veterans the **opportunity to be more feminine on entering civilian life was embraced**. This was in contrast to their time during their Service, which they felt served to either encourage, or normalise the

357 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments*: University of Manchester; 2018.

de-feminisation of women. Indeed, trying to maintain a feminine identity in Service was seen as counterintuitive to being able to fit in to the masculine military culture (See in-Service sub-section on *Fitting into the male-dominated military environment*). This was not the experience for all female veterans however. One participant in Jones (2018) conversely felt that the degree of femininity expected of her during Service within the Officer Corps, was one which felt 'forced' upon her.

It should be noted that given the limited literature on female veteran identity, the small samples used in studies that do address it and recognition that identity is a complex construct, these findings should not be seen as generalisable to how female veterans in the UK as a whole view their identity.

However, international literature supports these findings. A Canadian review of the literature[358] theorises that challenges experiences by women during integration into the military leads them to **express their identity in a manner that allows them to assimilate into the masculine military culture**. Qualitative research carried out in the US further suggests that suppression of femaleness in in order to fit into 'a man's world' (pg. 504)[359], led to difficulties renegotiating their identity in regards to **what it means to be a woman in the civilian world**.

Intersectionality and construction of identity

Caution was expressed by some of the SMEs against treating people as **one homogenous group based on one aspect of their identity**, whether that be as a woman, veteran or female veteran. Doing so was seen to **distract from the diversity** that may exist within the group, how the individual prefers to be defined, as well as other aspects of a person's experiences.

> *"So I think females, and this is going back to my previous Service, don't like to be grouped together as one collective noun, because they believe there are so many different females that serve in different circumstances. They don't like being said, right if we do this, this is how females will react. They don't get that. They don't like that sense of just being called one community. So actually the big thing is, the biggest challenge is how you differentiate within that community of female veterans." (P6)*

Focussing further on other aspects of the female veteran experience, such as comparisons across Service branches, generations and rank/hierarchy, as well as other identities such as LGBTQ+ and parenthood was recommended by SMEs, given that **within-group nuances may be lost** if female veterans are examined as a homogenous group:

358 McCristall P, Baggaley K, *The progressions of a gendered military: a theoretical examination of gender inequality in the Canadian military.* Journal of Military, Veteran and Family Health. 2019;5(1):119–26.

359 Demers AL, *From death to life: Female veterans, identity negotiation, and reintegration into society. Journal of Humanistic* Psychology. 2013;53(4):489–515.

> *"I was very concerned here that we were trying to pigeonhole female veterans into a particular little box that says they are a special cohort with lots of issues that need to be resolved and studied. And I'm not convinced that's the case… it's identifying those that are specifically around being a female serving, becoming a veteran female, and there are big differences between the cohorts." (P4)*

Indeed, this principle was reflected to some extent within the primary literature findings. Although there were some significant differences found between female veterans and male veterans/female civilians there were also some comparisons that did not generate significant differences when the female veteran population was considered as a whole. However, when the female veteran population was examined and **split into further sub-groups**, significant differences within these groups were discovered. An example of this was poorer mental health outcomes that did not apply to the female veteran group as a whole, yet were found to be significant when the data for female veterans who were also ESLs was examined[360].

In a qualitative oral history study with 32 female WW2 veterans, Pattinson (2011)[361] also found that **female gender did not influence participant experiences** to the extent she had originally thought. Female experiences were varied and often influenced by other factors such as **generation and class.** Indeed there was more variation within the gender groups than there was when they were compared to each other, with the author **urging caution about making generalisations about gendered experienced** on account of this.

Therefore, we propose that a **lens of intersectionality** be applied to future female veteran researches which takes into account how multiple identities and experiences may exist, overlap and interact and/or compound with each other.

Key findings and recommendations

- UK and international research indicate that ex-servicewomen are **less likely to identify with being a 'veteran'** that ex-servicemen, and US research highlights the impact of this on uptake of veteran-specific support. Additionally, the prominence that being a woman held in their identity may affect up-take of female-only services by ex-servicewomen.
- Difficulties in female veterans **renegotiating their identity from military to civilian life** are reported in UK and international literature.
- UK research and SMEs cautioned against treating female veterans as one homogenous group and highlighted the need to recognise that **identity is multidimensional**.

360 Bergman BP, Mackay DF, Smith,DJ & Pell JP, *Long-term mental health outcomes of military service: national linkage study of 57,000 veterans and 173,000 matched nonveterans*. Journal of Clinical Psychiatry. 2016a; 77, 793–798.

361 Pattinson, J, *'The thing that made me hesitate…': re-examining gendered intersubjectivities in interviews with British secret war veterans*. Womens History Review. 2011; 20(2), pp. 245–263.

Recommendation 24

We recommend that veteran-specific health and social care services target their services towards 'ex-servicewomen', rather than focusing on term 'veteran', which many women do not identify with.

Recommendation 25

We recommend that future research with female veterans takes an intersectional approach where possible, considering the multiple aspects of women's identities and experiences that may impact on their health and well-being.

Support Services

Support from others for female veterans in the UK took many forms. Whilst this included **social support** from friends, other veterans and family in respect to mental health, friendships and childcare (as discussed in the *Social Relationships* section above), this section will focus on: **organised informal support**, such as social events and groups for veterans; as well as more **formal organised support** provided by the NHS, MOD and military charities, including physical and mental health support, transition and employment support, and financial help. There is a **lack of research focused on support for UK female veterans**, and the evidence that is available focuses predominantly on mental health help-seeking. However, there was significant discussion of issues surrounding support by SMEs.

Informal organised support

One peer-reviewed paper identified in the UK considers the uptake of informal support by women. In a study using KCMHR cohort data, Jones et al (2019)[362] found that women were **significantly less likely to seek help from informal sources** than men. **Strengthening and encouraging informal support mechanisms** for women was recommended by the authors. Indeed, SMEs spoke of the value that organised, yet informal/peer support could have for female veterans in the UK. As mentioned previously, a loss or reduction in existing social networks built during their Service was said to occur upon leaving Service. As a way of addressing this and the social isolation that may result, **informal networks**, online communities and veteran charities provided the means through which **social connection with other female veterans could be maintained** or developed. Although some of these informal veteran groups were female-only, some were mixed gender. In person, mixed gender, informal support and social groups were viewed as potentially off-putting for some female veterans. This was due to the groups being **male-dominated environments** where their minority status as females would be reproduced as it was during Service.

> *"I think the informal sort of stuff, a lot of women still feel reluctant to access. And now I'm talking about the regimental associations… British Legion branches. I think women still feel in a way that they wouldn't be welcomed… they'd often be the only female, that's the trouble, they'd often [be] one female amongst 60 blokes. And clearly that's not a very welcoming place to be." (P3)*

Whether veteran's informal support needs could be met from organised activities, not necessarily arranged for that purpose, was explored by Barron et al (2008)[363] in their examination of collective commemorations. Barron et al (2008) found that **female veterans did not feel as included or integrated into commemorations**, which they felt were more 'for the men'.

362 Jones N, Greenberg N, Phillips A, Simms A and Wessely S, Mental Health, *Help-Seeking Behaviour and Social Support in the UK Armed Forces By Gender.* Psychiatry-Interpersonal and Biological Processes. 2019b; 82(3), pp. 256–271.

363 Barron DS, Davies SP and Wiggins RD, *Social integration, a sense of belonging and the Cenotaph Service: Old soldiers reminisce about Remembrance*. Aging & Mental Health. 2008; 12(4), pp. 509–516.

A predicament occurred regarding the uptake and usage of female-only informal support groups and networks in the UK. Whilst one SME credited the **success of a female-only associations** as being down to the group's **gender exclusivity**, there was also recognition of lower than anticipated engagement with some female-only groups in the UK. Some female-only veteran associations were reported to have been disbanded, apparently due to poor uptake. In disbanding these spaces for female veterans, this was viewed by one SME as effectively worsening the services available for female veterans and further **perpetuating the male-dominated services available**.

> *"They had loads of women's section branches, and they said that they were dying on their feet. What they didn't add to that I mean, that's true, they were, but what they did, and that is the fact that they never communicated about them. So women didn't know about them. So women didn't join them." (P3)*

The **lack of uptake of women-only veteran networks** was however suggested as down to a **lack of awareness of the existence** of these groups, rather than a lack of desire for them. Two of the SMEs stressed the need for raising awareness of informal support networks to female veterans in order to improve engagement:

> *"It's perhaps spreading that network, spreading the network opportunities and understanding the specialist requirements that there are just exclusively for women instead of just being part of the general offer." (P2)*

However, raising awareness alone was not sufficient, the communication strategy which accompanied it needed to be appropriate and inclusionary to women,

> *"Just showing a picture of a female veteran. It's always a white male. Always. It might be an old white male or a young white male, but it's always a white male. And I just think it would make women feel more included and more part of being a veteran…" (P3)*

Although lack of awareness/appropriate awareness campaigns may be one reason for low uptake of female-only support services, there may be additional reasons for this. Whilst no primary literature was identified in the UK regarding female veteran engagement in organised informal support, SMEs and the literature indicated other possible contributing factors for why female veterans don't engage with veterans support services. As describe previously, female veterans who do not place their **gender, nor their veteran status, as a central/prominent aspect of their identity**

may be less likely to engage with services which define them as either or both of these identities (see section above on *veteran identity*).

Engagement in informal support for female veterans may also be inversely related to the level of existing social support the female veterans has in terms of friends and family. This was indicated by an SME who found that those who had recently experienced divorce were instrumental in building an informal support network at the same time as benefiting from it:

> *"It was a core of about four women and strangely enough, two of them had been through quite messy divorces… but then they were there to support each other and the rejuvenation of the branch enabled them to do that." (P3)*

Ultimately it was recognised amongst the SMEs **that most female veterans transition to civilian life very well** without needing further support. However the degree of informal support desired vs what is currently provided, how this should be delivered and organised and the extent of the provisions is a matter for further exploration.

Formal support

As discussed throughout this report, formal support for female veterans in the UK took many forms from employment training to mental health. Providers of formal support to female veterans were typically the MOD, veteran/military charities or existing NHS services.

