



**Female
Veterans**

TRANSFORMATION
PROGRAMME

Evidence Review

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March 2024



 THE ARMED FORCES
COVENANT FUND TRUST





Evidence Review: What does the research in the UK tell us about the specific needs of female¹ veterans?

Introduction

Over the last 5 years much research has been undertaken about female veterans, the issues they face and the reasons why more support is needed. It has been the subject of a growing number of academic research studies and discussions at a senior policy level across Government, including the Office of Veterans Affairs. At the forefront of spearheading this work has been the COBSEO Female Veterans Cluster, a group of professionals from different organisations across the charity, statutory and academic sector who all have expertise or lived experience within this area of work. The cluster has set out the thematic objectives that have led to the inception of the Female Veterans' Transformation Programme and the development of this review.

This Review brings together the current evidence base of research about female veterans in the British military context. It provides an accessible summary of the specific issues faced by female veterans for stakeholders in the charity, commercial and statutory sectors by highlighting repeated and longstanding findings across numerous studies. For those looking to fund or conduct further research it also makes clear the tangible gaps that have been identified and yet persist.

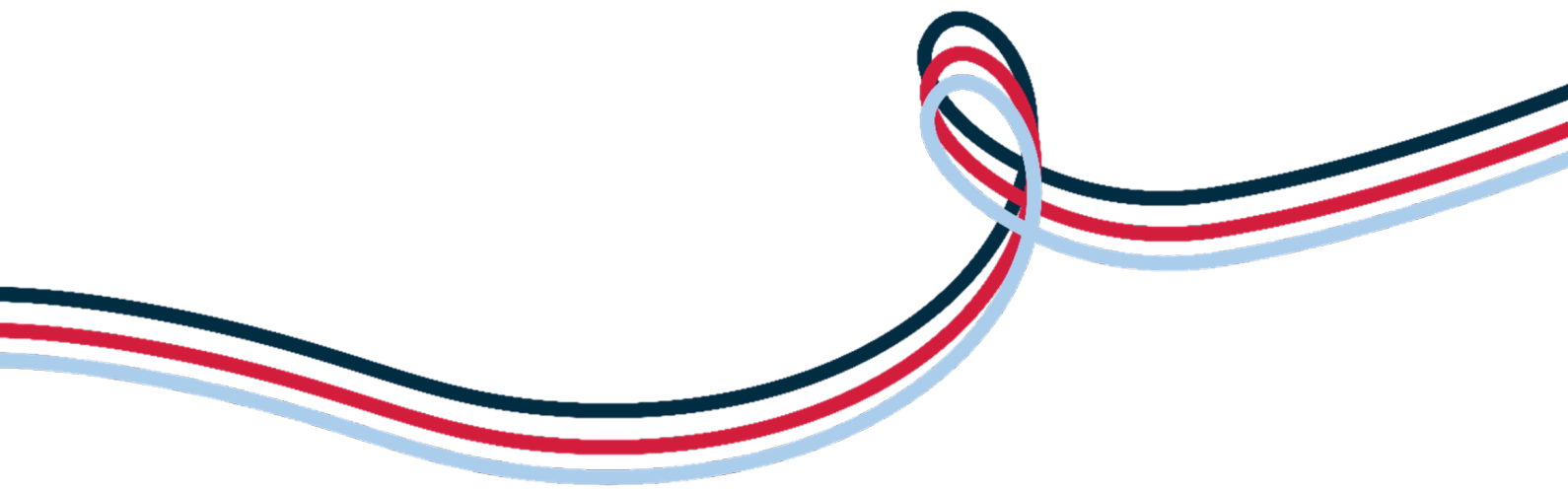
We would like to thank our partners who took time to read and review this document to support its publication.

Aim

This Review aims to pull together all existing research in the UK about female veterans and **simplify** it to make it accessible for those working across the charity, statutory and commercial sector. The Review aims to identify key findings, opportunities and gaps in the evidence in order to better understand the needs of female veterans for the future, so that the sector can offer more appropriate and effective support. The Review has also informed the development of a Statement of Need for female veterans which alongside co-production work will help the design and implementation of a toolkit/resource which aims to support transformational change in service provision for female veterans. This will ensure that female veterans feel **confident to access the right support, at the right time and in the right way for them.**

Historical context

¹ Please note that within this report we mainly use the term 'female' as this is the term that has been chosen for the Female Veterans' Transformation Programme. We do use the term 'women' but this is when referring to research where this term has been used. We are aware that the terms are used interchangeably and may mean different things to different audiences.





Women have served in the UK Armed Forces since the establishment of the Women's Services from 1917, which were disbanded after the First World War and later reconstituted from 1938 to support the Second World War effort². However, women's involvement in warfare has a much longer genesis from the women who fought dressed as male soldiers in the American Revolution and the Napoleonic Wars to the camp followers and spies of the American Civil War, and the nurses that have tended the war wounded throughout history.³ For as long as there has been war, women have literally been veterans of them. Women's military history has suffered from campaign histories being written by men leading to lost generations of women's stories from Lady Templer's women's outreach programmes in support of the Malaya Emergency to the role of servicewomen on the frontline during the Troubles in Northern Ireland⁴.

Whilst, women have taken part in military service for hundreds of years, it is important to note that this review is focused on female veterans and in this context a veteran is defined as 'anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.'⁵

Women's military service since the end of the Second World War has been impacted by the continued enforcement of four legislative decisions: (1) The Marriage Bar repealed 1975⁶ (2) Discharge for pregnancy which remained until 1992;³ (3) The Gay Ban repealed in January 2000⁷; and (4) The Ban on Women in Ground Close Combat lifted in 2018.

Female veteran population

Women continue to be a growing population within the Armed Forces with data from the most recent Census telling us that 251,400 United Kingdom (UK) Armed Forces veterans in England and Wales are women, approximately 13.6% of the total veteran population⁸. However, it is worth noting that these numbers do not currently include Scotland or Northern Ireland and so it can be assumed that the female veteran's population across the UK is significantly larger. The England and Wales female veteran cohort is characterised by a younger age profile than male veterans

² Kathleen Sherit, *Women on the Front Line: British servicewomen's path to combat* (Stroud: Amberley Publishing, 2020), 26-34.

³ Linda De Pauw, *Battlecries and Lullabies* (Norman: University of Oklahoma Press, 1998).

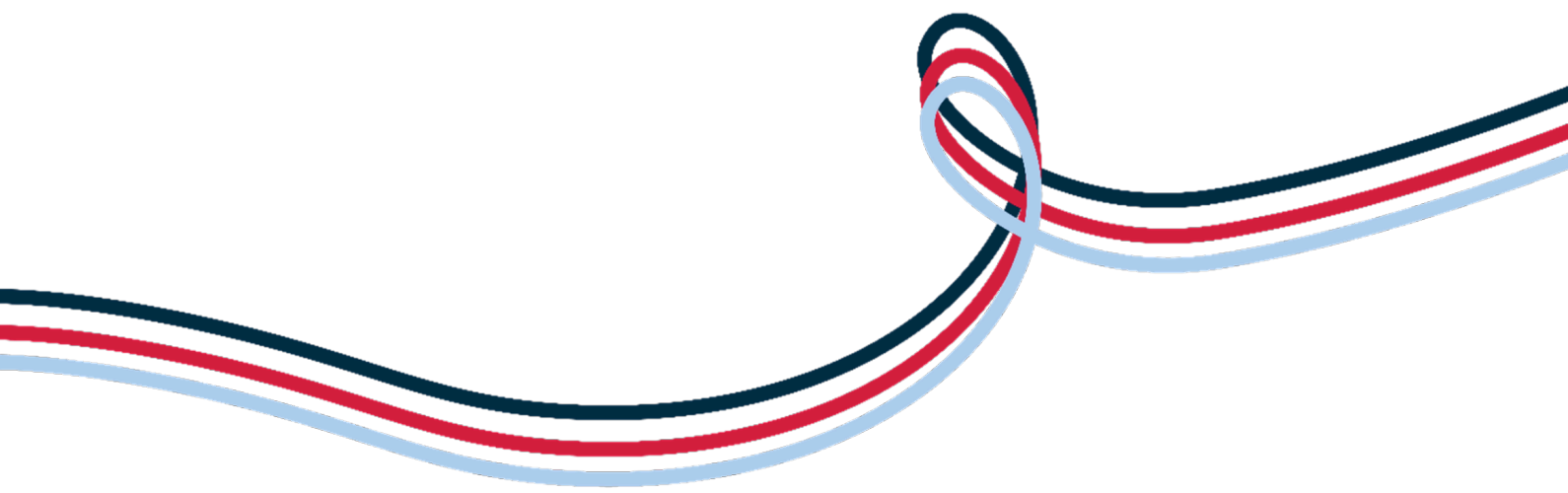
⁴ Hannah West, "The Making of 'The Very Model of a Modern Servicewoman': The Oppressive Function of Marginalising Women's Military History" *Modern British History* (Under review).

⁵ Office for Veterans' Affairs. *Veterans Factsheet 2020*. London: Office for Veterans' Affairs, 2020, 2.

⁶ Lauren Godier-McBard, Nicola Gillin and Matt Fossey, *We Also Served: The Health and Wellbeing of Female Veterans in the UK* (Chelmsford: Anglia Ruskin University, 2021), 19.

⁷ Alison Osborne and Gill McGill, *Lost and Found: The LGBT+ Veteran Community and the Impacts of the Gay Ban* (Newcastle: Northumbria University, 2023)

⁸ Claire Hooks, Louise Morgan, Matt Fossey, Ellie Buxton and Lauren Godier-McBard, 'Where are all the Women?': *Recognition and representation - UK female veterans' experiences of support in civilian life* (Chelmsford: Anglia Ruskin University, 2023), 7.





(17.9% are aged 16 to 39 years, compared with only 10% of male veterans)⁹. ONS data indicates that 11.2% of servicewomen were employed in the regular armed forces, compared with 24.6% in reserve forces¹⁰. This profile will continue to evolve given the UK Armed Forces recruitment targets for women of 30% by 2030, with its consequent increase in women veterans in due course.¹¹ Publicly available data characterising the UK Armed Forces remains inadequately broken down into specific genders hampering the ability to draw intersectional conclusions. For example, data about ethnicity or religion is not available by gender and neither is it available by service¹².

Imperative

*'Whilst many women have fulfilling and life-changing experiences within the military, and achieve significant personal and professional goals (Brooks, Dailey, Bair, and Shore, 2016; Dodds, 2016), others experience significant, physical and mental health difficulties, leading to early discharge which influences their lives long after military service has ended (Cheney et al., 2014; Dichter and True, 2015; Yalch, Hebenstreit, and Maguen, 2018).'*¹³

The Female Veterans' Transformation Programme was instigated because of sector-wide recognition of the particular issues faced by female veterans, captured by the statistic that 53% of female veterans within a specific study did not feel their needs are being met by veteran services¹⁴. The veteran experience is far from being the same for everyone and for as many veterans exist, whether women or men, there are different experiences¹⁵. This spectrum of experiences ranges from positive through to very poor, complex and multilayered¹⁶. This mirrors the diversity of in-service experiences, but it is here that the difference between the male and female experience emerges. Servicewomen must find ways to navigate the masculine character of the military institution and do so in many different ways including mimicking masculine traits or adopting hyper feminine identities¹⁷. The challenges they encounter in navigating this masculinised environment result in unacceptable levels of discrimination, harassment, bullying and sexual trauma with 91% of female veterans in the 'Where are all the Women' research study describing *'some impact of*

⁹ "Characteristics of UK armed forces veterans, England and Wales: Census 2021," Office for National Statistics, released 3 February 2023, <https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity/articles/characteristicsofukarmedforcesveteransenglandandwalescensus2021/census2021>

¹⁰ Office for National Statistics, "Characteristics of UK armed forces veterans."

¹¹ Hooks, Morgan et al., *'Where are all the Women?'*, 25.

¹² Office for National Statistics, "Characteristics of UK armed forces veterans."

¹³ Christina Dodds and Matthew Kiernan, "Hidden Veterans: A Review of the Literature on Women Veterans in Contemporary Society," *Illness Crisis and Loss* 27, no. 4 (2019): 298.

¹⁴ House of Commons Defence Committee, *Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life* (London: HM Government, 2021) 74.

¹⁵ Godier-McBard, Gillin and Fossey, *We Also Served*, 12.

¹⁶ Godier-McBard, Gillin and Fossey, *We Also Served*.

¹⁷ Rachel Woodward and Trish Winter, *Sexing the Soldier: The politics of gender and the contemporary British Army* (Abingdon: Routledge, 2007)





*military service on their physical or mental health as a civilian*¹⁸. A considerable barrier to progress is recognition by the institution and the servicewoman *'insider'* of the *'deeply odd'* nature of the military experience for servicewomen¹⁹ that manifest in tensions between positive and negative service experiences.

Policy landscape

2018 saw the publication of the UK Government's 'Strategy for our Veterans'²⁰ and the subsequent establishment of the Office for Veterans Affairs in 2019. The Veterans Strategy Action Plan 2022-2024 acknowledged that, 'As more women join the Armed Forces our female veteran community is set to grow in number, adding to the large number who served in the past. We must ensure that we celebrate and recognise their contribution to the Armed Forces, and make sure the services we deliver to female veterans meet their needs'²¹ The first Women's Veterans Strategy is due to be published by the Office for Veterans Affairs in 2024.

The Armed Forces Covenant states that *'Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.'*²²

A number of initiatives have been launched by the UK Government to provide dedicated support to the veteran community. These include:

- Op Courage: The Veterans Mental Health and Wellbeing Service. A dedicated mental health services for service leavers, commissioned by NHS England.
- Op Restore: Veterans Physical Health and Wellbeing Service. Commissioned by NHS England, this provides specialist care and support for veterans with physical health problems.
- Op Fortitude. Funded by the Armed Forces Covenant Trust to deliver a centralised referral pathway into veteran supported housing to support those facing homelessness.
- Op Nova. Delivered by the Forces Employment Charity and funded by NHS England, this initiative supports those in the criminal justice system.
- Op Community. Supporting families of serving personnel by providing advice and signposting.
- IPC4V (Integrated Personalised Care for Veterans) & the Veterans Prosthetics Panel. A personalised approach to supporting those veterans most seriously injured from the Military

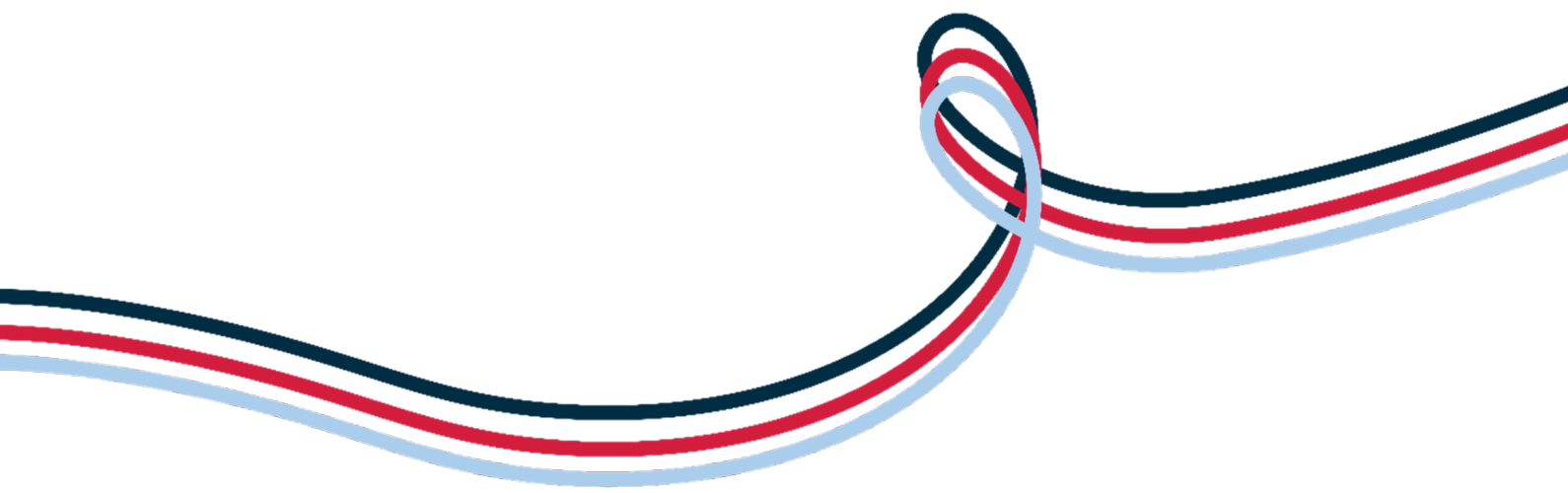
¹⁸ Hooks, Morgan et al., *'Where are all the Women?'*, 31.