Formal support from military/MOD

As discussed earlier in the report (see section on *Employment* above), Career Transition Partnership programmes were seen as **inadequate in meeting the needs of women** due to their male orientation. Inadequate support by the MOD for the mental health needs acquired as a result of Service amongst female veterans was also found by Woodhead (2013).[364] However, it wasn't just a lack of appropriate formal support from the MOD, it was a lack of effective signposting to veteran support services for those who were looking to transition to civilian life. Nevertheless, there was recognition that this had improved somewhat with the introduction of the Veteran's Gateway.[365]

> *"There's hundreds of them [veterans agencies] and they've now come together under the Veterans Gateway. So they'd need to be signposted through the Veterans Gateway, the MOD should be helping the veterans a darn sight more, like more than they do under the Armed [Forces] Covenant." (P8)*

364 Woodhead C, *The mental health and well-being of women in the UK Armed Forces: King's College London* (University of London); 2013.
365 *The Veteran's Gateway.*

Formal support from charities

Mental health support needs were seen as a prominent Service need, yet some SMEs believed that there were existing gaps in provision. **A postcode lottery** where support services were **sufficient in some geographical areas but absent in others** was also identified as affecting veteran mental health support needs.

> *"More could be done certainly from a mental health perspective to support women... I think it is quite patchy… some parts of the UK are a bit more joined up… compared to others." (P2)*

Within the SME interviews, **gender-specific services** such as Forward Assist's 'Salute Her' programme[366] were identified as **examples of best practice** in supporting the needs of female veterans. 'Salute Her' provides, 'tri-Service, trauma informed, mental health therapy and wrap around holistic care to all women Service personnel and veterans in a single sex environment.' Some SMEs commented on the **need for female-only support**, particularly those who had experienced gender-related trauma during their Service:

> *"So for a woman who might have sustained trauma as a child, who might have sustained trauma throughout her military Service, to then leave and then go into an organisation where there might be a perpetrator there, is a big no-no for that woman, so she'll isolate herself, all of the more." (P12)*

However, other SMEs raised issues with the way existing third sector support services for female veterans are arranged. Having **single issue, or single gender services was raised as a concern** for some SMEs, potentially narrowing down the needs of female veterans in such niche categories that other complex aspects of their needs may be missed.

> *"My worry is that organisations that sit specifically to look after female veterans, those female veterans who had combat-related [PTSD] could well be sliding into both of those areas, but we could have compartmentalised it so many times that we don't end up actually treating the right issue." (P1)*

366 *Salute Her.* Forward Assist.

One SME also shared their concern that in providing female-only formal support services, there was a risk of **further segregating women, emphasising their difference**, unnecessarily, based on their gender alone.

> *"I'm aware that there are some specific charities that are dealing with female-only sets of issues. Again, my concern is that that creates an... un-evidenced head of expectation where people will magnify the differences that may or may not exist." (P1)*

Having formal support needs being met outside of the NHS also posed the **risk of duplication**. SMEs suggested that formal support provisions for female veterans from charities also ran the risk of creating unnecessary duplication of services, especially if there was a **lack of joined up services** with other service providers or NHS Trusts.

However, there were also advantages to providing veteran-specific services outside of those provided within the NHS. **Providing the right support, in a timely and less bureaucratic manner**, was mentioned by two SMEs as being an advantage of operating support services outside of the NHS. Using the same care model as the NHS, but without having to deal with the NHS bureaucracy when accessing or resuming support services was given as an example of this:

> *"The service is a stepped care model... which is used across NHS services….and at any point, if they want to step off, they can leave the service and come back. They don't have to go on a massive waiting list… like what the NHS does…. So it's really person centred." (P12)*

Conversely, some SMEs believed that it was more a **lack of awareness** and hence accessibility of existing services, rather than a deficiency in service provisions themselves. As was the case for the informal support provisions for female veterans, improving communication about formal support available to female veterans through charities and associations was seen as a way of overcoming this:

> *"That's probably the challenge, not the services themselves, it's about that access, the accessibility and the relevance... and how you communicate is a challenge. So I think it's a bit more about communication rather than services." (P6)*

Mental health help-seeking

The literature available in regards to support for female veterans in the UK predominantly considers **mental health help-seeking behaviour**, which was commented on in three peer-reviewed academic papers and one PhD thesis.

In a sample of 315 UK veterans, 12% of whom were women, at high risk of mental health disorder, Iversen et al (2005)[367] found a **higher proportion of help-seeking behaviour amongst women compared to men.** However, when statistical analysis was performed this difference was deemed to be non-significant.

Despite their findings suggesting a lower uptake of informal support in ex-servicewomen compared to men, Jones et al (2019)[368] found that women were **significantly more likely to access formal medical support for mental ill health than men**. Significant gender differences were also found in the reasons cited for help seeking. Women were significantly less likely to be influenced by suggestions to seek help from family member, friend, colleague or a non-healthcare professional than men were. They were also significantly more likely than men to seek help when they realised that they could not solve their problems on their own. Another study using KCMHR cohort data was conducted by Jones et al (2020)[369] and also found that **women were significantly more likely than men to seek formal support** for stressful and emotional problems. With both drawing from the KCMHR cohort data, and the sample being made up of women who were still Serving as well as those who were veterans, conclusions should be drawn with these limitations in mind. Conversely, with regards to PTSD specifically, an SME believed that female veteran mental health help seeking was lower than anticipated.

> *"And women don't come through the door as much. Women don't, present for PTSD when they should, because of all sorts of various different reasons. So they're trying to encourage more." (P7)*

Despite the findings that women were more likely to access formal mental health support than men, there was also evidence that existing formal support services could be improved. There was a shared concern amongst female veterans in Jones's (2018)[370] PhD study that **civilian mental health professionals had not, or would not be able to understand or empathise** with their experiences as female veterans. Increasing access to complex mental health services for female veterans was proposed as a solution to this amongst these women. Indeed, the issue of healthcare professionals recognising women's military experiences was highlighted by one SME:

367 Iversen A, Dyson C, Smith N, Greenberg N, Walwyn R, Unwin C, Hull L, Hotopf M, Dandeker C, Ross J, Wessely S, *'Goodbye and Good Luck': The Mental Health Needs and Treatment Experiences of British Ex-Service Personnel*. Br J Psychiatry. 2005a; 186, pp. 480–486.

368 Jones N, Greenberg N, Phillips A, Simms A and Wessely S, Mental Health, *Help-Seeking Behaviour and Social Support in The UK Armed Forces By Gender.* Psychiatry-Interpersonal and Biological Processes. 2019b; 82(3), pp. 256–271.

369 Jones N, Jones M, Greenberg N, Phillips A, Simms A, Wessely S, *UK military women: mental health, military service and occupational adjustment.* Occupational Medicine. 2020; 70(4):235–42.

370 Jones G, *Exploring the psychological health and wellbeing experiences of female veterans transitioning from military to civilian environments*: University of Manchester; 2018.

> *If you're a GP and you're trying to understand an issue for a young female sitting in front of you, she might be late twenties, early thirties, and they're explaining they've got a range of complex mental health issues… it'd be easier to say if you've got a young bloke there with a couple of tattoos that say 'Afghanistan' and 'Iraq'… [and] you would immediately go down the line that says, 'Oh, did you serve in Afghanistan?' Then there may be some mental health issues. Understanding what that might [be] in a female context might be slightly difficult to draw out for those professionals. (P1)*

Within the SME interviews, formal support Service providers were keen to stress that their **services and support were gender blind**, i.e. assessing the needs of the individual first over any specific aspect of identity, and providing help based on their assessed needs. Whilst female veterans' gender was recognised, it was not the initial lens through which support needs were determined. SMEs were aware of the **intersectional aspect of female veteran identity** (see section above on *veteran identity*), with individuals recognised as a complex mix of experiences and needs. Female veteran **support needs often overlapped** with the needs of other veterans (including males), civilian women, single parents, and other minority communities such as LGBTQ+ and BAME groups, albeit to differing extents. For example, whilst support needs existed for single parents was not an exclusively female issue, it was also recognised that female veterans were more likely than male veterans to experience issues related to being the primary caregiver. **Avoiding treating female veterans and their support needs as a homogenous group**, and instead assessing them individually was recommended.

> *I'd be careful that we don't assume that there was a veterans groups called one group. There are many, many subgroups within that one collective noun. (P6)*

Utilisation of veteran-specific services

Whilst the papers described in this section in general suggest higher levels of help-seeking in ex-servicewomen compared to men, emerging evidence and SME discussion suggested that women may experience **gender-specific barriers to care** when accessing veteran-specific services.

Whilst barriers to care have been well researched amongst ex-Service personnel in the UK, these studies have focused **predominantly on male veterans**. Preliminary mixed-methods research in a sample of 100 UK veterans, currently awaiting publication[371], suggests that whilst a similar proportion of male and female veterans report accessing mental health support during and

371 Godier-McBard L, Cable G, Wood A, Fossey M, *Gender and barriers to mental healthcare in UK military veterans: a preliminary investigation*. [in press].

after Service, **women were more likely to choose mainstream NHS services**, rather than veteran-specific NHS and third sector services. Furthermore, whilst men and women in this study reported several similar barriers to mental healthcare (i.e. mental health stigma) reported in previous studies with UK veterans, women were significantly more likely to report that their **gender impacted on their intention and experience of help-seeking** post-discharge. In particular, qualitative responses suggested that **disparagements around gender and perception of female weakness** during military Service had discouraged them from seeking help. Furthermore, women commented on a **lack of understanding** among healthcare professionals of the issues faced by ex-servicewomen.

As part of the Call for Evidence for this study we were informed of ongoing research, focused in part on barriers to help-seeking in female army veterans, currently being carried out by Combat Stress[372] in collaboration with the WRAC Association.[373] This survey-based study aims to collect data from up to 1,500 WRAC Association members, and to **examine the mental health support needs and barriers to care** experienced by female army veterans, and how treatments might best be adapted to support their needs.

Whilst these findings in this area are **preliminary, based on a small sample, and require replication in the UK**, they are supported by US research and discussions with SMEs. Indeed, an international systematic review of the barriers to mental healthcare experienced by female veterans[374] found that **women experience unique barriers** associated with accessing **male-dominated veteran-specific** mental healthcare. These include a lack of gender-sensitive treatment options (i.e. female-only support groups or access to female professionals) or gender-specific care for women's health issues (i.e. gynaecological/reproductive health services), and **feeling uncomfortable or unwelcome in male-dominated veteran organisations.** Furthermore, female veteranss in the US report less satisfaction with veterans-specific male-centric support services[375] and are shown to underutilise these services.[376]

SMEs discussed the male-dominated nature of the veterans charity and support sector in the UK, both in terms of those running these organisations and those attending them.

> *"Culturally, these organisations are very male driven." (P9)*

> *"So it's very masculine when you go to a charity, a veteranss charity, they're predominantly being accessed by men." (P12)*

372 *Combat Stress.*

373 *The Women's Royal Army Corps.*

374 Godier-McBard L, Kohomange M, Cable G, Fossey M, *A systematic review of the barriers and facilitators to mental healthcare for women veterans.* [under review].

375 Wright SM, Craig T, Campbell S, Schaefer J, Humble C, *Patient satisfaction of female and male users of Veterans Health Administration services.* Journal of General Internal Medicine. 2006;21(3):S26–S32.

376 Thomas KH, Haring EL, McDaniel J, Fletcher KL, Albright DL, *Belonging and support: Women veterans' perceptions of veteran service organizations.* Journal of Veterans Studies. 2017;2(2).

> *Unfortunately, the charity sector in the UK, the Service charity sector is run by white blokes… it just, continues, I think it needs a really good shakeup, the whole thing. (P3)*

Furthermore, SMEs felt that veterans organisations were not adequately considering or meeting women's support needs:

> *So they feel really dismissed and unheard. They feel, invisible, they feel like their needs aren't being met and… the fact that they're a woman isn't celebrated and that their unique differences, aren't taken on board at all. (P12)*

This was attributed by one SME to a **cultural issue within the military charities, reflective of the masculine culture within the military**. Having older males occupy positions of power and directing policies within military charities was said to affect the way that these charities related to, and hence provided for, the needs of female veterans in the present day.

> *I think military charities have a role to play. One in not perpetuating an old worldview of women in the Armed Services. So, again, if we've got men in charge and leading our military charities who were of an era, the sixties, the seventies, the eighties, the early nineties who are now in charge of military charities, and haven't moved their thinking on, when female veterans come into their orbit, they're still thinking [and] behaving the same way. (P13)*

Key findings and recommendations

- UK research suggests that whilst female veterans are more likely to access formal medical support, they are less likely to access informal sources of support in comparison to male veterans.
- SMEs suggests that a lack of uptake of informal support in women appears to be related to both the male-dominated nature of many veteran support organisations and a lack of awareness of female-only support networks.
- SMEs had mixed views regarding the need for gender-specific support, with some suggesting that these were essential to provide safe spaces for women, and others highlighting the negative implications of further segregating women as a minority veteran group.

- The need to avoid duplicating services for women veterans in the civilian world (i.e. where they might be able to access appropriate civilian services) was highlighted, alongside the need to enhance awareness of available support.
- Emerging UK evidence suggests that women may experience gender-specific barriers to accessing support as a result of their Service and may underutilise male-dominated veteran-specific support. Veteran organisations need to do more to tailor and target their services towards women.

Recommendation 26

We recommend the development of an informal support network for female veterans across the UK. For example, an extension of the single Service women's networks into a tri-Service national support network. This should include an awareness campaign in order to engage with as many women as possible.

Recommendation 27

Considering the male-dominated nature of the veteran support sector, we recommend that veteran organisations in the UK consider embedding female peer support ambassadors within their services to encourage engagement with female veterans.

Recommendation 28

We recommend that a mapping exercise is carried out to identify best practice amongst veteran organisations in targeting services and providing support for female veterans.

Recommendation 29

We recommend that mixed methods research is undertaken to further explore emerging evidence that ex-servicewomen experience gender-related barriers to accessing care.

Stakeholder Workshop Findings

Two stakeholder workshops were carried out with 1) female veterans, and 2) representatives from veteran support organisations. An overview of the demographics/military background of Group 1 and the range of organisations covered in Group 2 are provided in *Appendix C*.

These workshops were carried out to facilitate discussion around the needs of female veterans in the UK from the perspectives of these two key groups, and to develop priorities for research and activities going forward. Once priorities were developed by each group, a ranking activity was carried out using Poll Everywhere to provide a consensus on the importance of these priorities (see *Appendix A* for full workshop and ranking methodology).

The results of the development and ranking of policy/support and research priorities are presented below, alongside additional recommendations as a result of these findings. Following this the development of a priority framework for the recommendations developed in this report is described.

Priorities for Policy Development and Improved Support Services

Table 1 shows the priorities for support developed and ranked by each stakeholder group (see *Appendix D* for Poll Everywhere ranking graphs).

Table 1: Ranked stakeholder support/policy priorities

Rank	Group 1: Female veterans	Rank	Group 2: Veteran support organisations
1	Better signposting to appropriate support services	1	Improve in-Service policy around culture of discrimination and harassment of minorities
2	Use of female veterans as experts-by-experience in developing services	2	Improve equality of opportunity for women in-Service and female voices in senior roles
2	Development of an informal support network for UK female veterans	3	Improve branding and targeting of veteran support services to women
4	Better awareness and training of health and social care professionals to recognise and meet women's needs	4	Use of female veterans as experts-by-experience in development of services
5	Better awareness of GPs of veteran's priority treatment status	5	Improve policy and support for reporting bullying and harassment in-Service
6	Improvements of communication within veteran support organisations	6	Tackle misconception that only male veterans have experienced trauma (i.e. due to combat) in-Service
7	Reducing mental health stigma for female veterans	7	Embed female veterans in support services as peer support ambassadors
8	Improve transferability of mental health records and career qualifications	8	Better awareness and training of health and social care professionals to recognise and meet women's needs
9	Improve financial advice for female veterans	9	Improved childcare support
10	Improve awareness and policy associated with educational credits (discriminatory to those with children)	10	Improve support for veterans focused on menopause

The improved targeting and signposting of veteran support services to women featured strongly in the stakeholder discussions and is found in the top three priorities for both stakeholder groups. Other common themes across the stakeholder groups included a better awareness amongst health and social care professionals of the needs of female veterans, and reducing the stigma and misconceptions caused by a lack of understanding/recognition of women's experiences in the military. The majority of these priorities concur with those of the SMEs and primary evidence base which are reflected in the recommendations made throughout the report.

The improvement of transfer of medical records is considered to be an important issue, however, this is not gender-specific and has been recommended as a result of previous work with veterans in the UK.

Priorities for Research

Table 2 shows the priorities for research developed and ranked by each stakeholder group (see *Appendix D* for Poll Everywhere ranking graphs).

Table 2: Ranked stakeholder research priorities

Rank	Group 1: Female veterans	Rank	Group 2: Veteran support organisations
1	Prevalence and impact of bullying/ harassment/assault	1	Identifying best practice amongst support services
2	Impact of historic terms of Service on health and well-being outcomes	2	Identifying vulnerable populations within female veterans
3	Impact of gender-based discrimination in-Service	3	Prevalence and impact of bullying/ harassment/assault
4	Identification and evaluation of transferable skills	3	Intersectionality: complex relationships and cross comparisons (i.e. serving branch, serving status)
5	Women's identity and transition	5	Barriers to help-seeking
6	Involvement of female veterans in research (i.e. as PPI groups)	6	Financial needs and challenges, and impact on health and well-being
7	Impact of historic terms of Service on support needs	7	Utilisation and efficacy of family policy
8	Impact of unemployment claims on health and well-being outcomes	8	Childcare needs
9	Gaps and improvements needed in civilian healthcare services	9	Identification and evaluation of transferable skills
10	Reproductive health	10	Gendered aspects of injury & leaving early
		11	Impact of COVID-19 on unemployment
		12	Needs and impact of menopause
		13	Assessment of impact of ill-fitting equipment in Service

The **impact of bullying, sexual harassment and assault, and gender discrimination in-Service** on female veterans featured strongly within both the discussions and development of priorities. The importance of this issue in particular is reflected by its prominence in the top three priorities for each group.

The remaining priorities reflect the majority of those made as a result of the scoping review and SME interviews. Broadly these appear to focus on the **socio-economic needs of vulnerable groups** of female veterans. Common themes across the groups included the need to **identify gaps and barriers to support services**, identifying the **employment and financial needs** of women, and **reproductive health**.

Whilst most of the priorities outlined above are captured by the recommendations made throughout this report, the following additional broad research recommendation was developed:

Recommendation 30

Future research with female veterans in the UK should seek to utilise a Public, Patient and Involvement (PPI) approach, by including female veterans in all aspects of the research, from design through to the interpretation and reporting of results.

Developing a Priority Framework

A comparison and identification of commonalities in the priorities for policy/support and research developed by stakeholders was carried out to develop a priority framework for sorting the recommendations outlined throughout this report. The resulting framework provides 4 levels of priority:

Priority level 1: priorities ranked in the top three for **both** stakeholder groups.
Priority level 2: priorities ranked in the top three for **either** stakeholder group.
Priority level 3: other priorities identified by **both** stakeholder groups.
Priority level 4: other priorities identified by **either** stakeholder group and remaining recommendations.

Priorities for policy/support and research developed by stakeholders are sorted into these priority levels in Table 3 below. Priorities that reflect similar themes or topics have been amalgamated into single priorities. This resulting priority framework is used to sort the recommendations outlined throughout this report into the four priority levels in the *Priority Framework of Recommendations* section below. Individual priorities within each priority level are not ordered and should be considered at an equal level of priority.