¹⁹ Hannah West and Sophy Antrobus, "'Deeply odd': women veterans as critical feminist scholars". *Critical Military Studies*, 9(1) (2023): 24–39.

²⁰ Ministry of Defence, *The Strategy for our Veterans* (London: HM Government, 2018).

²¹ Office for Veterans' Affairs, *Veterans Strategy Action Plan 2022-2024* (London: HM Government, 2022).

²² HM Government, *The Armed Forces Covenant* (London: HM Government, 2011)





Additionally, NHS England in their report, 'Healthcare for the Armed Forces Community: A forward view', recognise, '*With the proportion of female veterans increasing, during 2021/22, we will undertake engagement work with female veterans to better understand their physical and mental healthcare needs. The outcomes of this will inform the actions we need to take to ensure that the services we commission – such as veterans mental health services - are appropriate, inclusive and accessible*'²³.

Within the Devolved Administrations service provision varies in line with local needs and the different ways Health & Care services are governed. It is important that these differences are noted as the final resource that is created from this review must cover provision across the whole of the UK. This is particularly evident in Northern Ireland where there is very little statutory provision for veterans, which creates a heavy reliance on the charitable sector. Similarly, whilst provision exists within Scotland and Wales, this is different to examples such as Op COURAGE which is only NHS England. Later in the document we highlight some of the key differences in more detail. It is vitally important that we not only recognise these differences, but ensure future provision across the UK takes into account the differing delivery mechanisms and political landscapes.

The policy landscape has simultaneously been shaped by the UK Armed Forces' response to high profile media exposés into toxic, gendered cultures, leading to numerous investigations centring inappropriate behaviours and sexual abuse²⁴. The Women in the Armed Forces Inquiry, led by the Defence Sub-Committee on Women in the Armed Forces, remains ongoing with recent follow up hearings to review progress against its recommendations, acknowledging that 'change had not been sufficient or fast enough'²⁵.

Building on existing work

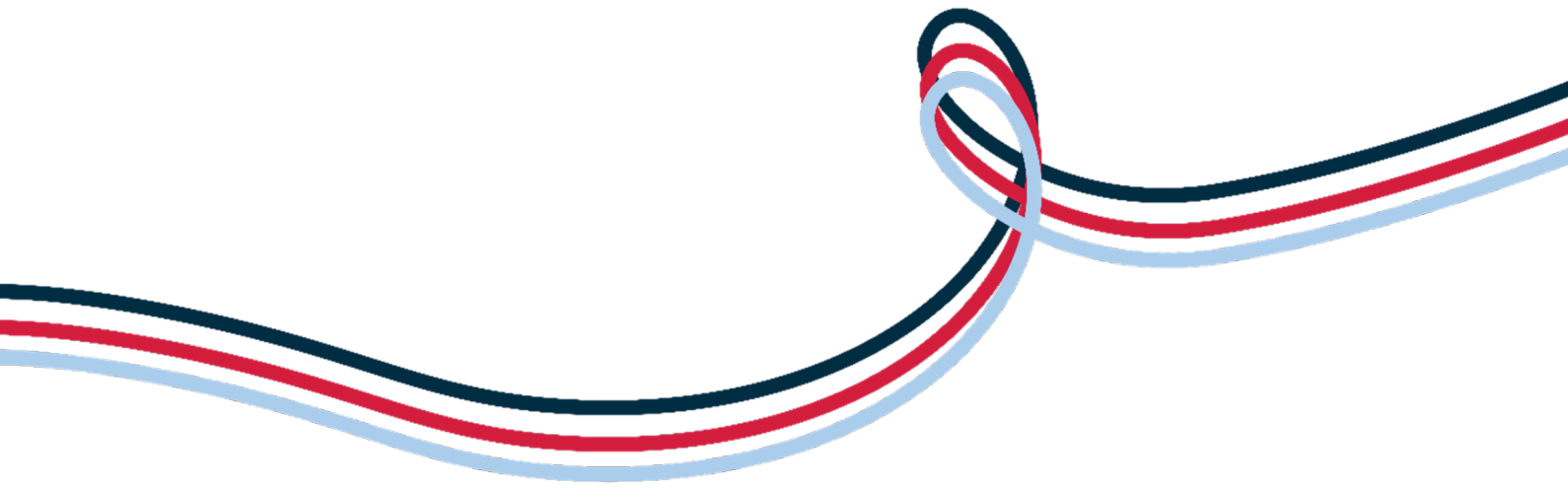
Whilst this review will highlight that there is a significant amount of work that is needed to improve services for female veterans, there are many examples of good practice that we need to both be aware of and build on as we move forward. The services that currently work well, already understand what it takes to engage female veterans and have learnt many lessons that can be adopted. Some of the examples of existing good practice include;

- NHS England Sexual Assault Referral Centre's (SARC's) offer people confidential medical and practical support to people who have recently been raped or sexually assaulted. There is also a new pilot pathway based around North Yorkshire and Humber area (Catterick Garrison) that is specifically focus on supporting the Armed Forces Community

²³ NHS England, Healthcare for the Armed Forces Community: A forward view (London: NHS England, 2022): 24.

²⁴ Ministry of Defence, Report on Inappropriate Behaviours (London: HM Government, 2019) and House of Commons Defence Committee, *Protecting those who protect us*.

²⁵ House of Commons Defence Committee, *Protecting those who protect us*, 17.





- NHS Lincolnshire Military Maternity Project, ‘The Lincolnshire Military Maternity Project’, is the first of its kind in the country and represents a significant step forward in addressing the unique needs of military families. The project was launched in July 2022 in response to feedback shared with our NHS Lincolnshire Maternity Voice Partnership from military families living in the county. Military families were highlighting the difficulties they faced in accessing care and navigating the healthcare system due to the demands of military life, postings, and separation from loved ones. The effect of these pressures and feelings of isolation were also having a marked impact on the number of referrals for mental health support. ‘The collaboration between Integrated Care Board (ICB) and NHS England Armed Forces has recognised the unique challenges faced by military personnel and their partners and together successfully addressed issues to ensure that the maternity pathway for military families is smoother, kinder, safer, and more personalised.’²⁶
- Salute Her UK is a UK charity that provides ‘a *bespoke service to all women who have served in the Armed Forces by focusing on the physical, emotional and social aspects of life while advocating, empowering, and educating women on their path to a life full of meaning and growth.*’²⁷ Salute Her also support women who have experience of Military Sexual Trauma (MST).
- Female Veteran Alliance in Wales provides support for female veterans in Wales, including delivery workshops that informed the research paper published last year.
- Serving and Ex-Serving Women’s Network NI provides support for female veterans in Northern Ireland.

Background

*‘2% of veteran research mentions women and an even smaller percentage focuses on women’*²⁸

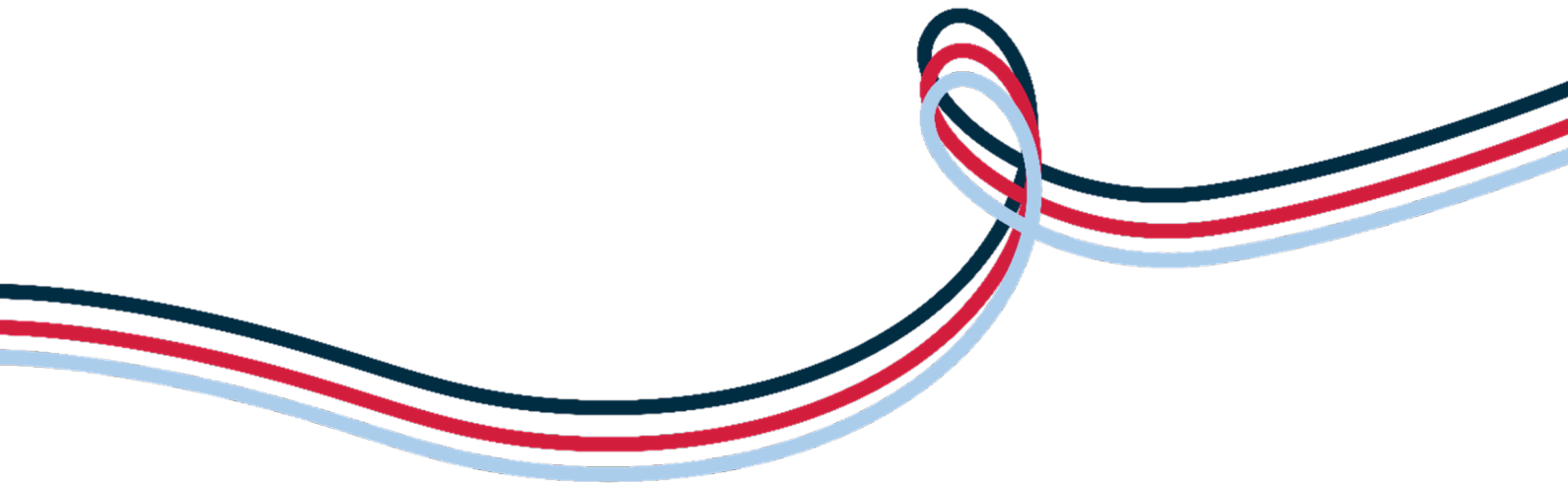
This report has been informed by a systematic review of over 60 papers, listed at Annex A. The scope of the systematic review²⁹ was research with the UK female veteran as the subject. Research was initially sourced from a prior mapping exercise completed by the NHS England Serving and Ex Service Women’s Health Improvement Group (SESWHIG) and augmented by a comprehensive review of all papers contained within the Forces in Mind Trust Research Centre repository and any new research published during the period of the review (September 23 - February 24). An informal advisory group of ‘critical friends’ were consulted to ensure that we had

²⁶ “NHS Lincolnshire Military Maternity Project are proud to have been shortlisted the 2023 HSJ Awards”, NHS Lincolnshire Integrated Care Board, September 25, 2023, <https://lincolnshire.icb.nhs.uk/nhs-lincolnshire-military-maternity-project-are-proud-to-have-been-shortlisted-the-2023-hsj-awards/>.

²⁷ “About Us”, Salute Her, <https://www.saluteher.co.uk/about-us>.

²⁸ Dodds and Kiernan, ‘Hidden Veterans’ 2, & Lauren Godier-McBard, Graham Cable, Abigail Wood and Matt Fossey. “Gender differences in barriers to mental healthcare for UK military veterans: A preliminary investigation.” *BMJ Military Health* 168(1), (2022): 70–75.

²⁹ Tom Clark, Liam Foster, Luke Sloan, Alan Bryman, *Bryman’s Social Research Methods*. (Oxford: Oxford University Press, 2021)





included all papers within this scope. The systematic review was defined by the research question, 'What is known about the female veteran population and provision of support services for them?'. The scope of the study was refined by not including research about the wider veteran community and limiting this review to research which centred on the female veteran only. Where statistics are referenced throughout this Evidence Review, these refer to the female veteran cohort who took part in the relevant study (as referenced) and not the entire female veteran population. Cohorts are specified at Annex A for the relevant studies or via the references provided.

Recent years have seen significant growth in research that includes female veterans, aligning with the fact that women are 'the largest growing group in militaries across the globe'³⁰. Nonetheless, the amount of research is still comparatively small, particularly when compared to that of their male counterparts. Whilst there is further research being produced by other Western militaries, specifically the US³¹, this review will only focus on research on the UK context.

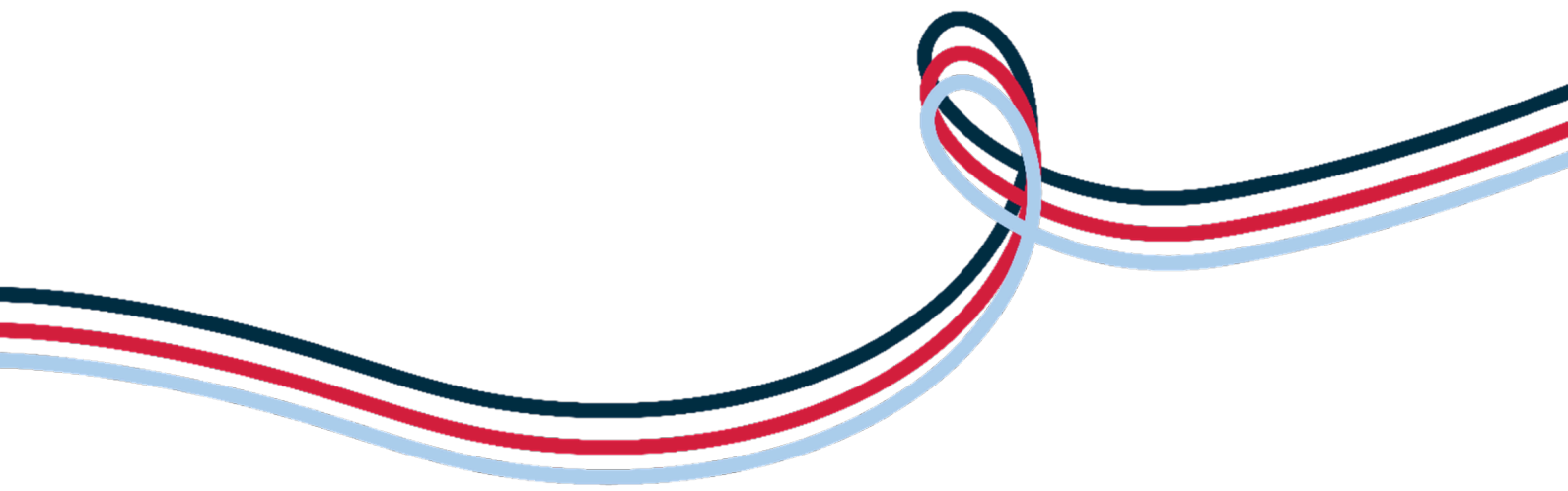
Methodologically, the research with women veterans as the subject is both qualitative and quantitative, with the latter more often being applied to medical and psychology studies. Participant cohorts, due to recruitment via larger veteran's organisations, have been dominated by older demographics with very few veterans under the age of 30. Whilst considering the numbers of women in veteran cohorts across the 3 services, there is still less representation of former Royal Navy and Royal Air Force servicewomen within the research studies reviewed. Wee found no research including Reservists with participants tending to be ex-Army (in some studies up to 82% of participants³²). Participant cohorts have varied in size reflecting the different methodologies with qualitative studies tending to the smaller numbers enabling the gathering of richer and more detailed data, and quantitative studies drawing on larger samples. A sample size of 4000³³ is the

³⁰ Dodds and Kiernan, "Hidden Veterans," 293.

³¹ House of Commons Defence Committee, *Protecting those who protect us*; Kiersten Downs, "Beautifully awful": A feminist ethnography of U.S. Women veterans' experiences with transition from military service," (PhD diss., University of South Florida, 2018); Amy Street, Dawne Vogt and Lissa Dutra, "A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan," *Clinical Psychology Review* 29, 8 (2009): 685-694; Paul Shekelle, Fatma Batuman, Bevanne Bean-Mayberry, Caroline Goldzweig, Christine Huang, Donna Washington, Elizabeth Yano, Laurie Zephyrin and Isomi Miake-Lye, "Health effects of military service on women veterans," (Washington: Department of Veterans Affairs, 2011); Leslie and Koblinsky, "Returning to civilian life: Family reintegration challenges and resilience of women veterans of the Iraq and Afghanistan wars," *Journal of Family Social Work*, 20, 2, (2017): 106-123; Lisa Brownstone, Brooke Dorsey Holliman, Holly Gerber and Lindsey Monteith, "The Phenomenology of Military Sexual Trauma Among Women Veterans," *Psychology of Women Quarterly*, 42, 2 (2018): 399-413; Eric Apaydin, David Mohr, Alison Hamilton, Danielle Rose, Sally Haskell and Elizabeth Yano, "Differences in Burnout and Intent to Leave Between Women's Health and General Primary Care Providers in the Veterans Health Administration," *Journal of General Internal Medicine*, 37, 10 (August 2022): 2382-2389; Lisa Burkhart and Nancy Hogan, "Being a Female Veteran: A Grounded Theory of Coping With Transitions," *Social Work in Mental Health*, 13, 2 (2015): 108-127.

³² Paula Edwards and Tony Wright, *No Man's Land*, (Dudley: Salute Her UK, 2019), 8.