Table 3: Priority framework for recommendations

Priority Level	Research Gap	Policy Development and Improving Support Services
1	The impact of bullying, harassment and assault during military Service on post-Service well-being and support needs	Improvement of signposting/communication/ targeting of support services for female veterans
2	Mapping and identification of best practice in support services for female veterans The impact of historic discriminatory terms of Service on outcomes and support needs The impact of gender discrimination/sexism during military Service on post-Service well-being and support needs Intersectionality and identifying vulnerable groups of female veterans	Including women in the development of veteran support services Improving equality of opportunity for women in-Service, and representation of women in senior roles Development of support networks for female veterans Improvement of policy related to discriminative military culture and reporting of bullying, harassment and assault
3	Identifying barriers to access and gaps in civilian support services for female veterans Women's transferable skills Employment and financial needs and impact on health and well-being outcomes Reproductive health	Better awareness and training for health and social care professionals focused on female veteran's needs Reducing misconceptions and stigma associated with a lack of recognition and awareness of women's roles and experiences during military Service
4	Women's identity post-Service Family and childcare issues Premature separation from the military Impact of unsuitable equipment and uniforms All other research recommendations	Improvement of policy and support in a number of areas: finance, educational credits, family issues and childcare, reproductive health Embedding peer support/female veteran ambassadors within veteran support organisations All other support/policy recommendations

Discussion of Findings

In this research we have comprehensively reviewed the literature relating to female veterans in the UK and combined this with SME and stakeholder perspectives to identify what is known about the health and well-being of female veterans in the UK, and to develop a priority framework for research and activities going forward.

A comprehensive scoping review identified **50 pieces of independent research** (peer-reviewed papers, research reports and PhD theses), which provided data on UK ex-servicewomen. It is clear that research with ex-servicewomen in the UK is improving, with the majority of research carried out in the past ten years, with a **fifth of the research papers published in the past two years** (see Figure 1 in *Appendix B*). However, the UK is still significantly behind in comparison to the large body of evidence focused on female veterans in the US. For example, whilst we identified 38 papers focused on health issues in ex-servicewomen in the UK, over 1,500 health focused papers were identified in the US. There were comparatively much fewer evidence sources identified from the other Five Eyes countries.

Whilst many US studies provide useful insight into the needs of female veterans, the **cultural and structural differences** between the US and UK military and healthcare processes and structures make it difficult to apply these findings in the UK context. For this reason, it is imperative that further research is undertaken in the UK to identify and address the support needs of female veterans.

The majority of the evidence available in the UK is focused on **physical and mental health issues** in ex-servicewomen. These studies on the whole suggest **few gender differences in the health outcomes** of ex-Service personnel, with most reflecting those seen in the general population. However, whilst female veterans appear to be more likely to access formal medical support for health issues, there is emerging evidence to suggest they are **may be reluctant to access veteran-specific support**. Indeed, a number of SMEs felt that veteran organisations were male-dominated, reflected the masculine military culture, and needed to be better targeted towards the needs of women.

In contrast to health research, there is a **significant lack of research focused on the socio-economic issues** faced by female veterans (e.g. housing and financial circumstances, childcare, family and relationship issues, sources of support) and on the **impact of the discriminatory culture and historic terms of Service** in the health and well-being of UK ex-servicewomen. The research that does exist in this area is often based on small qualitative samples and findings require replication and confirmation. Interestingly, discussion in SME interviews and stakeholder workshops was heavily focused on the **negative consequences of the discriminatory policy and treatment of servicewomen within the masculine military culture**, as well as the **socio-economic impact** of these experiences post-Service. Furthermore, the experience and impact of **sexual harassment and assault on female veterans was ranked highly as a priority** for research by both stakeholder groups. These findings highlight a stark contrast between the focus of research in the UK and the issues seen as significant and important for female veterans by SMEs and stakeholders.

Additionally, it became clear during the analysis of the evidence base and SME interviews, that female veterans experiences intersect and **potentially compound** upon issues experienced by other groups such as:

- civilian women
- single women
- socially disadvantaged women
- single parents/sole caregivers
- male veterans
- other minority groups within the armed forces (LGBTQ+, ethnic minorities).

Intersectionality did not feature significantly in the evidence base available in the UK. However, SMEs highlighted the importance of not grouping all female veterans together as a disadvantaged group. Furthermore, it was suggested that a number of the issues faced by female veterans were faced by others in society, and that additional female-specific support should only be developed where essential. For example, when related to challenges in which female veterans might experience a '**double-whammy' effect of disadvantage** related to being a woman and being a veteran in the civilian world. Importantly, overlap between other groups may indicate similarities, shared experiences and challenges, for which broader (and not just female- or veteran-specific) solutions may be warranted. As such, it will be important for future research with female veterans to consider and examine issues related to intersectionality.

Limitations of UK Research

When interpreting the UK evidence base regarding female veterans, a number of limitations should be considered:

Limited UK evidence base

Comparatively **few pieces of primary research have been conducted** which concern female veterans in the UK (and other Five Eyes countries), compared to the US. While the US evidence base can be useful in identifying research gaps and areas which require further UK attention, given the different military and healthcare contexts, the generalisability of findings regarding US female veterans is impaired. This should be taken into account where US research has been used in areas in which UK literature is absent.

Depth of topics explored

A **broad yet superficial evidence base** was identified in the UK, especially within physical and mental health topics, with few papers examining similar topics. Consequently, our ability to make conclusive

judgements about each individual topic explored in respect to female veterans is impaired. Further in-depth of exploration is needed within each topic area. Not just in terms of increasing qualitative research, but through adding to the research base with further quantitative research, to see if results are upheld or refuted when reproduced by other authors/with other cohorts.

Breadth of topic areas in UK

Whilst a number of physical and mental health topics were explored in a UK context, there was limited exploration outside of these. **In-Service experiences and socio-economic issues**, such as housing, finance and parenting were **comparatively overlooked** in the UK evidence base. Studies which did explore them were generally small scale and/or published as non-peer reviewed research reports or PhD theses.

Limited sample of UK female veterans

Some of the papers generated findings using the same sample of female veterans, drawn from **two large cohort studies**. This has implications for generalisability as some of the findings from different studies are being based on the same sample (or cohort phase) of female veterans. Furthermore, many quantitative studies that do include an analysis by gender, utilise samples that are **predominantly male, limiting the power to identify differences**. As such, researchers conducting quantitative research within veteran samples should be encouraged to oversample female veterans in order to undertake a well-powered comparative gender analysis.

Additionally, the studies that used qualitative methods to explore issues such as integration into a male-dominated military environment, discrimination and harassment, were based on **small qualitative studies**. Therefore, it remains to be seen if much of the UK evidence base can generate similar findings if/when similar studies are conducted, with a different or larger sample of UK female veterans.

Sample access to serving SMEs

We were unable to obtain permission to access SMEs who were also still Serving for this project (due to the short timescale of the project being incompatible with obtaining approval from the MOD Research Ethics Committee, which was deemed by the MOD to be necessary for this access to occur). This **inhibited the inclusion of senior female voices in the military** who could contribute to the project. This limits the perspectives included in the project and our ability to make up-to-date judgements on women's experiences based on SME interviews.

Homogenous grouping of female veterans

Studies often examined female veterans as a homogenous group, without consideration for other within-group differences such as different Service era/rank/other minority grouping. Given that some studies did not find any significant difference amongst female veterans as a whole, yet did find within group differences when women were further split into groups such as Early Service Leavers (ESLs), this indicates the importance of factoring in these other variables and aspects of female veteran identity in future research.

Delayed reporting of issues

When interpreting the findings regarding within-Service issues, it should be borne in mind the date of the research and that these were conducted with a veteran sample (i.e. those who have left Service). Therefore, whilst these may present an accurate record of historical within Service issues, we appreciate that issues reported **may not be applicable to a modern serving population**. In order to gain an accurate picture of how prevalent these issues still remain to be for female veterans, an empirical comparison of identified issues with a sample of current serving females is recommended in order to examine the extent of progress.

Conclusions

The UK evidence base regarding UK female veterans' health and well-being is sparse, and **heavily focused on health outcomes in large cohorts**. This leaves significant gaps in our understanding of how women's' in-Service experiences impact on their health and well-being post-Service, and the impact of military Service on socio-economic outcomes for women.

Despite the UK evidence base on post-Service outcomes lacking socio-economic evidence, the mental and physical health outcomes that make up the majority of the UK literature nevertheless provides a picture of the current evidence base in the UK useful to the NHS context. However, the connectedness between health and socio-economic issues makes this a pertinent area of focus for female veterans in the UK. A number of recommendations for research, support and policy are provided below.

Priority Framework of Recommendations

Based on the framework developed in the *Stakeholder Workshop Findings* section above, the recommendations provided throughout this report have been sorted into four priority levels, illustrated in the sections below.

Recommendations for Policy Development and the Improvement of Support Services

It is recommended that activities related to support and policy improvement for female veterans in the UK are prioritised as outlined in Table 4 below (NB recommendations within each priority level are not ordered in a meaningful way and should be considered at an equal level of priority):

Table 4: Priorities for support and policy-related activities with female veterans in the UK

Priority Level	Report Recommendation	Recommendations for Policy Development and the Improvement of Support Services	Benefits of Recommendation
1	**24 and 27** **Tailoring support for female veterans**	We recommend the following measures to help veteran support services better tailor their services for female veterans: ■ Targeting services towards 'ex-servicewomen', rather than using the term 'veteran', which many women do not identify with. ■ Embedding female peer support ambassadors within their services to encourage engagement with female veterans. ■ Implementation of other aspects of best practice when identified following the mapping exercise recommended below (see Recommendations 28 and 29).	The evidence presented in this report suggests that the male-dominated nature of the veteran support sector may be discouraging women from accessing support and that many ex-servicewomen do not identify with the term 'veteran'. Implementing these recommendations will enable veteran support services to better target their services to engage and meet the needs of female veterans.

2	**4 and 9** **Addressing discrimination, harassment and bullying**	We recommend that the MOD prioritise implementing the remaining recommendations of the Wigston Review (particularly those related to military culture: 1.9, 1.12, 1.13, 1.14 and 2.2.and 2.9, related to information and training to prevent inappropriate behaviours).	This will help the MOD to begin to address the challenges women report experiencing within masculine military culture, and to provide a safe and inclusive work environment, in which behaviours regarding discrimination, harassment and bullying are recognised and addressed. This research will help improve unit cohesion, operational readiness and performance in units with women personnel.
2	**10** **Removing barriers to reporting**	It is recommended that the MOD should monitor and report levels of trust in the Service Complaints System.	The MOD have implemented an anonymous reporting tool for the reporting sexual harassment and assault. This recommendation would enable them to determine the impact of this on trust in the Service Complaints System and on the reporting of inappropriate behaviour. Trust in the Service Complaints System is imperative for the MOD to retain personnel, as poor experiences of reporting are associated with dissatisfaction in the working environment.
	13 **Addressing career disadvantage**	It is recommended that the MOD review whether military regulations focused on pregnancy/maternity and career progression (JSP 760: 24.91) are being adhered to, and engage with research examining the impact of having a family on the career progression of servicewomen (see research Recommendations 12 and 23).	This would help the MOD to ensure that women are being supported to progress in their careers and are not being discriminated against on the basis of family/parental status. This may again help the MOD to retain female personnel, who most commonly report leaving Service for pregnancy or family related reasons.

	26 **Developing a support network**	We recommend the development of an informal support network for female veterans across the UK. For example, an extension of the single Service women's networks into a tri-Service national support network.	This would provide female veterans with a support network of their peers, in which to share experiences, resources and information, and to raise awareness/signpost to veteran support services.
3	**6** **Improving awareness of support needs**	We recommend that training is developed for staff working within healthcare services and veteran support services to raise awareness of women's roles and contributions to military Service, including the potential for exposure to combat and the impact of this on health and well-being.	Providing civilian and veteran support services with a better understanding of women's roles and experiences in the military will help them ensure they are identifying female veterans and providing them with appropriate support.
	21 **Improving employment support**	We recommend that civilian employment support services for female veterans be further developed, and that existing support is tailored and targeted to help female veterans to recognise, articulate and sell their transferable skills to civilian employers.	Research in the UK suggests that the ability to translate skills to the civilian world represents a significant barrier to employment for women veterans. Tailoring support to address this would help to support women veterans to obtain employment commensurate with their skills.
4	**22** **Improving resettlement support**	It is recommended that the MOD review the current resettlement support provided to Service leavers to ensure that it is tailored to meet the needs of women. For example, by including advice and guidance related to more flexible and less typically male-oriented career paths.	This will help the MOD to address the disadvantage reported by female Service leavers in accessing support that meets their needs, to ensure a successful transition to the civilian workplace. This will help to improve engagement with Career Transition Partnership (CTP) services and the six month employment outcomes reported by CTP, which are lower in female compared to male Service leavers.

Research recommendations

The following broad recommendations (i.e. not specific to a research topic or area) are made in relation to future research with female veterans in the UK:

Recommendation 15

It is recommended that all future research with female veterans in the UK takes Service era into account during the analysis and interpretation of findings and highlights any differential implications for support needs of women who served in different Service eras.

Recommendation 25

We recommend that future research with female veterans takes an intersectional approach where possible, considering the multiple aspects of women's identities and experiences that may impact on their health and well-being.

Recommendation 30

Future research with female veterans in the UK should seek to utilise a Public, Patient and Involvement (PPI) approach, by including female veterans in all aspects of the research, from design through to the interpretation and reporting of results.

It is recommended that activities related to research for female veterans in the UK are prioritised as outlined in Table 5 below (NB recommendations **within** each priority level are not ordered in a meaningful way and should be considered at an equal level of priority):

Table 5: Priorities for research activities with female veterans in the UK

Priority Level	Report Recommendation	Recommendations for Further Research	Benefits of Recommendation
1	**11** **Impact of sexual harassment and assault**	Research focused on the impact of experiencing sexual assault and harassment during Service is urgently required. It is recommended that mixed methods research be commissioned, examining the impact of experiencing sexual harassment and assault on health and well-being outcomes in female veterans.	This research will provide vital evidence regarding the impact of experiencing sexual assault and harassment on female veterans' health, well-being and support needs. This will enable the veteran support sector to ensure that they are providing the appropriate support to meet these needs. This will also enhance the work of the existing Army Sexual Harassment Report, which is not uniformly delivered across all Service branches. This research will help improve unit cohesion, operational readiness and performance in units with women personnel.
2	**2 and 7** **Impact of the masculine military culture**	We recommend that mixed methods research is undertaken to better understand the impact of women's experiences of integration into the masculine military culture, including their experience of peer support/ interpersonal relationships in Service, on their transition to civilian life, and post-Service health and well-being. This research should include an intersectional approach, examining experiences across different Service branches and ranks, and different demographic groups.	Identifying the impact of women's experiences during acculturation into the male-dominated military environment on post-Service health, well-being and support needs, will enable support services to better anticipate and meet these needs. In addition, this research will provide the MOD with evidence regarding the demographic and military factors that put women at risk of poor experiences, affording them the opportunity to address these cultural issues. This research will help improve problems reported with unit cohesion for women, and as a result may increase operational readiness and performance in units with women personnel.

	8 **Women's leadership and career progression**	It is recommended that mixed methods research is undertaken to better understand women's experiences of leadership and career progression in the UK Armed Forces, and the impact that career disadvantage during Service may have on transition to civilian life.	This research should provide clear recommendations as to how the MOD can improve leadership opportunities, experiences and career progression for women into senior roles in the military. This will help the MOD to address any career disadvantage experienced by women in-Service that may later impact on their well-being. Furthermore, this will help to provide positive role models to encourage women to join the military, helping the MOD to meet its female recruitment targets.
	14 **Impact of historic discriminatory policies**	It is recommended that mixed methods research is undertaken to determine the impact of historic discriminatory policies on the health and well-being of UK female veterans, and the differential impact of Service era on help-seeking and support needs.	This research will provide veteran support services with an understanding of whether female veterans' support needs differ depending on the era in which they served and whether specific support is required for those who served under discriminatory policies.
	28 and 29 **Mapping best practice**	We recommend that a mapping exercise is carried out to identify best practice in targeting services and providing support for female veterans. This should include further exploration of gender-related barriers to accessing care.	This project should provide recommendations for improvement of services in the veteran support sector, including how these services can better engage with and meet the needs of women (see also Recommendations 24 and 27).
3	**19** **Financial and housing needs**	An investigation into the financial and housing needs of female veterans in the UK is recommended, including a focus on identifying risk factors for financial disadvantage in civilian life, i.e. discharge due to historic discriminatory policies.	Considering the significant lack of research in this area in the UK, this research will provide much needed evidence regarding the financial and housing support needs of female veterans, and those most vulnerable to disadvantage. This would enable veteran support services to better target support to meet these needs.
	20 **Reasons for unemployment**	It is recommended that mixed methods research be undertaken to determine if higher unemployment in female veterans is related to voluntary or involuntary economic inactivity (i.e. due to caring responsibilities) and/or disadvantage in the civilian labour market.	Should disadvantage in the civilian labour market be identified, this research should aim to provide recommendations on how to support those female veterans who wish to obtain access to suitable employment (see also support and policy Recommendation 21).

4	**1** **Impact of pre-Service factors**	We recommend mixed methods research assessing women's pre-Service experiences and circumstances in enlistment, and how this relates to health and well-being outcomes throughout military Service and after discharge.	A better understanding of these issues will enable the MOD and veteran support services to screen for risk factors (prior to and during Service) associated with poor outcomes and to provide preventative support. This in turn may help the MOD to retain more female personnel, who are shown to be more likely to leave Service prematurely for medical reasons.
	3 and 16 **Musculoskeletal problems**	It is recommended that mixed methods research is carried out to examine the prevalence and impact of musculoskeletal problems in ex-servicewomen. This should include a review by the MOD of the suitability of equipment and uniforms for women currently in Service, with a focus on the associated health outcomes during and after Service.	This will inform support services providing care to veterans, including the NHS, and provide them with vital evidence regarding women veterans' physical health support needs. Additionally, this will enable the MOD to ensure that inadequate equipment does not cause women disadvantage and therefore result in poor physical outcomes post-Service. This may help to promote operational readiness and also prevent women from leaving Service early due to injury.
	5 **Pre-deployment and deployment related trauma**	We recommend that mixed methods research is carried out to examine the cumulative effect of pre-deployment and deployment-related trauma exposure on female veterans' health and well-being needs. International collaboration with the other Five Eyes Nations is recommended, to ensure a large enough sample size.	Research in the UK and internationally suggests that women are more likely to have experienced trauma prior to deployment compared to men, which is associated with poor mental health. As such, this research will provide a better understanding of the support needs of women who have experienced both deployment and non-deployment-related trauma.

	12 and 23 **Work/life balance in the military**	It is recommended that qualitative research be undertaken to provide a better understanding of the difficulties servicewomen face in balancing a military career with family life, and how this impacts health and well-being during and after Service. This should in part focus on the additional challenges faced by single parents and those in a dual serving couple.	This project should provide recommendations on how the MOD can best support servicewomen with their work/life balance during Service, particularly those with children, to ensure that they are not at a disadvantage regarding both their career progression and their well-being. This may again help the MOD to retain female personnel, who most commonly report leaving Service for pregnancy or family related reasons.
	17 and 18 **Impact of Service in mental health needs**	It is recommended that qualitative research is undertaken to better understand the impact of military Service on female veterans' mental health. Furthermore future quantitative research examining UK female veterans mental health should include a focus on serious mental health conditions, and the risk and protective factors for mental health outcomes.	This will provide healthcare and veteran support services with a more in-depth understanding of how military Service may impact on female veteran's mental health and on their unique support needs. This will in turn help these services to tailor support for female veterans.

Appendix A: Methods

A mixed method approach was taken consisting of three elements. Firstly, a scoping review of the female veteran literature in the UK was conducted, with research from the other Five Eyes alliance countries collected alongside this. Secondly, Subject Matter Expert (SME) interviews were conducted with 13 individuals. Lastly, the findings were discussed with two groups of stakeholder workshops in order to develop priorities areas for future support and research.

Scoping Review

A scoping review was undertaken following Arskey and O'Malley's (2005)[377] 5-stage framework. Each stage is described as follows:

1. Identifying a research question:

The aim of this review was to identify research that has been conducted investigating the health and/or well-being of female veterans in the UK. Leading to the formulation of the following research question:

What is known in the UK about the health and well-being of female veterans?