³³ House of Commons Defence Committee, *Protecting those who protect us*, 3.





largest cohort of servicewomen and female veterans involved in a research project from a Government Inquiry about the female experience and is indicative of increasing focus on this group.

Within this portfolio of literature, research is dominated by themes of mental health, inappropriate behaviour including bullying, discrimination, harassment and military sexual trauma, with considerably less focus on wider holistic needs, such as physical health, transition, housing, homelessness, and employment. From the perspective of the non-academic reader involved in service provision for female veterans, we have noted considerable apparent repetition across the research conducted. Sometimes this can be attributed to quantitative research drawing on the same cohort and thus finding similar conclusions and, at other times, it appears that a number of studies address repeated themes whilst other themes are not covered. This suggests a lack of sector-wide coordination perhaps attributable to the funding landscape. It is notable that these studies are largely funded by the UK Government, either via NHS England, Armed Forces Covenant Fund Trust or directly from the Office for Veterans' Affairs. Consequently, their research agenda understandably prioritises improving the experiences of female veterans, mirroring the focus of military research on 'operational effectiveness'³⁴, without recognising that this focus can itself influence the design and outcomes of the research itself³⁵. Whilst recognising the context of the military as a gendered organisation³⁶, this dimension of the research is often overlooked in government and sector-wide responses, where the remit of veteran's research is considered limited to bringing about change in the veteran's sector and not to the contemporary Armed Forces themselves.

Drawing connections between the lived experience of the female veteran and research into the gendered cultures and behaviours that have come to define the military institution³⁷ can unlock some of the deep-seated characteristics that underpin the themes identified in the research centring on the female veteran. The identity of the female veteran emerges from that of the servicewoman where a body of research attests to the complexities of finding ways of fitting in and getting on whilst serving³⁸. The extent to which servicewomen normalise troubling aspects of their

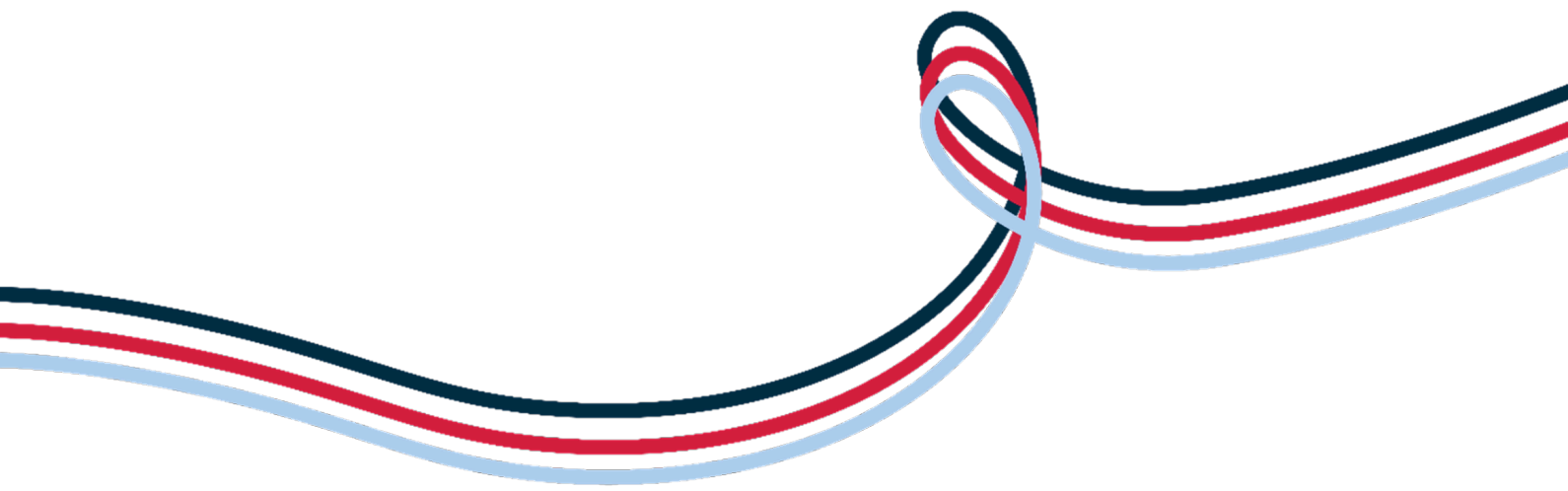
³⁴ Catherine Baker, Victoria Basham, Sarah Bulmer, Harriet Gray, Alexandra Hyde, "Encounters with the Military: Toward a feminist ethics of critique?" *International Feminist Journal of Politics*, 18, 1 (2016): 147.

³⁵ Marsha Henry, Paul Higate and Gurchathen Sanghera, "Positionality and Power: The Politics of Peacekeeping Research," *International Peacekeeping*, 16, 4, (2009): 469.

³⁶ Godier-McBard, Gillin and Fossey, *We Also Served*, 26-29.

³⁷ Victoria Basham, *War, Identity and the Liberal State: Everyday experiences of the geopolitical in the armed forces*. (London: Routledge, 2013); Cynthia Enloe, *Does khaki become you?* (London: Pluto Press Ltd, 1983); Cynthia Enloe, *Maneuvers: The International Politics of Militarizing Women's Lives*, (Berkeley: University of California, 1988); Hannah West, "A Negotiated Gender Order: British Army Control of Servicewomen in 'Front Line' Counterinsurgency, 1948–2014," *Journal of War & Culture Studies*, 16:2, (2023): 163-185.

³⁸ Laura Sjoberg, "Agency, militarized femininity and enemy others: Observations from the war in Iraq," *International Feminist Journal of Politics*, 9(1), (2007): 82–101; Julia Welland, "Feminine Trouble" and the (re)constitution of the militarised masculine subject," *Political Perspectives*, 4, 1 (2010); Sarah Bulmer





lived experience and their agency has direct, and often forgotten, implications for how they process this on leaving³⁹. The male-dominated hierarchy (there remains a lack of women in senior officer roles) maintains control over the production of narratives and histories, as well as cultures and behaviours, which can further legitimise the subordination of women in the military⁴⁰. Integrating servicewomen into combat roles has been the subject of considerable research since the lifting of the ban on Women in Ground Close Combat⁴¹ triggered further research revisiting the same debates that occurred at perceived turning points in servicewomen's integration through the decades⁴², despite a body of research attesting to the myth of women's exclusion over the same period⁴³. Attempts to bring about change will be undermined if they do not engage with these longstanding and embedded gendered cultures, behaviours and histories.

Limitations

It should be noted that there are some limitations of this review, mainly in terms of the time and resource available to conduct it. Whilst every effort has been taken to fully assess all research available, it is possible that some elements of literature were not included. Everything in the review is accurate and referenced accordingly at the time of publishing but it needs to allow for new research being published which may change the landscape of knowledge in the future.

Findings

The findings are presented in an accessible way in order that future readers can understand what the key issues are and how they need to be responded to. However, we are aware that not all issues are relevant for all organisations – being mindful that this review is aimed at the Charity, Statutory and Commercial sector. The emergent findings are presented in the following three sections:

- Cross cutting themes that affect the majority of female veterans
- Thematic issues that have specific implications

and Maya Eichler, "Unmaking militarized masculinity: Veterans and the project of military-to-civilian transition," *Critical Military Studies*, 3, 2 (2017): 161–181; West, "A negotiated gender order," 163-185.

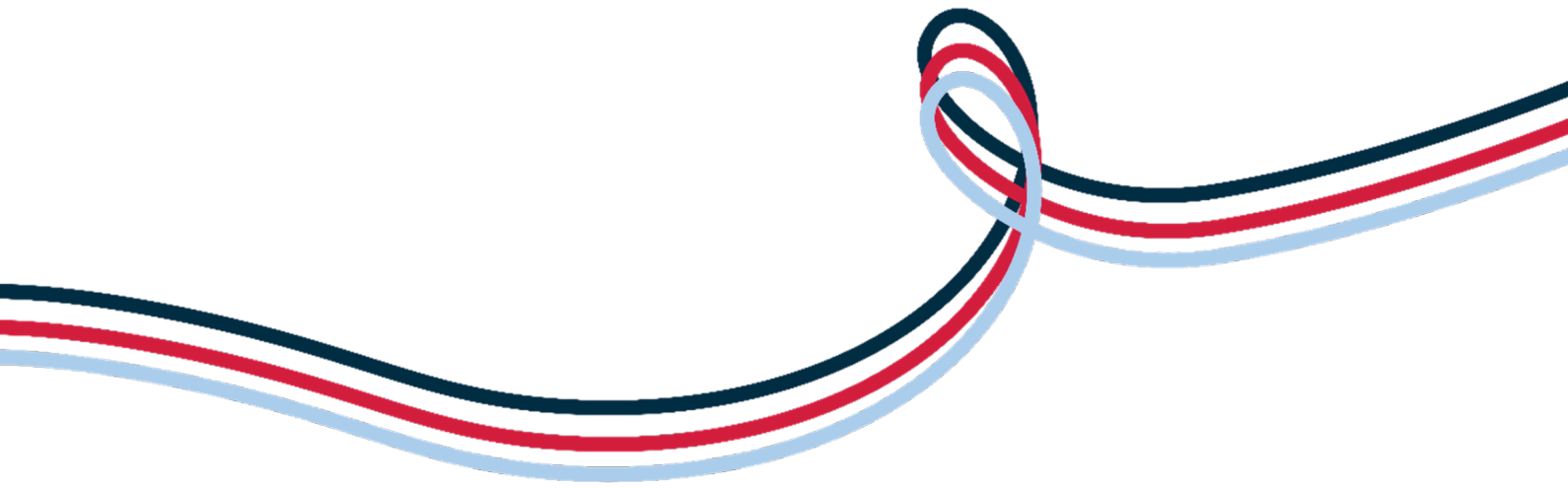
³⁹ West and Antrobus, "Deeply Odd", 24-39.

⁴⁰ Godier-McBard, Gillin and Fossey, *We Also Served*, 26-29.

⁴¹ Fieldhouse and O'Leary, "Integrating women into combat roles: comparing the UK Armed Forces and Israeli Defense Forces to understand where lessons can be learnt," *BMJ Mil Health*, 169 (2023): 78-80; 2023, ; Jones, Greenberg, Phillips, Simms and Wessely, "British military women: combat exposure, deployment and mental health," *Occupational Medicine*, 69, 8-9 (2019): 549-558; O'Leary, Wardle, Rawcliffe, Chapman, Mole and Greeves, "Understanding the musculoskeletal injury risk of women in combat: the effect of infantry training and sex on musculoskeletal injury incidence during British Army basic training," *BMJ Military Health*, 169, (2023): 57-61.

⁴² Nancy Goldman, "Female Soldiers: Combatants or Non-Combatants? Historical and Contemporary Perspectives," (Westport, Greenwood Press, 1982), 1-328.

⁴³ Megan MacKenzie, "Beyond the Band of Brothers: The US Military and the Myth that Women Can't Fight" (Cambridge: Cambridge University Press, 2015) 1-234; West, "A Negotiated Gender Order", 163-185.





- Areas where little or no research has been conducted, but we have seen evidence of need

Cross cutting themes

1. Veteran identity

'A lack of understanding of the modern role of women in modern combat, can potentially reduce help seeking in women veterans, as their experience can be dismissed as less traumatic than their male counterparts'⁴⁴

One paper states that less than 31%⁴⁵ of women who have served identify as a veteran, often using ex-military or ex-service⁴⁶ instead, *'...a number of participants did not identify with the word veteran for a range of reasons. Some felt the term "veteran" conjured up images of an older man who had been involved in combat; others reported feeling unworthy of the term as they did not feel they had done enough during their military service to deserve the title, i.e. they were not 'heroes'. These participants often preferred the term 'ex-military'⁴⁷*. Without identifying with the term veteran, former servicewomen may not be able or feel able to access veteran services, thus making it difficult for service providers to reach them.

This double challenge is exacerbated by the public perception and lack of recognition that women have also served and in a wide range of roles including having 'operational' experience. 82% of surveyed respondents saying they knew 'not very much' or 'nothing at all' about female veterans⁴⁸. *'The public also uphold the outdated belief that females only serve in non-combat and less "risky" roles, which results in the female veteran experiences often being downplayed and misunderstood'⁴⁹* re-enforcing the continued discomfort women feel about using the term 'veteran'. The *'under-representation, and in many cases complete absence of military women in the media'⁵⁰*, continues to distort the image of a veteran as male and distance women from the term also.

This is further exacerbated by a perceived and actual lack of awareness that women also served within support services which do not encourage a woman to declare that she has served. For example, *'many women reported not being asked by healthcare professionals (i.e. their GP) if they*

⁴⁴ Dodds and Kiernan, "Hidden Veterans," 298.

⁴⁵ Dodds and Kiernan, "Hidden Veterans," 295.

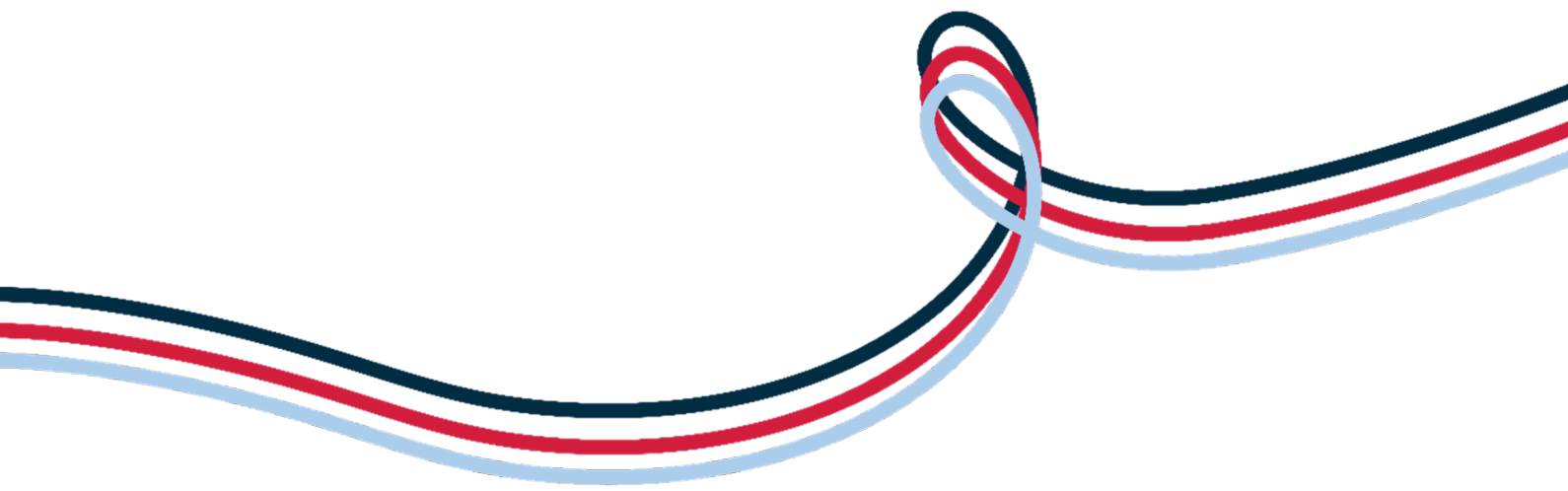
⁴⁶ Godier-McBard, Gillin and Fossey, *We Also Served*, 104.

⁴⁷ Hooks, Morgan et al., *'Where are all the Women?'* 78

⁴⁸ Centre for Military Women's Research, "Public attitudes towards women who have served in the UK Armed Forces: Findings from a household survey," (Chelmsford: Anglia Ruskin University, 2022): 1-8.

⁴⁹ Katherine Graham, Dominic Murphy and Laura Josephine Hendriks, "Exploring Barriers to Mental Health Treatment in the Female Veteran Population: A Qualitative Study," *Journal of Veterans Studies*, 8, 3, (2022): 158.

⁵⁰ Hooks, Morgan et al., *'Where are all the Women?'*, 78.





were a veteran, or that their military experiences were overlooked even when their veteran status was known⁵¹.

2. Access to service provision

Research indicates that veteran specific services are under-utilised by female veterans, meaning their support needs may not be being met⁵². The barriers to access have been characterised⁵³ as (1) lack of awareness of what is available (poor information and signposting) (2) not identifying as veteran (not feeling they can access veteran specific services); (3) services being male-dominated; services 'looking a lot like the military'⁵⁴ (branding and marketing being male dominated and therefore not being appealing for servicewomen, especially if their experience of military life has been negative) and (5) both veteran and non-veteran facing services having very poor awareness and understanding of the needs of women veterans.

Research also suggests that the way that women tend to communicate to gain support is also different and this affects how and which services they access. We know that female veterans do not tend to use Regimental Associations and Clubs as they are male dominated "*I'm talking about 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.....one female amongst 60 blokes. And clearly that's not a very welcoming place to be*"⁵⁵. Comparatively we know that many women do use peer support and social media in private peer support groups to the help they need 'in comparison to male veterans, female veteran appear to be better connected and make greater use of their social connections to reach out for informal support and help'⁵⁶

In a male dominated and male targeted⁵⁷ service sector, there is a lack of awareness of specific female veteran support needs. Consequently, women think they cannot or do not want to access a male-dominated provision (especially for issues such as MST, trauma and female health), and, similarly, service providers assume they offer 'services for all'. The latter '*tendency in the veteran support sector to assume parity of treatment across genders*' resulting in '*a lack of recognition that*

⁵¹ Abigail Wood, Matt Fossey, Patricia Price, David Powell, Helen Chalkley, Melissa Davidson and Lauren Godier-McBard, '*I don't feel like that's for me*': Overcoming barriers to mental healthcare for women veterans, (Chelmsford: Centre for Military Women's Research, 2022) 9.

⁵² Hooks, Morgan et al, '*Where are all the Women?*', 25.

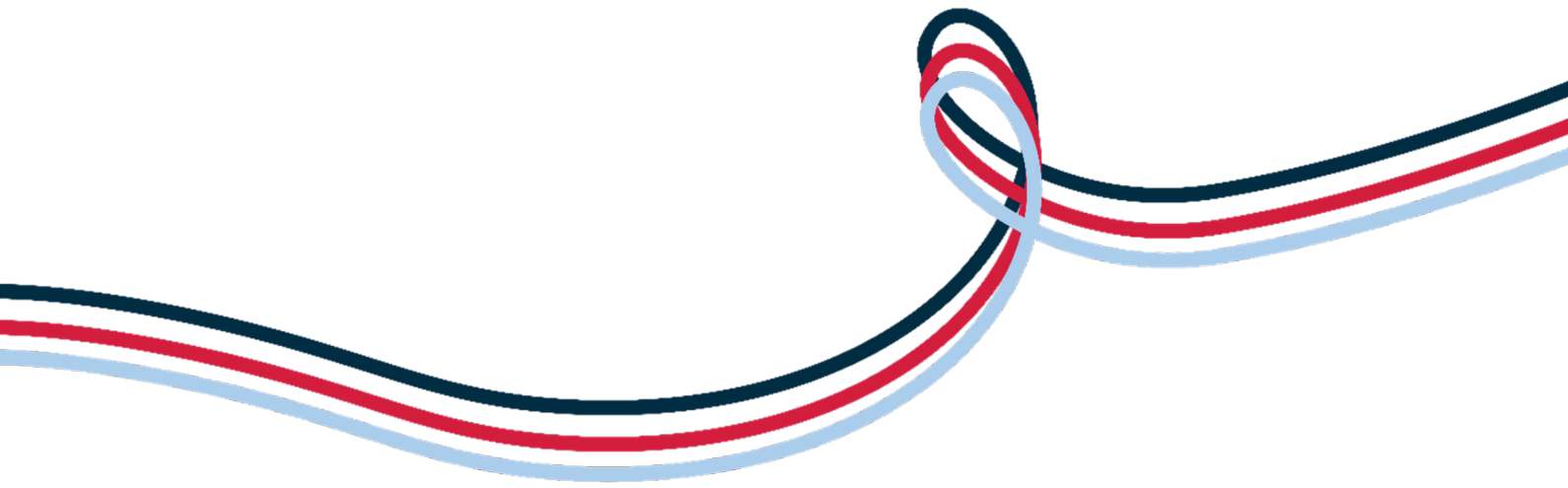
⁵³ Godier-McBard, Gillin and Fossey, *We Also Served*, 110-119.

⁵⁴ Alice Cree and Hannah West, *Conflict, Intimacy and 'Military Wives': A Lively Geopolitics Key Findings*, (Newcastle: Newcastle University, 2022) 11.

⁵⁵ Godier-McBard, Gillin and Fossey, *We Also Served*. 110

⁵⁶ Moira Bailey, Rita Phillips and Zoe Morrison, *Improving access to service charities for female veterans*, Aberdeen: Robert Gordon University, 2023) 35

⁵⁷ Lauren Godier-McBard, Nicola Gillin and Matt Fossey, "'Treat everyone like they're a man': Stakeholder perspectives on the provision of health and social care support for female veterans in the UK", *Health and Social Care in the Community*, 30, 6, (2022): 3966.





women may have unique needs⁵⁸ further prohibits women from accessing their services. This is exacerbated when services are not flexible enough to allow for childcare, women who work and cannot access services in the day, transport issues and other basic access needs⁵⁹.

There are also very real barriers to accessing services. Whilst these are also barriers for the general population, they further exacerbate issues for female veterans who may not feel they are able to reach out for support *'including inconsistency of services across regions, long waiting lists, difficulty getting GP appointments, organising appointments around work, navigating fractured services, and difficulties with transport. This was compounded by navigating a civilian system that was unfamiliar.'*⁶⁰

3. Distrust in the 'in-service' processes and support available

*'A panel found a significant mismatch, in some areas of the Army, between the intent of Army policy and the lived experience of its people. A significant number of people have been harassed and do feel undervalued. This is not widely recognised by the chain of command [...] many people feel reluctant to complain [...] and the complaints system is not entirely trusted [...] For young women, in particular, this gap between intent of Army policy and their experience can be very wide and its impact demoralising.'*⁶¹

A lack of trust in the service complaints procedure and general support for female veterans has been consistently reported, underpinned by a *'fear of not being believed, or being blamed for their experience, and fear that complaining would have a negative impact on their career'*⁶². This results in both under-reporting, lack of challenge, disregard of the specific issues faced by women in the military and then when they leave service, leading to a reluctance to access veterans support in the future.

This distrust has persisted, being reported in 2009⁶³ and still in 2021⁶⁴, resulting in inadequate responses to bullying and harassment and the consequent mistreatment of servicewomen and female veterans.

This distrust runs further than just 'in service' processes and into the wider veteran support space *'some reported breaks in confidentiality from support professionals during military service that*

⁵⁸ Godier-McBard, Gillin and Fossey, "Treat everyone like they're a man", 3969.

⁵⁹ Godier-McBard, Gillin and Fossey, *We Also Served*.

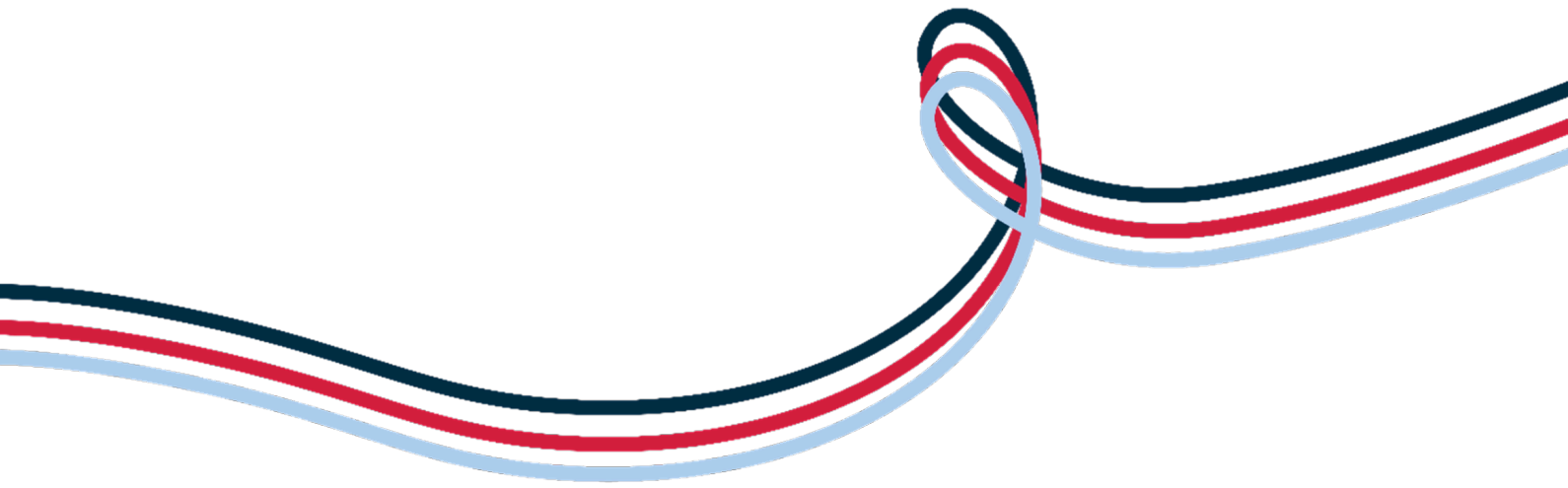
⁶⁰ Wood, Fossey et al., *'I don't feel like that's for me'*, 12.

⁶¹ Stephen Andrews and Ann Watts, *Professional Army, Diverse Army: Forging the Link*. (London: Ministry of Defence, 2009) 6-7.

⁶² Godier-McBard, Gillin and Fossey, *We Also Served*, 49.

⁶³ Professional Army, *Diverse Army 2009*

⁶⁴ Godier-McBard, Gillin and Fossey, *We Also Served*, 49.





impacted their trust in civilian service providers' creating a further barrier to access appropriate support.⁶⁵

4. Diversity of experience, including the various bans

The female veteran experience is not the same for everyone and is influenced by a myriad of intersectional characteristics including ethnicity, religion, sexuality, age, class, rank, amongst others. For example, *'for young women, in particular, this gap between the intent of Army policy and their experience can be very wide and its impact demoralising'*⁶⁶ with *'lower ranks and younger servicewomen [being] most vulnerable to sexual harassment'*⁶⁷, corroborated by research concluding that *'sexual assault is higher in under 18's'* thus having the greatest impact on *'junior ranks'*⁶⁸.

One of the specific ways this diversity of experience manifests is in relation to the way in which individual servicewomen were impacted by the various employment bans, resulting in servicewomen having to leave if they became pregnant, got married or were identified as LGBTQ+. The impact of these bans on wellbeing after service life is hugely significant for many women, affecting mental health with depression, anxiety, low confidence and self-esteem with COBSEO attributing *'increased suicide rates found in older women veterans'*⁶⁹ to *'the impact of bans on pregnancy and homosexuality'*. Research with LGBTQ+ active-duty service members and veterans has identified *'poor mental health and wellbeing [...] including increased suicidality, substance use, poor physical health, vulnerability to sexual assault, and lack of emotional and social support'*⁷⁰. Many women in the LGBTQ+ community also faced sexual assault which has gone unreported or unpunished due to the gay ban *'...the Ban enabled male and sometimes female personnel...to commit sexual assaults and harassment...and escape disclosure by threatening to report the victim as a homosexual...the Ban itself was used as a means of blackmail against victims of predatory sexual conduct'*.⁷¹ Interestingly the recent LGBT Veterans Independent Review (*'The Etherton Report'*)⁷² received 59% of its responses from women (666), the only record of lived experience for this community, of this group 44% indicated they were forced or compelled to leave, which demonstrates that once again women are disproportionately affected by this issue

Key Thematic Areas

⁶⁵ Wood, Fossey et al., *'I don't feel like that's for me'*, 10.

⁶⁶ Andrews and Watts, *Professional Army, Diverse Army*, 17

⁶⁷ Godier-McBard, Gillin and Fossey, *We Also Served*, 45.

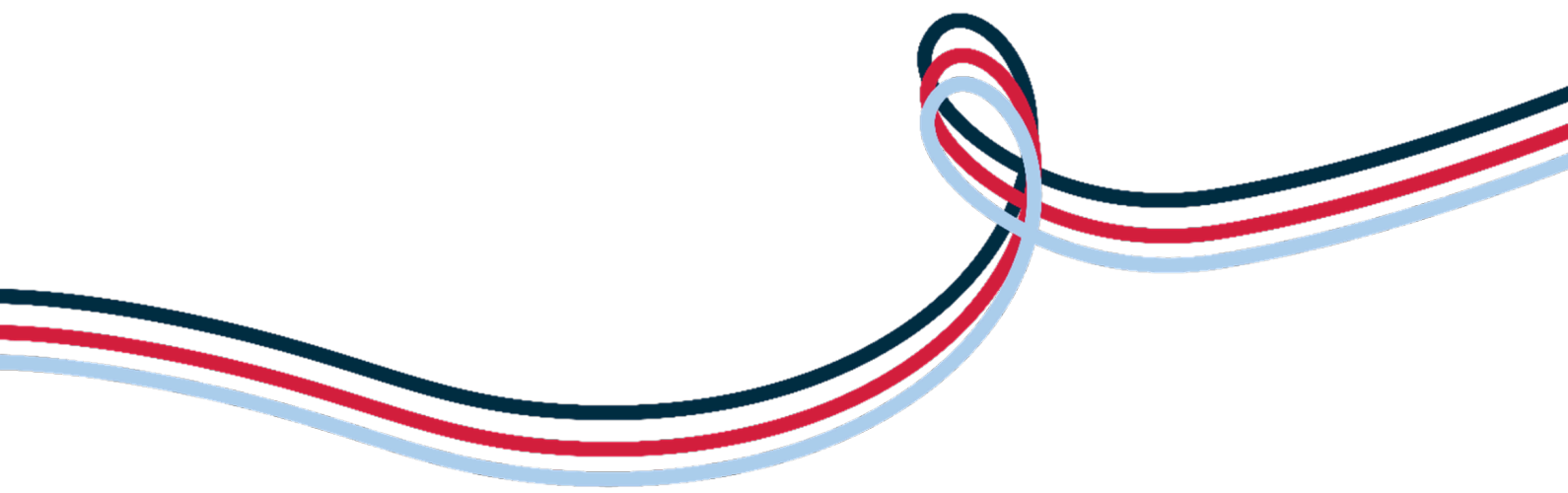
⁶⁸ House of Commons Defence Committee, *Protecting those who protect us*, 21.

⁶⁹ House of Commons Defence Committee, *Protecting those who protect us*, 72.

⁷⁰ Osborne and McGill, *Lost and Found*.

⁷¹ LGBT Veterans Independent Review, Final Report, Independent Review into the service and experience of LGBT veteran who served prior to 2000, May 2023. 53

⁷² LGBT Veterans Independent Review, Final Report, Independent Review into the service and experience of LGBT veteran who served prior to 2000, May 2023. 21





1. Bullying, harassment and discrimination (BHD)

*'During service, women are more likely than men to experience interpersonal stressors related to sexual harassment, assault and gender-based harassment.....the results indicate that women experienced levels of harassment and sexism in the military that are associated with worse physical and mental health outcomes'*⁷³

Bullying, harassment and discrimination are one of the manifestations of the male-dominated cultures and behaviours of the military institution. This was found to have affected nearly 62% of those surveyed⁷⁴ with 85% of another cohort reporting feeling that they were treated differently to their male counterparts during their military service⁷⁵.

An historic culture of misogyny, negative gender stereotyping and sexism⁷⁶, has been found to be improving but with change that is still too slow⁷⁷, but elsewhere, *'despite identification of systematic problems with discrimination against women in the Armed Forces over a decade ago, little progress has been made'*⁷⁸. Women reported finding ways to fit in with the 'banter' but also having to work twice as hard as men to be respected and recognised whilst feeling unable to challenge the sexism.⁷⁹ Whilst men are affected by these issues too, the evidence states that it *'disproportionately affect women'*⁸⁰, who were also at higher risk of physical victimisation during their military service *'such as being threatened with physical violence and being physically assaulted [...].women being a gender minority group within the military may put them at greater risk of bullying during service'*⁸¹.

2. Sexually Inappropriate Behaviour, including sexual assault and rape.

⁷³ Julia Baumann, Charlotte Williamson and Dominic Murphy, "Exploring the impact of gender specific challenges during and after military service on female UK veterans", *Journal of Military, Veteran and Family Health*, 8, 2 (2022): 78.

⁷⁴ House of Commons Defence Committee, *Protecting those who protect us*, 4

⁷⁵ Godier-McBard, Gillin and Fossey, *We Also Served*, 27.

⁷⁶ Godier-McBard, Gillin and Fossey, *We Also Served*, 26-35.