In addition to the reports and articles originating from the UK, the international literature was also drawn upon in areas where UK research was limited. However, the full scoping review process was only carried out for the UK literature, due to limitations in the timescale of the project. The international literature, focused on the other Five Eyes countries (Australia, New Zealand, Canada, and the US), due to them being considered to be the closest countries to the UK, military and culture wise. Preference was given to non-US Five Eyes countries, due to structural differences in military and healthcare organisations between the UK and US.

2. Identifying relevant studies:

Three academic databases were searched: PsychINFO, ISI Web of Knowledge and PubMed. Additionally, searches for grey literature were carried out in the veterans and Families Research Hub, GOV.UK, Open Grey, RAND, ProQuest Dissertations and Theses and Google Scholar, in addition to hand searching the reference lists of relevant journals, books and articles.

Searches were not date restricted, but were limited to articles written in English only. Both quantitative and qualitative studies were included. Reviews were not included but were used to identify further relevant studies (particularly for the US literature).

377 Arksey H, O'Malley L, *Scoping studies: towards a methodological framework. International journal of social research methodology.* 2005;8(1):19–32.

Keywords will be generated for each aspect of the review question, based on the commonly used terminology in the field, and relevant identified synonyms. The following keywords were used, although some adaptions were made according to the requirements of each individual database:

- women*/woman/female*
- veteran*/ex-Service/ex-forces/ex-military/ex-soldier*/armed forces/military/soldier*/army/navy/marine*/air force/territorial/reserve*
- UK/England/Scotland/Wales/Northern Ireland/Canada/Australia/New Zealand.

Both free text and pre-generated database keywords,e.g. Medical Subject Headings (MeSH), were used as part of the search. Title and abstract limiters were applied which ensured that only papers with these keywords in their title and abstract appeared, due to the large numbers of results retrieved when these keywords were applied to the full texts.

3. Study selection:

The following process was followed in order to generate the final papers included in this scoping review:

1. References generated from the search were downloaded to a citation manager and duplicates removed.
2. Articles were sorted as per their country location.
3. Abstracts were be screened and studies excluded that do no not address the main focus of the review (i.e. the health and well-being of women veterans).
4. Additional studies were be identified through manual search of relevant review papers, journals, books and reference lists.
5. The remaining articles were read in full and subjected to the inclusion and exclusion criteria independently by two researchers.

Note that only steps one to four were carried out for the non-UK Five Eyes alliance countries.

Inclusion/exclusion criteria

Inclusion criteria:

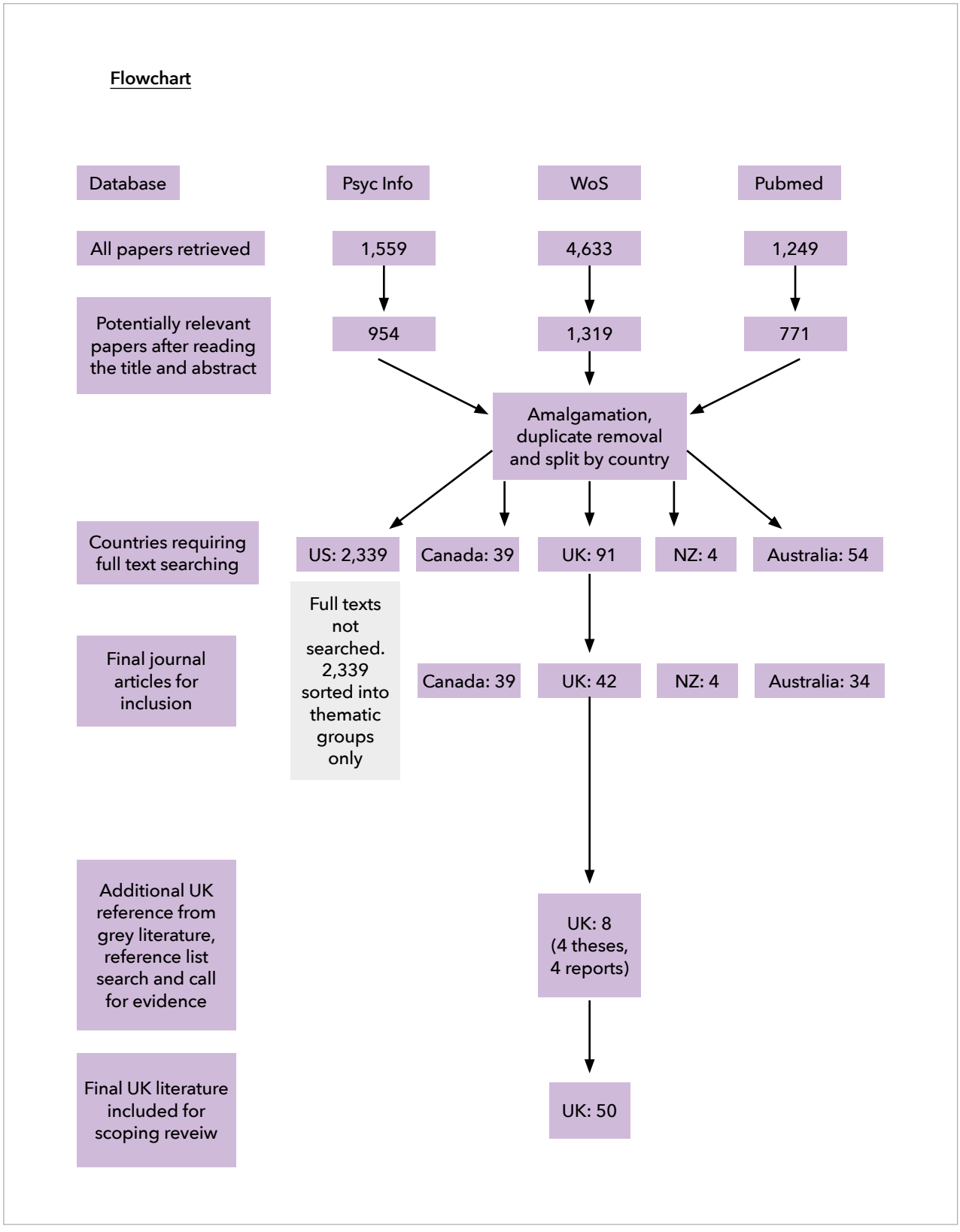
- articles/reports of any methodology reporting primary data collection
- investigated the health and/or well-being of female veterans (including social issues, such as but not limited to employment, education, finances, social and interpersonal relationships)
- participants over the age of 18, female, and have previously served in the Armed Forces (including reservists).

Exclusion criteria:

- participants limited to males, under the age of 18, or those did not serve in the Armed Forces
- papers which did not split their research findings by gender/sex
- research which focused solely on current Serving personnel
- article/report not written in English
- review or discussion papers (not included but were searched for relevant references and used to summarise the literature)
- data did not directly investigate the health and/or well-being of female veterans.

Search results

All three databases initially generated a total of 7,441 references. Following duplicate removal 3,044 remained: US: 2,339, Canada: 39, UK: 91, NZ: 4, Australia: 34. Due to the large number of papers from outside of the UK, reading of the full texts of these papers in order to screen them further was not viable, nor appropriate for this review. Instead, papers were collected for these countries following an abstract/title search, and split broadly by topic. The total number of papers retrieved at every stage can be found in the flowchart below.



There were 50 pieces of literature, both peer reviewed and 'grey literature' which were found to have conducted research on the health and/or wellbeing of female veterans in the UK.

4. Charting the data:

The following information was extracted and charted in an excel spreadsheet: title, author, year, journal, Service branch (if specified), country, study population, study aim, methodology, main results/findings and limitations.

5. Collating, summarising and reporting the results:

An initial deductive approach was taken whereby the findings from the UK literature were grouped into pre-Service factors, in-Service experiences, and post-Service outcomes. Post-Service health and well-being outcomes were grouped according to the categories of the Well-Being Inventory[378] (Employment and Education; Finances and Housing; Health; and Social Relationships), a framework developed to assess the well-being of military veterans. Themes and categories which applied to the initial well-being categories were grouped and reported under these headings. Any additional themes generated inductively from the thematic analysis of the SME interviews, or findings from the UK literature which did not fit into these previously defined categories were categorised under new sections of the report. A further level of synthesis and abstraction of all the findings was done iteratively throughout the report.

Call for Evidence

A Call for Evidence was distributed via the Cobseo Female Veteran Cluster, via individual emails to veteran research institutions, and via social media. This Call for Evidence requested information regarding previous and ongoing research with female veterans in the UK.

Six Call-for-Evidence responses were received and two informal videoconference calls were conducted with researchers working in the field. Research findings captured in these responses are included in the relevant results sections throughout the report, and areas within which there is ongoing research is highlighted to avoid replication as a result of recommendations made in this report.

Subject Matter Expert (SME) Interviews

Due to the anticipated lack of UK focused research and gaps in research surrounding female veterans, qualitative interviews with 13 SMEs were undertaken to add to and deepen our understanding of the challenges and benefits of female veterans in the UK. Ethical approval for the SME interviews was provided by the Anglia Ruskin University School of Education and Social Care Research Ethics Committee (Ref: ESC-SREP-20-003)

378 Vogt D, Nillni YI, Taverna E, Tyrell FA, Booth B, Perkins DF, et al, *Development and Validation of a Tool to Assess Military Veterans' Status, Functioning, and Satisfaction with Key Aspects of their Lives. Applied Psychology:* Health and Well-Being. 2019; (2):328–49.

Participant selection

Potential candidates for interview were identified in conjunction with the Cobseo Female Veteran Cluster group and were based on interviewees having a professional connection and substantial understanding of female veterans in the UK. Participants' professional backgrounds were diverse in order to capture as many professional viewpoints as possible including: charities, welfare providers, and NHS staff. The majority of participants had a personal connection to the Armed Forces either having served themselves, or as a child of a military family. In total 13 individuals (10 female, three male) were interviewed. Due to the short timescale for this project (six months), we were unable to obtain MOD Research Ethics Committee approval for this project, and as such were not permitted to interview any MOD staff who were current Service personnel as SMEs.