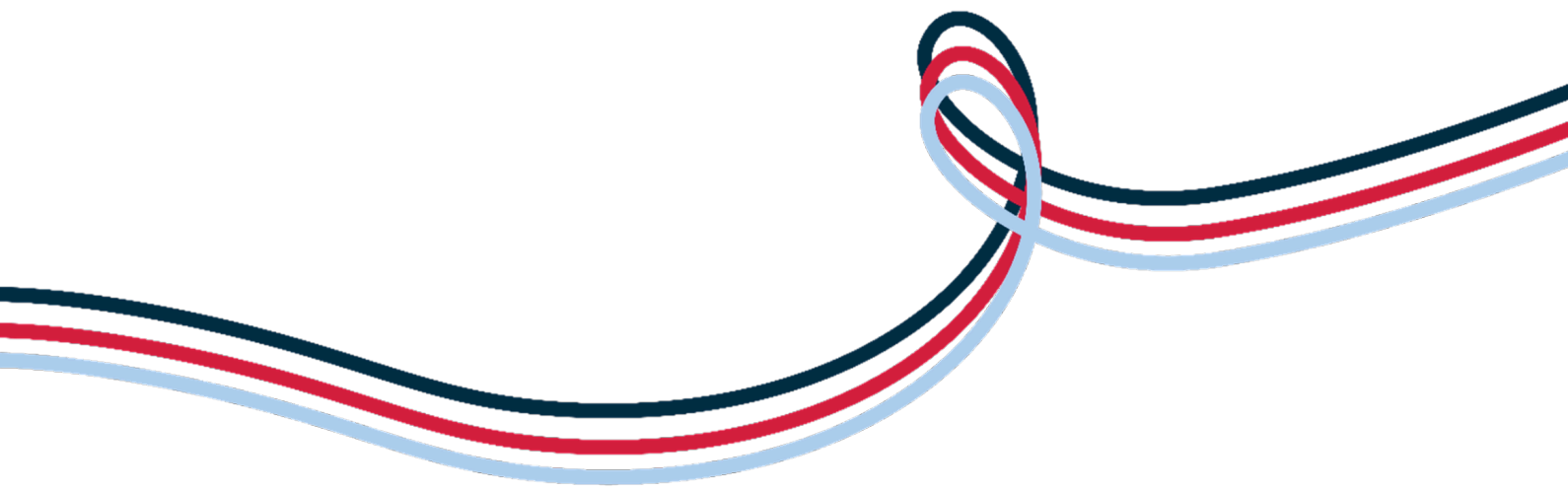
⁷⁷ House of Commons Defence Committee, *Protecting those who protect us*, 5.

⁷⁸ Godier-McBard, Gillin and Fossey, *We Also Served*, 33-34.

⁷⁹ Godier-McBard, Gillin and Fossey, *We Also Served*, 34.

⁸⁰ House of Commons Defence Committee, *Protecting those who protect us*, 19.

⁸¹ Laura Hendrikx, Victoria Williamson and Dominic Murphy, "Adversity during military service: the impact of military sexual trauma, emotional bullying and physical assault on the mental health and wellbeing of women veterans," *BMJ Military Health*, 0 (2021): 1.





'...sexual harassment is considered to be repeated, unsolicited and threatening verbal or physical contact of a sexual nature.....Importantly, MST (Military Sexual Trauma) is considered a stressor and not a diagnosis in and of itself'⁸²

*'In 2021, service women were more than ten times as likely as servicemen to experience sexual harassment in the last 12 months.'*⁸³ 73% of women in one study reported witnessing or experiencing sexual discrimination⁸⁴ ranging from sexually inappropriate behaviours and language, which many women have experienced, through to sexual assault and rape.

Sexually inappropriate behaviours have become normalised with women having to accept it is part of military life, to the extent that they may not even be able to recognise it as such when serving⁸⁵. For example, whilst *'sexualised behaviours were common'* and *'99% of service women had experienced jokes, stories, or language of a sexual nature in the past 12 months'*, *'there was a high tolerance for these behaviours as only 52% reported finding them offensive'*⁸⁶. This is a consistent finding, that high numbers experience these behaviours but low numbers report them.

Unacceptable behaviour and language, in the form of banter, is embedded in the Armed Forces, where it is tolerated and recognised as a means of 'fitting in', that can become normalised⁸⁷. Whilst unacceptable behaviour and language is 'tolerated' it is also clear that most people know it is not appropriate and yet still it continues as an important symbol of acceptance whereby women join in with the banter that is, in reality, 'discomforting or offensive to them'⁸⁸ whilst others suggest that even its inappropriateness can become hard to recognise⁸⁹. There remains insufficient research on the impact of sexually inappropriate behaviours, sexual harassment, assault and rape on the lives of servicewomen and veterans with *'these surveys [being] unable to provide information on the impact of sexual harassment and assault post service'*⁹⁰. However, findings from the recent Enhance Report state that symptoms such as 'PTSD, anxiety and depression, as well as poor social support later in life'⁹¹.

This is an issue which persists across the decades with *'many of the gender-based experiences outlined [...] relating (for example) to discrimination, sexual harassment, and sexual assault reported during service decades ago, continued to be reported by those serving more recently'*

⁸² GM Campbell & D Murphy, Enhance Study, Improving access to evidence-based treatment for women veteran survivors of military sexual trauma. Combat Stress 2023 16.

⁸³ House of Commons Defence Committee, *Protecting those who protect us*, 4.

⁸⁴ Godier-McBard, Gillin and Fossey, *We Also Served*, 30.

⁸⁵ West and Antrobus, "Deeply odd", 24-39.

⁸⁶ Godier-McBard, Gillin and Fossey, *We Also Served*, 45.

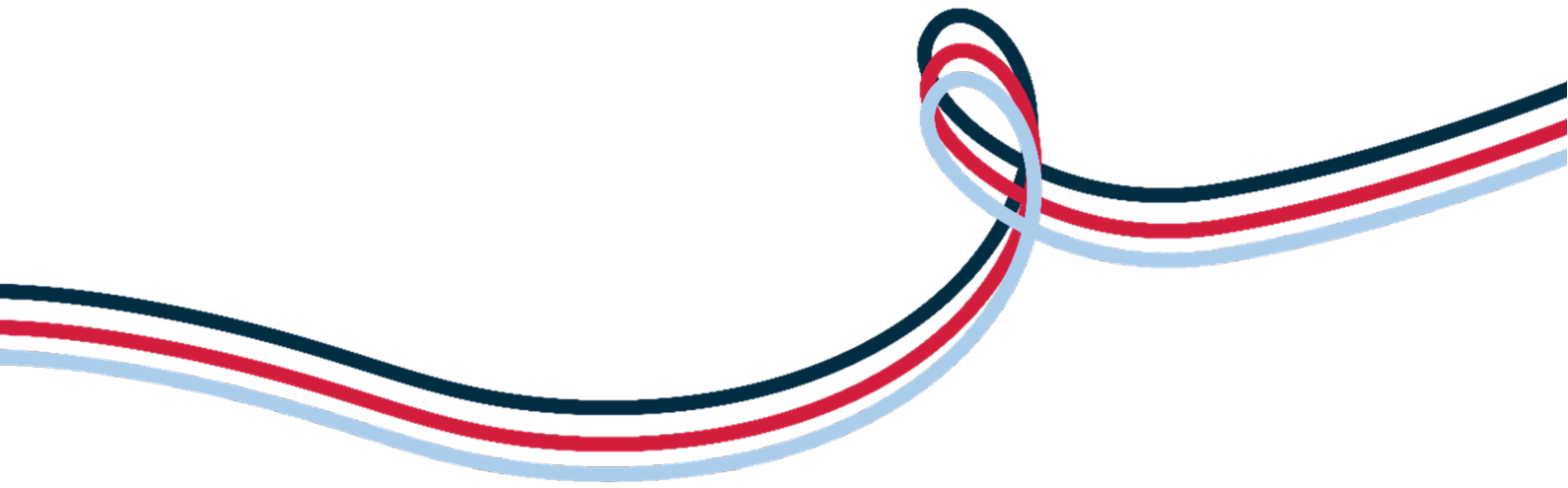
⁸⁷ Godier-McBard, Gillin and Fossey, *We Also Served*, 45-54.

⁸⁸ Andrews and Watts, *Professional Army, Diverse Army*, 21

⁸⁹ West and Antrobus, "Deeply odd", 24-39.

⁹⁰ Godier-McBard, Gillin and Fossey, *We Also Served*, 52.

⁹¹ Campbell & Murphy, Enhance Study, 10.





This review also notes that sexual assault is a significant, complex and challenging issue for those in the multicultural female veteran's community. The recent report, 'Seen But Not Heard' gives an overview of how this issue particularly impacts on this group, reinforcing the importance of viewing women through an intersectional lens and not as a homogenous group⁹².

3. Physical Health

'women serve for shorter lengths of time than men, are more likely to leave early, and are more likely to leave due to ill-health.....significantly more likely to be medically discharged.....and are less likely to have prepared for civilian life'⁹³

The scale of physical health issues is vast, but for women there are some specific areas where they need specialist and dedicated support. Some of these health issues occur whether you are in the military or not (pregnancy, perimenopause, menopause etc), but the way in which the military respond to these issues make it more difficult for women who have served. *'In terms of reproductive outcomes, infertility rates and menstrual disorders are shown to increase with increasing number and length of deployment'⁹⁴. Osteoporosis and brain fog can be triggered by menopause with very little support for understanding how to support women through this which can lead to leaving the military early⁹⁵. There is also a lack of healthcare to support women during these periods of time 'it can be very difficult to find a military GP who understands women's health'⁹⁶ even though the MOD updated its women's health policy in 2021.*

There are also specific health issues that women face as a direct result of their service e.g. Musculoskeletal (MSK), which is often related to the provision of poor equipment. *'Women in the British Army have been found to be seven times more likely than men to suffer from musculoskeletal injuries.....they are ten times more likely than men to suffer from hip and pelvic stress fractures'⁹⁷. 77% of currently serving personnel disagreed that the uniform is appropriate for their needs, including the use of male body armour which is not designed for the female form (i.e. breasts, smaller frames etc)⁹⁸.*

When compared to civilian women, servicewomen experienced higher rates of ovarian cancer and breast cancer⁹⁹ and when comparing Gulf War veterans with other servicewomen, the former

⁹² Tony Wright, "'Seen but not Heard': Unheard voices from the Military Black, Asian & Minority Ethnic (BAME) Community", (Dudley: Forward Assist, 2022).

⁹³ Godier-McBard, Gillin and Fossey, *We Also Served*, 60.

⁹⁴ Godier-McBard, Gillin and Fossey, *We Also Served*, 39.

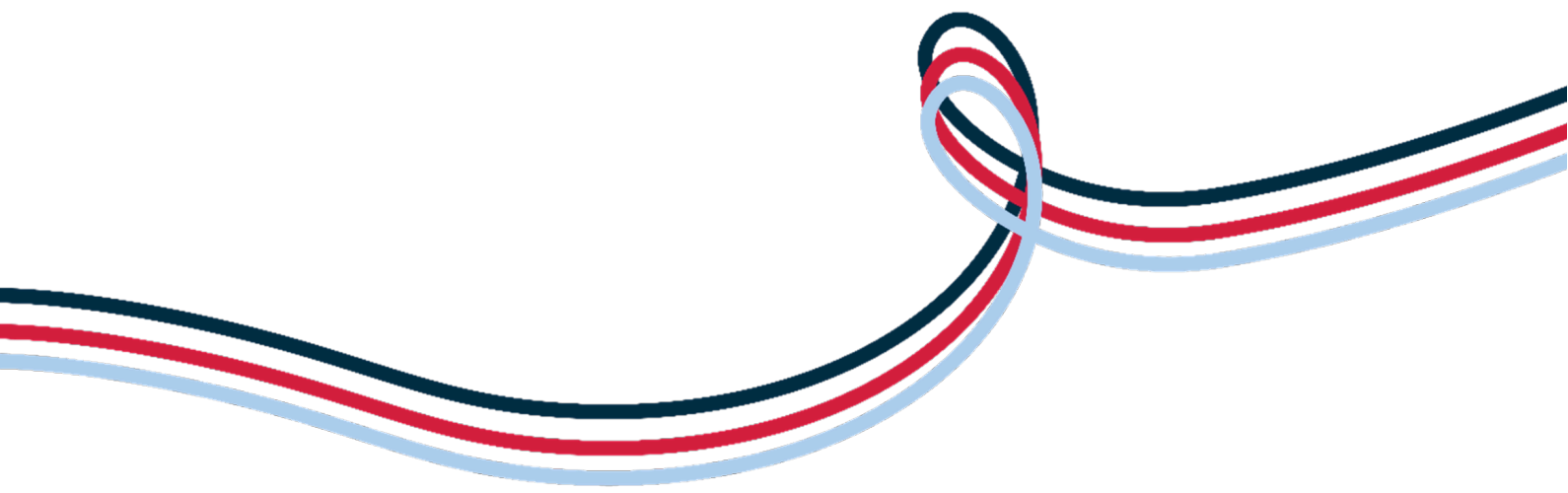
⁹⁵ House of Commons Defence Committee, *Protecting those who protect us*, 37.

⁹⁶ House of Commons Defence Committee, *Protecting those who protect us*, 36.

⁹⁷ Edwards and Wright, *No Man's Land*, 5.

⁹⁸ House of Commons Defence Committee, *Protecting those who protect us*, 32

⁹⁹ Godier-McBard, Gillin and Fossey, *We Also Served*, 72.





experienced higher instance of malformation of foetuses¹⁰⁰. Research found hearing loss associated with spending long periods of time in noisy environments¹⁰¹ and greater instances of kidney damage and UTIs experienced by servicewomen due to inappropriate uniform and lack of sanitary products¹⁰²

4. Mental health support

'Women reported several aspects of service impacted their mental health, including traumatic events during deployment, non-combat related workplace stressors, gender-based discrimination, sexual harassment and sexual assault and family life challenges'¹⁰³

UK military women experience more mental health related problems than military men¹⁰⁴ and, for those with experience of MST, a diagnosis of PTSD is more likely¹⁰⁵. Women veterans are less likely to die by suicide than men, although more likely than female civilians¹⁰⁶, but more likely to experience depression and non-PTSD anxiety disorders and more likely to experience eating disorders¹⁰⁷. Alcohol misuse is significantly lower in women than men, but military women in the UK drink significantly more than their civilian counterparts¹⁰⁸.

Women often report feeling embarrassed, ashamed or having a stigma attached to asking for help for mental health support and whilst this is similar to how men respond *'military service women were sometimes perceived as weak and emotional in comparison to their male counterparts, and their mental health struggles were downplayed by colleagues and those of a higher rank. This meant that these mental health problems were unresolved'¹⁰⁹. 'Female veterans reported a lack of understanding and negative stereotypes around women's mental health, leading them to feel their care needs were not taken seriously'¹¹⁰, 'they exit with no social support or community connection, leaving them struggling to deal with complex trauma in isolation'¹¹¹.*

¹⁰⁰ Godier-McBard, Gillin and Fossey, *We Also Served*, 73.

¹⁰¹ Hooks, Morgan et al., 'Where are all the Women?', 33.

¹⁰² House of Commons Defence Committee, *Protecting those who protect us*, 31-36.

¹⁰³ Wood, Fossey et al., *'I don't feel like that's for me'*, 4.

¹⁰⁴ Norman Jones, M Jones, Neil Greenberg, N Phillips, Amos Simms and Simon Wessely, "UK military women: mental health, military service and occupational adjustment", *Occupational medicine*, 70, 4, (2020): 235.

¹⁰⁵ Graham, Murphy and Hendrikx, "Exploring Barriers", 152.

¹⁰⁶ Beverley Bergman, D Mackay, J Pell, "Suicide among Scottish military veterans: follow up and trends", *Occupational Environmental Medicine*, 79, (2022): 88.

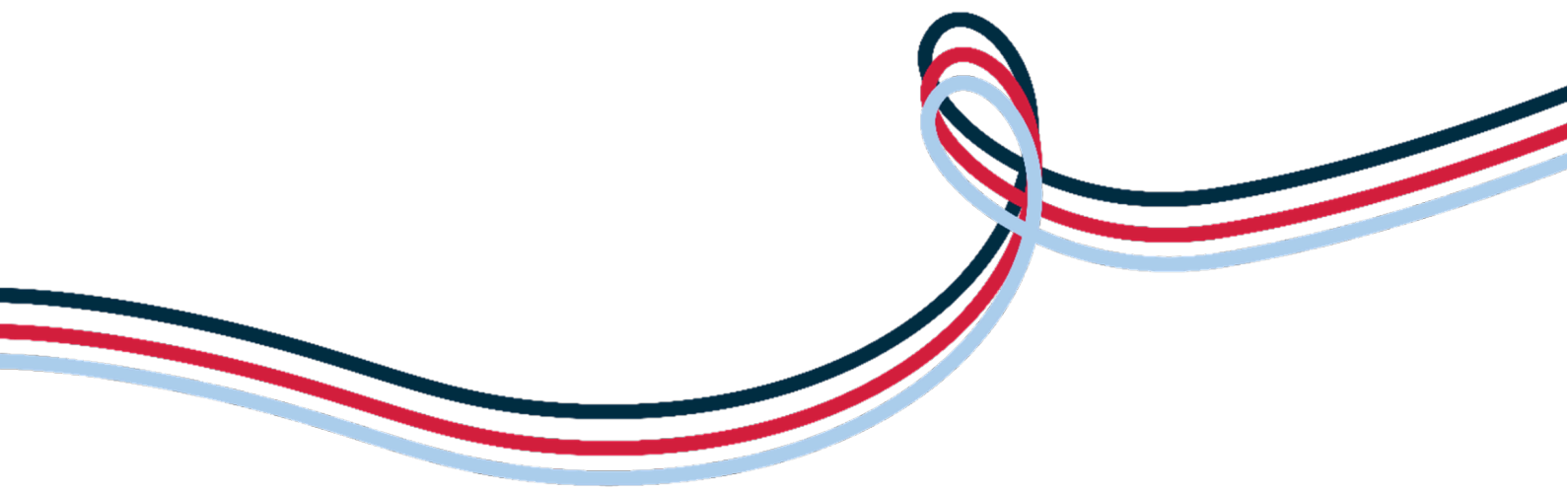
¹⁰⁷ Godier-McBard, Gillin and Fossey, *We Also Served*, 82.

¹⁰⁸ Jones, Jones, et al., "UK military women", 235.

¹⁰⁹ Hooks, Morgan et al., *'Where are all the Women?'*, 35.

¹¹⁰ Lauren Godier-McBard, Graham Cable, Abigail Wood and Matt Fossey, "Gender differences in barriers to mental healthcare for UK military veterans: a preliminary investigation", *BMJ Military Health*, 168, 1, (2022): 73.

¹¹¹ Paula Edwards, Tony Wright and Stuart Honor, *No Man's Land 2*. (Dudley: Salute Her UK, 2022), 13.





Women often state that it is difficult to know where to get help and this is further exacerbated by the lack of awareness of the very existence and needs of female veterans, *'evidence suggests that women are underutilising specialist veterans services'*¹¹². Female veterans are also more likely to access NHS general healthcare than veteran specific support. Many would access veteran support for mental health if it was accessible for women and there was an awareness of the specific needs of women with *'50% of respondents reported that they would have benefitted from accessing mental health support during service....the very ethos and culture is often a barrier'*¹¹³ This lack of knowledge and awareness of the needs of female veterans, often led them to feeling like they had nowhere to go and no one could offer the right support *'participants reported that this poor treatment was in large due to the fact that they were female'*¹¹⁴

Devolved Administrations

The Female Veterans Transformation Project covers the whole of the UK and therefore must include the work and needs of female veterans in the Devolved Administrations. Most of the research conducted covers the whole of the UK, however it does not often break down the needs of women or support available in specific areas and can feel very England centric. The DA's are governed in a different way, have their own Veterans Commissioner, deliver services in a different way and are guided by slightly different policies – especially in Northern Ireland because of the Troubles. As a result of this we need to be cognisant of these specific needs, specifically when looking at the future support that is required.

This following section highlights research identified that is specific to Wales, Scotland, and Northern Ireland.

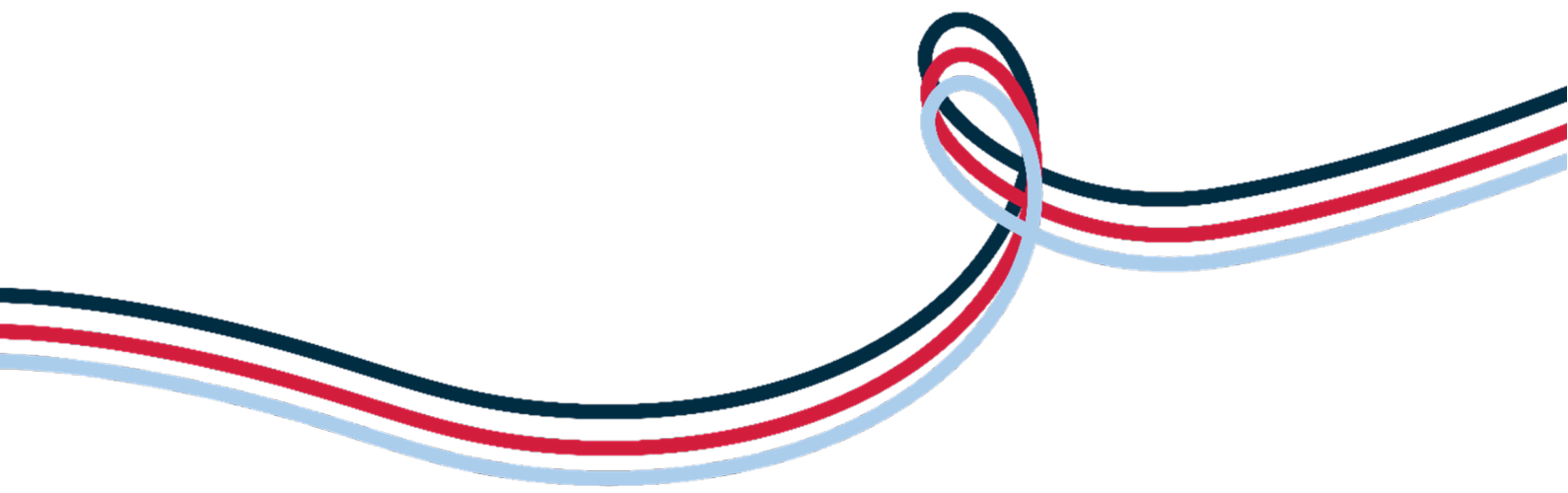
Wales

The Welsh Senedd has devolved powers for health and social care, setting the Health Care Strategy delivered by NHS Wales. There are 7 Local Health Boards, 3 NHS Trusts and 2 Special Health Authorities. Veterans are supported via Veterans NHS Wales, which is based in Primary Care to support the Armed Forces Community. This means that services for veterans will be delivered differently for people in Wales and this needs to be taken into account when reviewing the future of service provision i.e. not assuming NHSE Veteran provision is available in the same way.

¹¹² Wood, Fossey et al., *'I don't feel like that's for me'*, 1.

¹¹³ Edwards and Wright, *No Man's Land*, 17.

¹¹⁴ Graham, Murphy and Hendrikx, "Exploring Barriers", 155.





The recent UK Census did collect information on veterans in Wales, whilst this has been published for the UK, it does not break this down into the Wales specific population, with no gender information available in the November 2022 release¹¹⁵

A recent report, 'Female veterans: The forgotten and invisible servicewomen of our armed forces', gives an up-to-date overview of the picture of the needs of female veterans in Wales. Whilst many of the key themes were consistent with those identified elsewhere, there was a strong feeling *'that all that attended felt they were effectively "invisible" – the forgotten veterans'*.¹¹⁶

Scotland

The Scottish Parliament has similar decision-making powers to Wales with Parliament setting the healthcare priorities to be delivered by NHS Scotland. Scotland is signed up to the Armed Forces Covenant and therefore offers provision for veterans, it has Armed Forces and Veterans Champions in every NHS Health Board and offers dedicated provision around mental and some physical health conditions.

In terms of numbers this is currently unknown, both for the wider veteran population and in turn the numbers of women 'Scotland's Census 2022 included for the first time a question on previous service in the UK Armed Forces. Census data will help to support a better understanding of the veterans community in Scotland including numbers, location, employment status, housing and other needs such as healthcare and education. The first veterans Census outputs, expected in 2024, will help to inform policy development and targeted support.'¹¹⁷

Northern Ireland

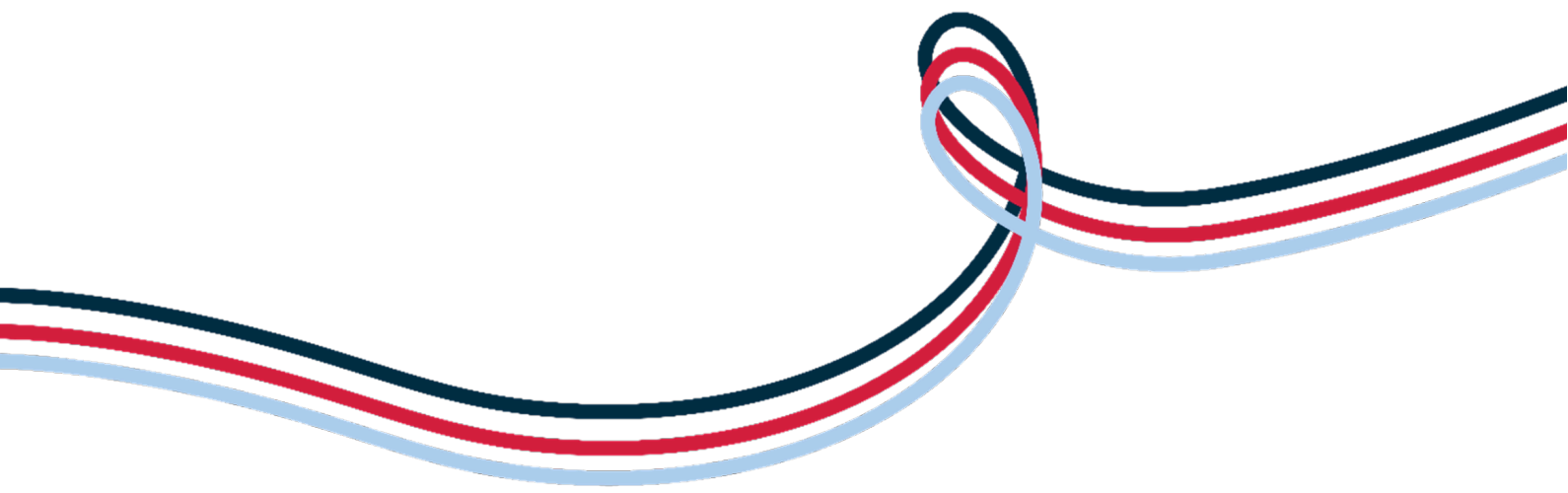
The Northern Ireland Assembly were given devolved powers as part of the Good Friday Agreement The Department of Health has overall responsibility for health and social care and it is delivered through the Health and Social Care Board which is made up of 5 Health Trusts. However, there are current issues with exceptionally long waiting lists in Northern Ireland which affect the general population and in turn those veterans who we know are more prone to certain physical and mental health issues i.e. musculoskeletal. "Available information suggests waiting list performance levels are significantly worse in Northern Ireland compared with the other UK regions."¹¹⁸

¹¹⁵ Welsh Government, *UK Armed Forces veterans in Wales (Census 2021)*, (Cardiff: Welsh Government, 2022).

¹¹⁶ Lisa Rawlings, Kelly Farr, Holly Rawlings and Jake Palmer, "Female Veterans: The forgotten and invisible servicewomen of our armed forces. Commentary and recommendations of the Female Veterans in Wales Workshop", June 2022, 9.

¹¹⁷ 'Veteran statistics: FOI release', Scottish Government, January 5, 2024, <https://www.gov.scot/publications/veteran-statistics-foi-release/>

¹¹⁸ 'Waiting lists: "Urgent funding needed" to clear Northern Ireland backlog', BBC, October 10, 2023, <https://www.bbc.co.uk/news/uk-northern-ireland-67057748>.





The prevailing political sensitivities of the Troubles make Northern Ireland a more complex environment to be a veteran with many still unwilling or unconfident to make known their veteran status for fear of retributions ‘...continuing issues female veterans in Northern Ireland face with disclosing their veteran status’¹¹⁹ This brings further challenge to the provision for veterans in Northern Ireland. Nonetheless, 2023 saw the launch of the Veterans Welfare Service (NI) which offers practical help, welfare advice and medical services for veterans of all 3 services, particularly around mental health and some physical health conditions (MSK, pain management etc). This MoD-delivered service is supplemented by the work of third sector organisations, especially the Service Charity sector, who offer veteran specific programmes of support not otherwise available through the statutory sector. The Northern Ireland Veterans Health and Wellbeing Study explored the support services for and experiences of veterans acknowledging the particular complexities of the issues faced by veteran in Northern Ireland but also recognising the need for more research with female veterans.¹²⁰ Due to this there is an over-reliance on the charity sector to offer services for veterans, which is often reliant on short term funding and not sustainable. Defence Medical Welfare Services (DMWS) have just begun delivery of an OVA-funded 18-month project, focused on specific assistance to veterans on physical health waiting lists and pathways. The Northern Ireland Veterans Support Office (NIVSO) is responsible for identifying gaps in service provision and for coordinating and building additional capacity to meet the need. The Veterans Commissioner continues to advocate for all veterans in NI.

Outstanding priority areas

Annex B maps the ongoing research in this field, although conscious that this will continue to evolve, we advocate tracking this evolution via the Forces in Mind Trust Research centre website¹²¹ which includes ongoing research and is updated based on information provided. Studies consistently record findings that include the requirement for further research and action on many topics. The following section highlights some of these areas which have been raised as a priority specific to women but require more research, insight and action.

1. Transition

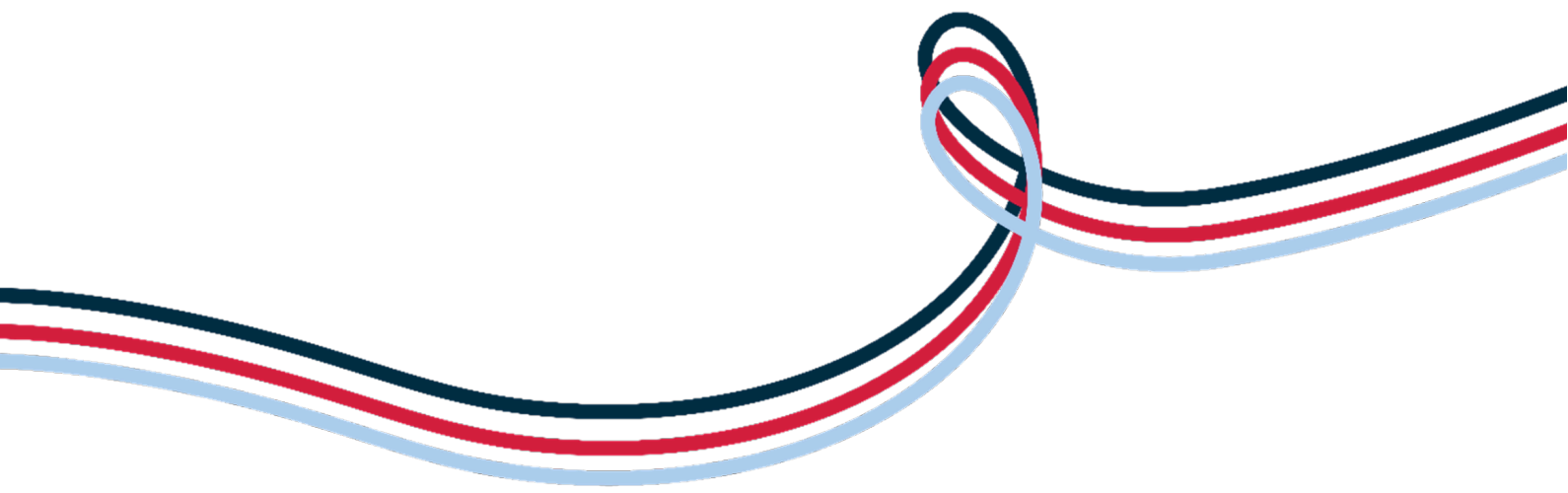
Whilst it is more common for women to leave service earlier than men, the MOD ‘does not consider that servicewomen face specific or additional challenges during their transition’¹²². However, literature reveals that transition packages/programmes are ‘not sufficiently tailored to meet

¹¹⁹ Moira Bailey, Rita Phillips and Zoe Morrison, *Improving access to service charities for female veterans*, Aberdeen: Robert Gordon University, 2023) 34

¹²⁰ Cherie Armour, Emma Walker, Bethany Waterhouse-Bradley, Matthew Hall, Jana Ross, Northern Ireland Veterans Health and Wellbeing Study: Current and Future Needs of Veterans in Northern Ireland. (Coleraine: Ulster University, 2017).