Data collection

Due to the constraints surrounding the pandemic, interviews took place over video conferencing software and were recorded for ease of transcription. The interviews were semi-structured in order to ask specific questions relating to previous highlighted areas of challenge and positives of Service whilst also giving space for interviewees to raise their own thoughts 'rather than being restricted by researchers' preconceived notions about what is important'. The use of a semi-structured style also allows us to gain the maximum benefit from the SMEs insight as 'semi-structured interviews allow respondents the chance to be the experts and to inform the research'. Areas discussed surrounded: the impact of within-Service issues on post-Service life, main challenges and issues faced by female veterans, existing support services, impact of gender on transition, historical terms of Service and their impact on female veterans, good practice examples, research gaps and priorities.

Analysis

After transcription, a thematic analysis was undertaken in NVivo 12. Braun and Clarke's (2006)[379] method guidelines for quality thematic analysis were used to guide the process and ensure thorough analysis was undertaken. An outline of the steps taken is provided below:

1. After active reading, initial coding of a portion of transcripts were undertaken by two researchers.

2. Once both coders had reviewed and were satisfied with their initial codes, the two coding approaches were compared, discussed and reviewed in order to amalgamate the coding approaches into a single codebook.

3. The codes were adjusted to line with this new codebook.

4. Findings that emerged from the interviews were combined with findings from the literature.

379 Braun V, Clarke V, *Using thematic analysis in psychology. Qualitative research in psychology*. 2006;3(2):77–101.

Stakeholder Workshops

Following the completion of the prior two stages, two stakeholder workshops (with nine attendees in one and twelve attendees in the other) were held using video conferencing software. A description of the participants that took part in these workshops is provided in appendix C. In each of these workshops the findings from the previous two stages were shared with the stakeholders in order for priority areas to be discussed and decided upon. Each stakeholder workshop lasted three hours and included the following activities:

- presentation by the two of the authors on the literature review and SME interview findings so far
- group Q&A
- video conferencing 'break-out rooms' were used containing approximately three stakeholders and one member of ARU staff in each. Within these, stakeholders were asked to suggest and agree upon a list of up to three priority areas for future research and three priority areas for female veteran support
- two separate lists were collated by an ARU Research Assistant containing all of the research and support priorities suggested in the 'break-out rooms'. These two lists were used to create two online polls using Poll Everywhere software
- all stakeholders were issued a link to each poll where they were each asked to rank all of the suggested priorities in order of most to least importance
- the two final ranked lists of research and support priorities were generated by the Poll Everywhere software and shared with the stakeholder groups at the end of the meeting.

The methodology used by Poll Everywhere in the ranking activity worked by assigning a descending point value to each option. For example, if we have a ranking question with three answer options (answer 1 – answer 3), option one is worth three points, option two gets two points, and option three gets one point.

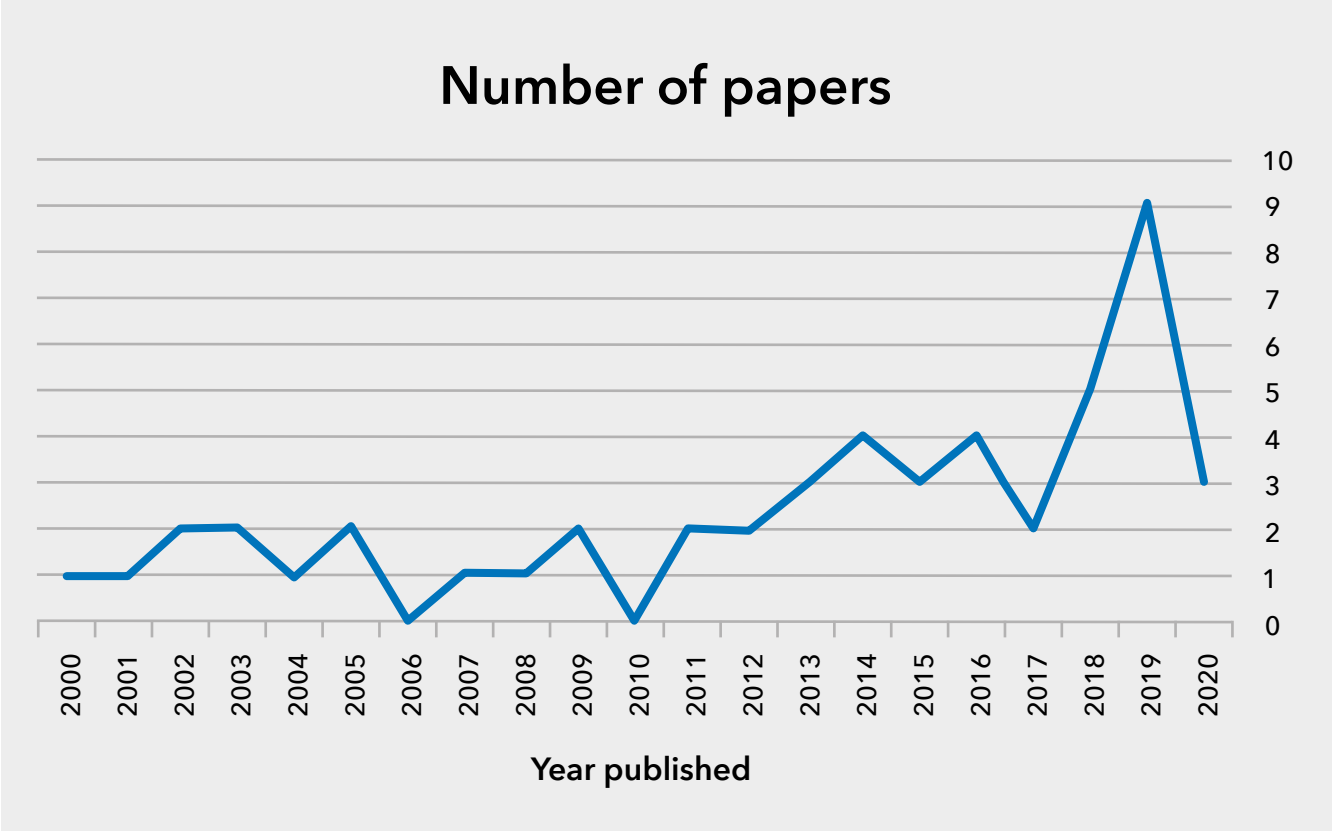
The final lists of ranked research and support priorities from each stakeholder workshop are presented separately after the findings of the scoping review and subject matter expert interviews. A comparison and amalgamation of these was carried out to create the priority framework for recommendations reported in the *Stakeholder Workshop Findings* section above. The original Poll Everywhere ranking graphs can be found in Appendix D.

Appendix B: Breakdown of the Evidence Base

Fifty pieces of independent research (peer-reviewed papers, research reports and PhD theses), which provided data either exclusively on UK female veterans or split data on veterans by gender, were identified in the UK. This included 43 peer-reviewed academic papers, three research reports and four PhD theses. The peer-reviewed evidence base was heavily focused on health risk factors and outcomes and was dominated by two large cohort studies: the Scottish Veterans Health Study cohort, and the King's Centre for Military Health Research cohort study. The latter includes both current and ex-Service personnel in the UK.

The identified UK research was published between 2000 and 2020, with the majority of research published in the past ten years (37 papers, see Figure 1 below).

Figure 1: Number of papers published by year



In addition to this, data and evidence from 14 MOD and single-Service survey reports and inquiries were included for context where relevant.

International Literature

Whilst it was beyond the scope of the current project to carry out the full scoping review process outside of the UK evidence base, research from the other Five Eyes countries was collected and assessed for relevance using titles and abstracts.

This facilitated the identifications of a number of evidence sources from the other Five Eyes countries. This was heavily dominated by US literature, with approximately 2,500 papers identified, the majority of which focused on health issues in female veterans. In addition to this approximately 50 papers were identified from Australia, 40 from Canada and ten from New Zealand. As discussed in Appendix A, evidence from Australia, Canada and New Zealand were preferentially used to support the UK evidence base, however in many cases this was not possible, and US research was often relied on when identifying gaps in UK research.

Appendix C: Description of Stakeholder Groups

Group 1: Female Veterans

A purposive sampling framework was developed with the Cobseo Female Veteran Cluster and was implemented to ensure a breadth of perspectives were included in the first stakeholder workshop. This included representation from the following groups of female veterans:

- veterans from across the three Service branches: Royal Navy, Royal Air Force, British Army
- veterans from across the different Service eras, with representation from those who left in the 1970s, up until the 2010s
- veterans from across the rank structure
- veterans who had and had not married during Service
- veterans who did and did not have children during Service.

Eleven female veterans signed up to the event, however, two were unable to take part on the day. The demographic/military profile of the nine veterans who took part was as follows:

- **branch of Service:**
  3 Royal Navy, 4 British Army, and 2 Royal Air Force Veterans
- **years served:**
  ranged between 2 to 24 years: 4 served less than 10 years, 2 served between 10 to 20 years, and 3 served over 20 years
- **year of discharge:**
  ranged from 1976 to 2013: two discharged in the 1970s, one discharged in the 1980s, three discharged in the 1990s, two discharged in the 2000s, and one discharged after 2010
- **rank on discharge:**
  rank on discharge included three commissioned and six non-commissioned ranks
- **marriage:**
  three married during Service, six not married during Service
- **children:**
  two left due to having children, seven did not have children during Service.

Group 2: Representative From Veteran/Military Organisations

Stakeholders from organisations that worked with or provided services to veterans/Service personnel were invited to take part from the membership of the Cobseo Female Veteran Cluster. This was to ensure stakeholders had a vested interest and experience of working with female veterans in the UK.

Twelve stakeholders took part in the second workshop with representation from a number of veteran/military support and research organisations and charities, the NHS, the MOD and the Office for Veteran's Affairs.