¹²¹ “Ongoing research”, Forces in Mind Trust, <https://www.fimt-rc.org/research/ongoing-research>.

¹²² House of Commons Defence Committee, *Protecting those who protect us*, 72.





women's needs¹²³ and many women veterans report that the transition service that is currently in place is, 'not fit for purpose' with '60% of the interviewees [feeling] that they had received little support or preparation for life as a civilian [...] report[ing] feeling abandoned by the military'¹²⁴.

2. Employment and Finance

'Economic inactivity amongst female veterans in the UK is poorly understood'¹²⁵. However information from Canada states that female veterans 'earn approximately 60% of what male veterans earned on leaving'¹²⁶. This is supported within the UK as '69% of respondents said their skills and experience [...] were not understood by civilian employers'¹²⁷ and '44% report[ing]ed being unemployed for long periods of time'¹²⁸. Most of the literature around female veterans and employment and employment support experiences is non-UK based (US predominantly)¹²⁹. Female veterans are more likely to be unemployed, less likely to claim benefits and experience 'barriers to employment' which include 'difficulties finding suitable and flexible employment'¹³⁰

Female veterans report many positive experiences in relation to employment, feeling that they have a range of transferable skills that help when they leave the military, including 'discipline, time management, leadership and negotiation skills.'¹³¹ However, some women find gaining employment difficult which impacts their finances, housing, and mental health. Challenges in making the transition to civilian jobs are perceived changes in work ethic, different leadership skills and the ability to be assertive. Single mothers or a female veteran married to a serving person with childcare responsibilities, experienced more challenges than others. Some females are also more affected by this issue if they served for a shorter period of time due to the historic bans. This was particularly evident if forced to leave due to pregnancy as transition processes were poor and ineffective¹³². Lack of appropriate employment opportunities can have severe impacts on life choices and health and wellbeing outcomes with research suggesting that 'many women suffered poverty, low income and debt after leaving service, and resorted to committing crime, escorting, sex work and using alcohol to cope with the transition'¹³³. Females affected by this were able to claim less or no pension whatsoever, due to having to leave service early 'some of the veterans

¹²³ House of Commons Defence Committee, *Protecting those who protect us*, 73.

¹²⁴ Edwards and Wright, *No Man's Land*, 16.

¹²⁵ Godier-McBard, Gillin and Fossey, *We Also Served*, 89.

¹²⁶ Godier-McBard, Gillin and Fossey, *We Also Served*, 85.

¹²⁷ House of Commons Defence Committee, *Protecting those who protect us*, 73.

¹²⁸ Edwards and Wright, *No Man's Land*, 18.

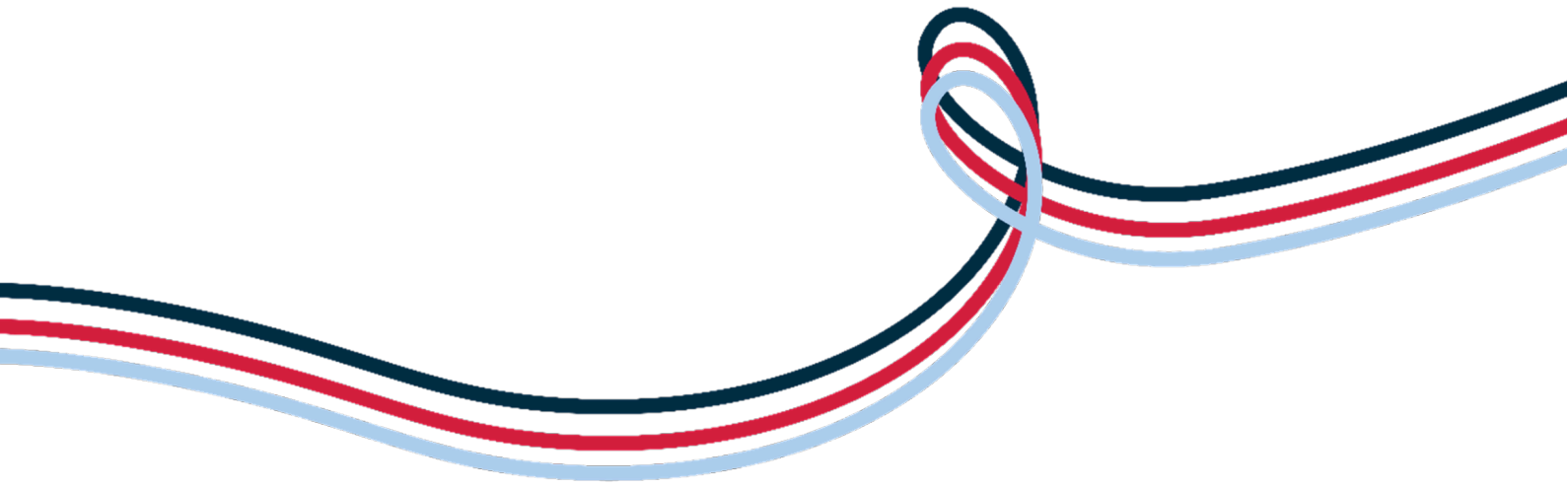
¹²⁹ Hooks, Morgan et al., 'Where are all the Women?', 60

¹³⁰ Godier-McBard, Gillin and Fossey, *We Also Served*, 97.

¹³¹ Hooks, Morgan et al., 'Where are all the Women?', 55.

¹³² Hooks, Morgan et al., 'Where are all the Women?', 58.

¹³³ Improving access to service charities for female veterans





state that they have never received any services pension following dismissal or discharge, even when they served for several years¹³⁴ creating long term financial hardship.

3. Housing

'Female veterans have been found to be reluctant to seek support in relation to housing'.¹³⁵

Data on housing and homelessness is dominated by the US context and there is limited data from the UK where they *'remain invisible when trying to access either emergency direct homeless accommodation or permanent tenancies via social housing providers.'*¹³⁶

The research also tells us that there is a North-South divide within the UK in terms of affordable housing options, but little data exists to show how many female veterans face issues of homelessness or finding appropriate housing once they leave the military, with one study suggesting that *'programs that support homeless veterans often fail to take female veterans needs into consideration, such as not providing adequate arrangement for females with children'*¹³⁷.

There is also a significant issue for women finding safe housing, particularly if they have faced issues of MST and do not want to be housed with other men, as it could create a safeguarding issue. Data from the Op Nova project shows that there is currently a shortage of female only housing. Being a single parent or from a lower rank can affect ability to gain appropriate housing, especially when you have had to take pay cut when moving into civilian employment or have caring responsibilities that mean gaining employment is difficult¹³⁸ Recent research also highlights that *'Homeless women veterans are an invisible population in the UK and as such, may be more vulnerable to exploitation.'*¹³⁹

4. Family life

*'Juggling Service life and family life can be hard for all Service personnel, but especially for military women, who are more often the main care-giver for children and part of a dual serving couple'*¹⁴⁰

¹³⁴ LGBT Veterans Independent Review, Final Report, Independent Review into the service and experience of LGBT veterans who served prior to 2000, May 2023. 56

¹³⁵ Improving Access to Service Charities for female veterans

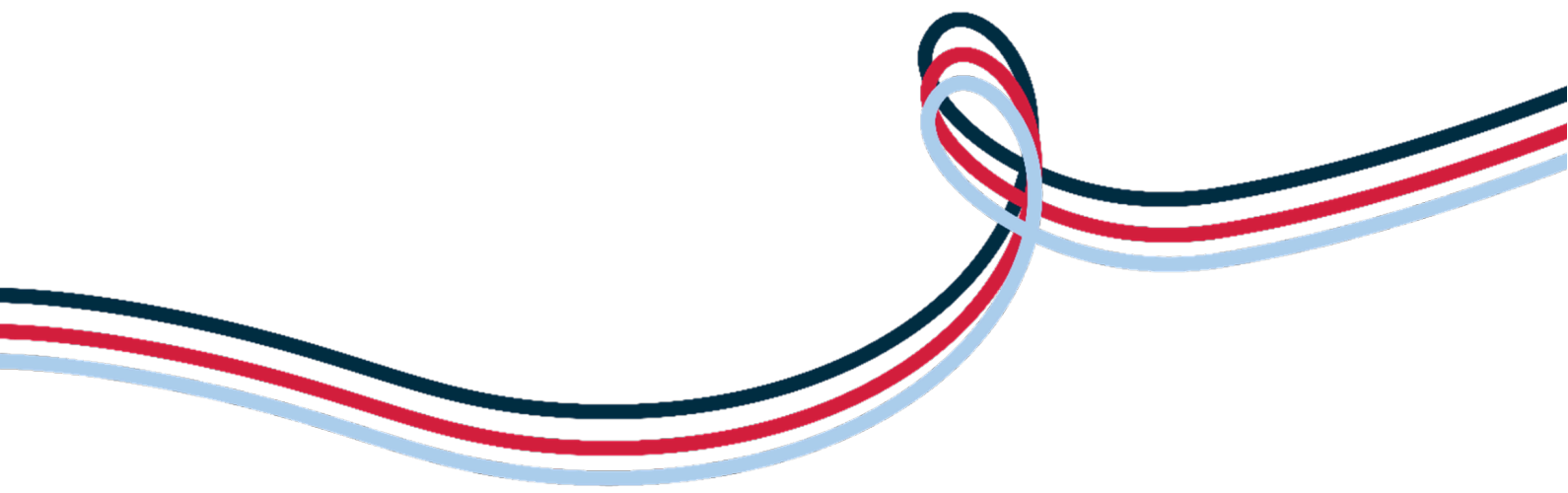
¹³⁶ Paula Edwards and Tony Wright, *Forgotten Women Veterans; Hidden narratives from the UK criminal justice system*, (Dudley: Salute Her and Forward Assist, 2023), 23.

¹³⁷ Moira Bailey, Rita Phillips and Zoe Morrison, *Improving access to service charities for female veterans*, Aberdeen: Robert Gordon University, 2023) 23

¹³⁸ Hooks, Morgan et al., *'Where are all the Women?'*, 63-64.

¹³⁹ Edwards and Wright, *Forgotten Women Veterans*, 23.

¹⁴⁰ House of Commons Defence Committee, *Protecting those who protect us*, 41.





Once women no longer had to leave on marriage or motherhood, servicewomen had to work out how to juggle family life with a career, or make the decision to have one or the other.¹⁴¹ Of course this affects servicemen too but has often caused particular issues for serving women and their families who have to make sacrifices, especially when being deployed or having to take regular postings, meaning being absent from family or having to constantly move family¹⁴².

Noting that ‘56% of married service women are in a service couple compared to 5% of service men’¹⁴³, those in dual serving households (where the mother tends to take greater responsibility for childcare) and single mothers are disproportionately affected by these challenges. This is exacerbated by women being more likely to be widowed, divorced or separated¹⁴⁴. Whilst women also report higher levels of social support to help with caring for family ‘the negative impact of military service on family life may still be leading women to leave earlier than planned’¹⁴⁵, especially as ‘military commands are unable or unwilling to make concessions for mothers, as deployment overseas and prolonged absence, impact on both mothers and children’¹⁴⁶.

5. Adverse Childhood Experiences (ACE)

‘Data presented suggests that a sizable percentage (55%) of female army veterans experienced one or more ACEs [...] the literature suggests that a history of childhood trauma may increase the likelihood and severity of adult victimisation’¹⁴⁷

PTSD, Common Mental Disorders (CMD), anger, physical health issues, loneliness and perceived low social support can all be attributed to ACE. One study identified that ‘20% of women interviewed had been in local authority care as children’¹⁴⁸, which is much higher than the wider population. However, ACE’s alone do not suggest that female veterans will have poor outcomes and service experiences alone can outweigh the impact of pre-joining factors with research finding that ‘traumatic experiences during military service were more important in predicting adverse health outcomes than ACE’s’¹⁴⁹.

6. Race and Faith

¹⁴¹ Godier-McBard, Gillin and Fossey, *We Also Served*, 10.

¹⁴² Godier-McBard, Gillin and Fossey, *We Also Served*, 59.

¹⁴³ House of Commons Defence Committee, *Protecting those who protect us*, 38.

¹⁴⁴ Godier-McBard, Gillin and Fossey, *We Also Served*, 98.

¹⁴⁵ Godier-McBard, Gillin and Fossey, *We Also Served*, 61.

¹⁴⁶ Dodds and Kiernan, “Hidden Veterans,” 301.

¹⁴⁷ Charlotte Williamson, Julia Baumann, Dominic Murphy, “Adverse childhood experiences, military adversities, and adult health outcomes among female Veterans in the UK,” *Journal of Military, Veteran and Family Health*, 62.

¹⁴⁸ Edwards and Wright, *No Man’s Land*, 10.

¹⁴⁹ Godier-McBard, Gillin and Fossey, *We Also Served*, 24.





'Failure to consider intersectionality by sex and ethnicity renders it difficult to make explicit suggestions whether specific subpopulations of female veterans [...] may experience exacerbated problems in some areas of post service life'¹⁵⁰

In terms of race and faith very little research exists that gives us an overview of the specific experiences and needs of female veterans. We found no dedicated research in this area and therefore the literature reviewed is non-gender specific. This is the only area within this document where we have done so, so it is important that it is not overlooked when moving the work forward.

Being female and from a minority ethnic background can lead to more negative experiences of serving¹⁵¹ with some information that evidence has been seen of poor treatment of those from ethnic minorities¹⁵², which results in over-representation of '*minority ethnic personnel [...] in the overall service complaints system*'¹⁵³. But as with this example, and others including census records, the data is not broken down to specific genders and as such information for the female veteran cohort from a minority ethnic background is non-existent¹⁵⁴. Whilst the most recent Census data gives us information on race and faith, it is not broken down by gender and therefore the data for female veterans in this population is poor.

We know from the recent Biannual Diversity Statistics release that 10.1% of serving personnel are from minoritised ethnicity backgrounds¹⁵⁵ which would lead us to believe that a percentage of this population are female. The intersectionality of having served, being female and from a minority ethnic background suggests that many of the issues in this review will not only be faced by this group, but may also be exacerbated. From the information available (non gender specific) there is evidence to suggest :

- Health and mental health outcomes are poorer for this group with 'black women more likely to experience common mental health problems that their white counterparts'¹⁵⁶
- Reported fear of institutional racism and general distrust of care providers, meaning that less people access support or are admitted for care¹⁵⁷
- More are likely to experience sexual harassment, bullying or discrimination¹⁵⁸
- Many face issues with transition and gaining employment¹⁵⁹

¹⁵⁰ Moira Bailey, Rita Phillips and Zoe Morrison, *Improving access to service charities for female veterans*, Aberdeen: Robert Gordon University, 2023) 8.

¹⁵¹ Edwards, Wright and Honor, *No Man's Land 2*. (Dudley: Salute Her UK, 2022), 3.

¹⁵² Andrews and Watts, *Professional Army, Diverse Army*, 19

¹⁵³ House of Commons Defence Committee, *Protecting those who protect us*, 45.

¹⁵⁴ Office for National Statistics, "Characteristics of UK armed forces veterans."