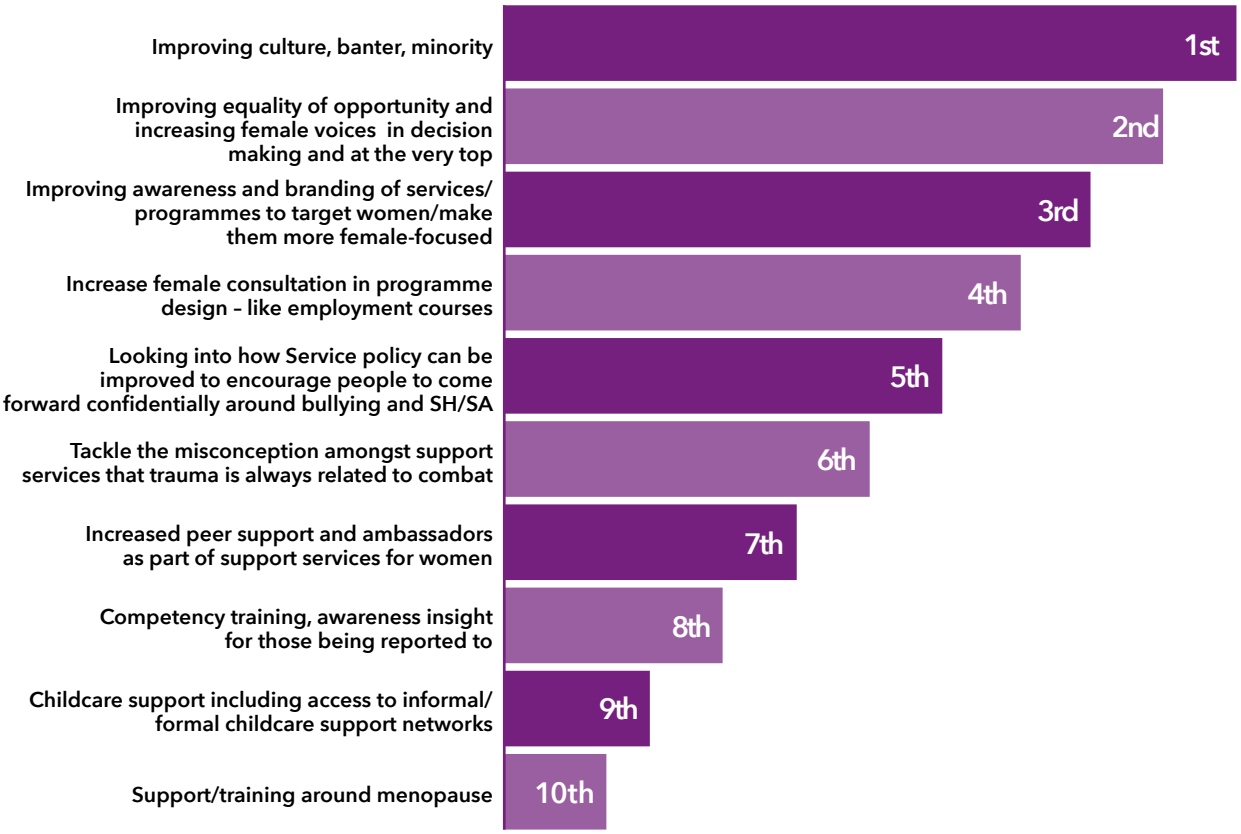
Appendix D: Poll Everywhere Ranking Graphs

Support and Policy Priorities Group 1 (Female Veterans)

What are the most important areas in which support/policies for women could be improved?

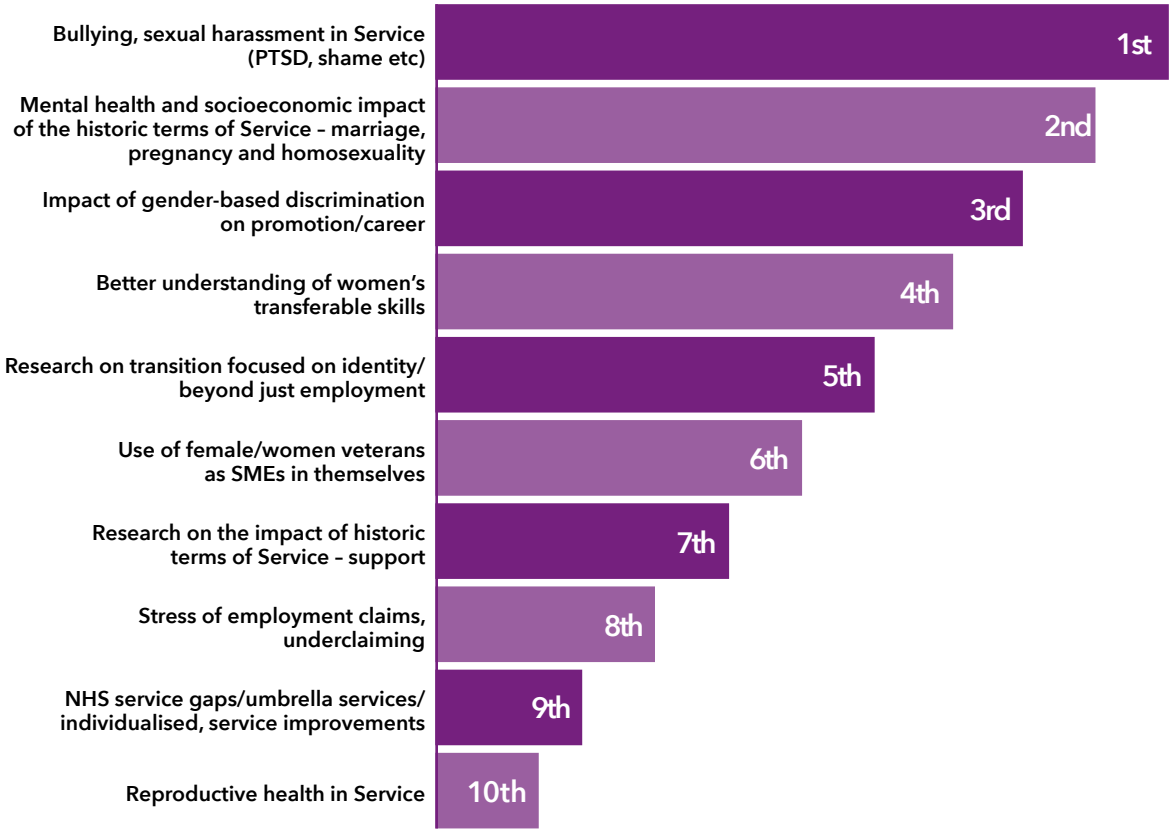
Support and Policy Priorities Group 2 (Representatives from Veteran Organisations)

What are the most important areas in which support/policies for women could be improved?



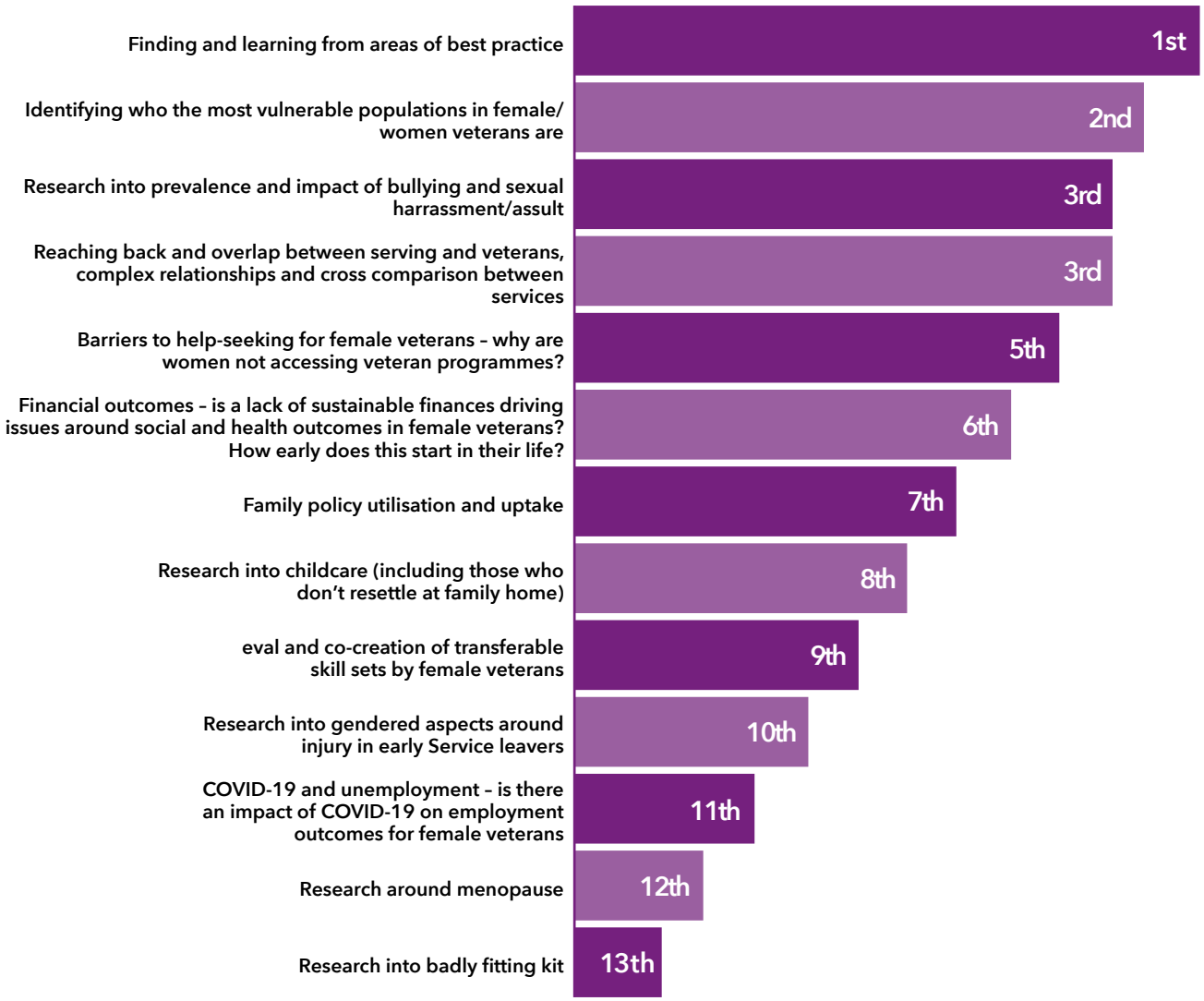
Research Priorities Group 1 (Female Veterans)

What are the most important areas for research?



Research Priorities Group 2 (Representatives from Veteran Organisations)

What are the most important areas for research?



We Also Served

The Health and Well-Being of Female Veterans in the UK

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