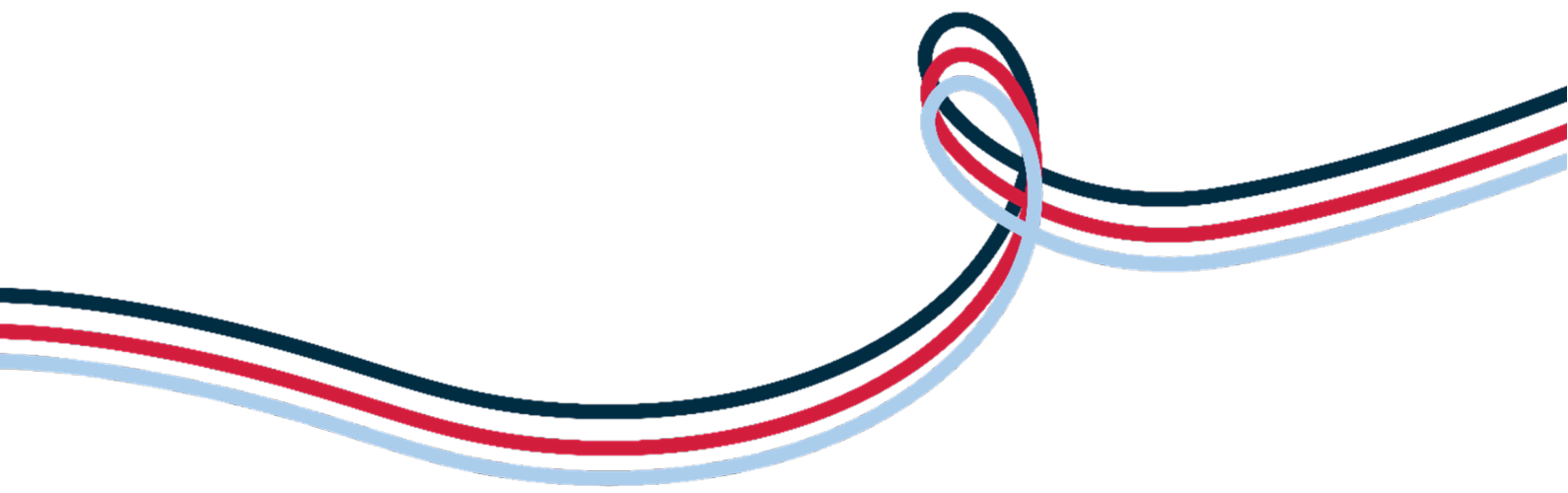
¹⁵⁵ "UK minoritized ethnicity ex-Service personnel: A review of current research and highlighting gaps," FiMT Research Centre News Features, published January 2024, 2.

¹⁵⁶ FiMT Research Centre, "UK minoritized ethnicity ex-Service personnel", 3.

¹⁵⁷ FiMT Research Centre, "UK minoritized ethnicity ex-Service personnel", 4.

¹⁵⁸ FiMT Research Centre, "UK minoritized ethnicity ex-Service personnel", 6.

¹⁵⁹ FiMT Research Centre, "UK minoritized ethnicity ex-Service personnel", 8.





The Forgotten Women Veterans report further enhances the evidence that the minority ethnic community is impacted significantly and whilst the British Army state that *'There is no place in the British Army for any form of racist view or behaviour.'*, we also have heard that 'racism is prevalent within the Armed Forces and incidents of racism are occurring with increasing and depressing frequency'¹⁶⁰. Furthermore, members of the minority ethnic community are impacted and face complexity with regard to sexual assault *'these individuals often face unique barriers in seeking support due to racism, cultural stigmas, language barriers and a lack of culturally sensitive services. The intersectionality of their identities - being both victims of sexual assault and members of minority communities – compounds the challenges they face'*.¹⁶¹

The research in this area is minimal and highlights the need for dedicated research to better understand the support needs, however, it does also highlight the need for personalised support based on the individual's needs and their intersectional experience, including having culturally sensitive support, based on a clear understanding and awareness of the minority ethnic community and that of being a female veteran.

7. Criminal Justice

Another area where there is little, or no gender specific research is within the criminal justice system. Women veterans in prison and within the wider Criminal Justice System (CJS) are under-represented, and we know there are issues with understanding the true picture of the numbers of women in this population - which may be attributable to women not identifying as veterans themselves or not being identified by the services. However, in a recent report it was estimated that *'1% of all incarcerated women are veterans'*¹⁶². Although the numbers are small (and may be underrepresented due to lack of identification), the issues are complex and therefore must not be ignored, especially when looking at what support is needed in the future.

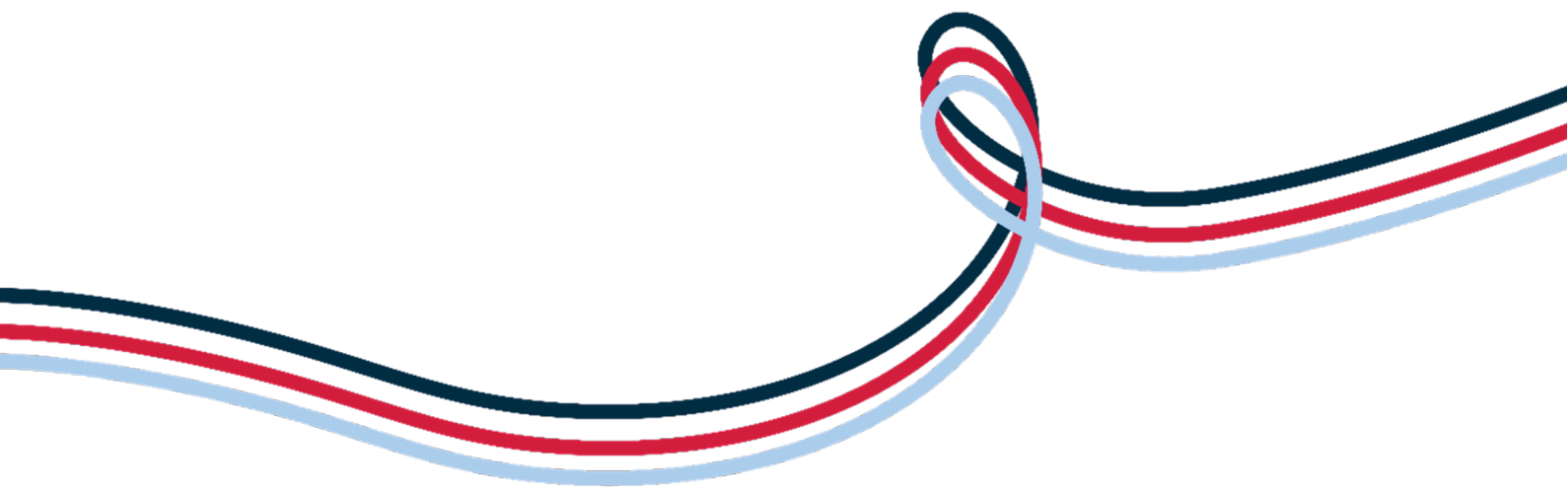
The research available does tell us that there are many links to the key themes in this review and in particular for women in the CJS there is a high link to ACE's (50% of participants in the recent Forgotten Women Veterans report had 4 or more ACE's¹⁶³) and other key themes such as poor mental health, poverty, poor economic outcomes– demonstrating the need to treat women as individuals and always use the lens of intersectionality, rather than a population or cohort siloed approach

¹⁶⁰ Wright, 'Seen but not Heard', 4.

¹⁶¹ Wright, 'Seen but not Heard', 1.

¹⁶² Edwards and Wright, *Forgotten Women Veterans*, 5.

¹⁶³ Edwards and Wright, *Forgotten Women Veterans*, 10.





Some women actually reported that prison was a good thing for them, reporting '*feeling safe and for the first time didn't feel like they were judged [...] They also liked the structure and security that prison offered*'¹⁶⁴

The research also recommends that there is a focus on prevention and diversion to avoid women becoming incarcerated. However this relies on services being available and fit for purpose for women to trust and access. More work needs to be undertaken to look at the wider Criminal Justice System and not just prison, this includes Probation, Policing and wider support services both before and after women engage with the CJS to better understand, support and engage with women veterans.

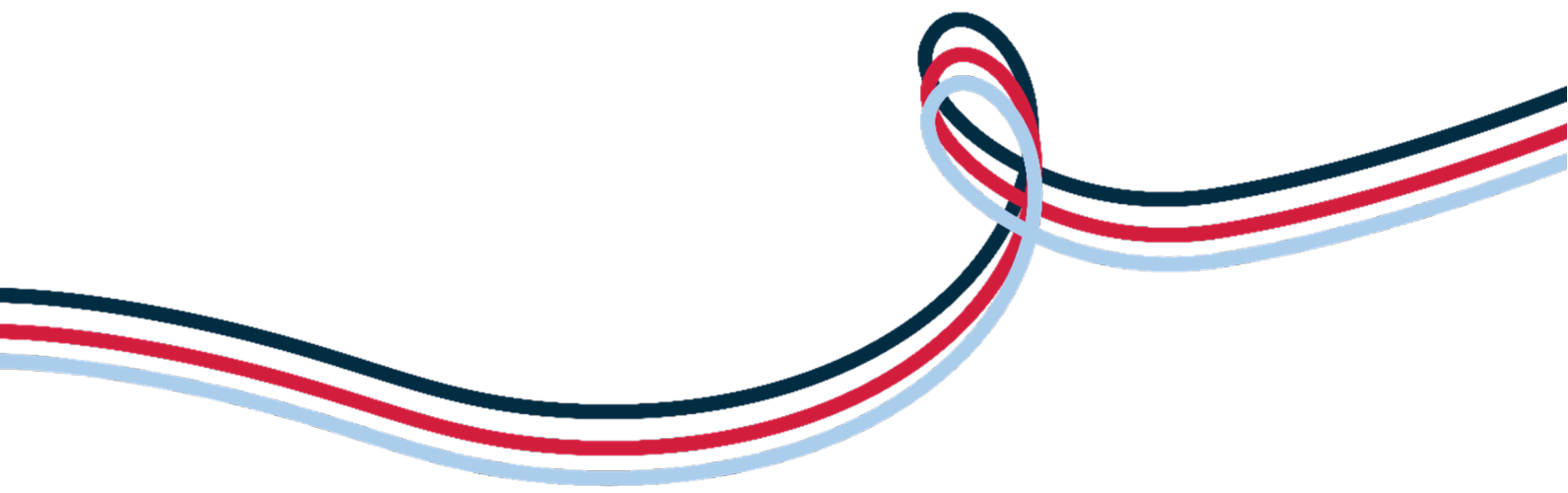
8. Areas of little or no research

This review has focused on current research within the UK and the key messages it tells us. However, there are some areas which whilst mentioned do not have a robust evidence base, even though we know from feedback and lived experience reviewed, are issues for many female veterans in the UK. It is important to note that many of these issues affect the general population too, but research needs to identify what the specific nuances are for female veterans in each of these areas. These include:

- **Care services.** The effectiveness and gaps within care services for older veterans i.e. veteran specific care homes, the wider understanding of the needs of veterans within generic care services.
- **Loneliness.** How loneliness affects mental and physical health and how this can be improved for female veterans.
- **Female veterans who have significant caring responsibilities.** Women generally have more caregiving responsibilities, whether that is for children, spouses or parents. This is likely to impact transition and civilian life, potentially impacting financially, socially, and in regards to health & wellbeing.
- **Digital poverty and accessibility.** Some people do not have or cannot access technology which can impact on the most basic of health and wellbeing needs (GP appointments, ordering prescriptions etc). We do not know the extent of digital poverty and its impact on veterans and specifically, female veterans.
- **Reservists.** Virtually no information reviewed in this study included female veterans who served as Reservists 'Failure to consider female veteran Reservists was evident through all aspects of this work....'¹⁶⁵. Research must be undertaken to gain a holistic picture of the female veteran experience and this has to include Reservists moving forward.

¹⁶⁴ Edwards and Wright, *Forgotten Women Veterans*, 16.

¹⁶⁵ Moira Bailey, Rita Phillips and Zoe Morrison, *Improving access to service charities for female veterans*, Aberdeen: Robert Gordon University, 2023) 45





- **Disability.** We found no robust information in terms of disability and its impact on female veterans, especially if that disability occurred during service
- **Neurodiversity/learning difficulties.** Whilst learning difficulties are highly unlikely to have been caused by serving in the military, they may affect a women's experience in much the same way as ACE's and little is known about the impact of these, specifically for those who are neurodiverse.
- **Visual and Hearing Impairment.** In line with the lack of information on physical health, there is even less information on these issues many of which may be attributable to service
- **Long-term multiple conditions and disability.** There is very little looking at later life multimorbidity and impact of military service in female veterans over the long-term. There is also nothing on how all these other determinants, such as loneliness, injury, poverty, etc can lead to poorer health outcomes in the long-term (e.g. dementia, etc).
- **Domestic Violence.** Little is known about how domestic violence impacts female veterans specifically, especially those who leave but remain military spouses.

Conclusion

This review has identified a growing and broad body of research which still has a number of gaps requiring dedicated studies, as listed above. The evidence reviewed is from a range of sources, being published by government, charities or academic institutions and consequently they adhere to different standards in terms of ethical review and rigour. Nonetheless, they contribute to our understanding of the field. We advocate for future research in partnership across the sectors to ensure the highest quality research and the coordination of research questions to address the gaps identified. There has been less focus on the practical response needed to overcome these issues e.g. what support needs to be in place, where, delivered by whom and how? This Review concludes by bringing together the key findings and shaping a practical response through a series of recommendations to identify what good looks like and how we help the sector improve awareness and services for female veterans.

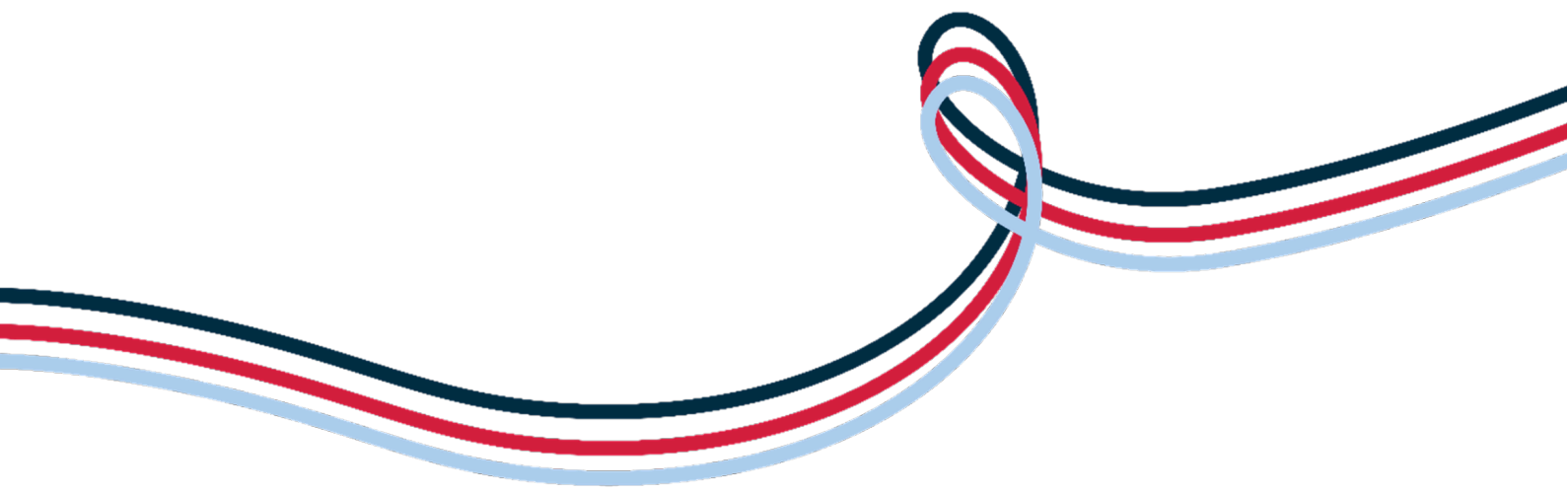
This review recommends four areas of change.

1. Understanding Individuals – What Matters to You?

'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'¹⁶⁶

When working with female veterans, it is important that we do not see them as a homogeneous group, but respect and respond appropriately, as individuals, being aware of the multi-faceted issues female veterans face. As such, this requires '*recognising preferences of the individual in*

¹⁶⁶ Godier-McBard, Gillin and Fossey, *We Also Served*, 108.





terms of their identity and how this may affect how they access and utilise female-only support services on 'research has emphasised the vital role of individuals in determining needs led, person centred support and the need to give people greater choice, control and power over the services they receive'¹⁶⁷. Whether in policy or practice, this is achievable by asking '*what matters to you*'¹⁶⁸ and working within the parameters of what the individual wants, needs and is able to achieve, by directing the required resources accordingly¹⁶⁹.

This also links to issues of identity, how women choose to identify and in turn understanding what is available to them after they leave service. We know that the term 'veteran' is not used or liked by some, but we also know that this is a term that widely used and accepted, especially at a policy level. Therefore, the ways in which we reach out to women and understand the terms they want to use at a practice/operational/1-2-1 level are more important, again linking back to an individual response in a more generalised 'veteran' space.

2. Awareness raising for Professionals

*'Female veterans reported that negative gender stereotypes and lack of recognition of their veteran status from civilian healthcare professionals had discouraged them from seeking help post discharge.'*¹⁷⁰

There is a significant lack of understanding of the needs of female veterans and how their military service may differ to that of their male counterparts. This is apparent within the veteran support sector, as well as via non-veteran specific statutory services. This impacts on female veteran's interaction with, for example, non-veteran specific health and social care professionals, for example General Practitioners.

There remains a need for gender specific services and the provision of safe places, particularly for survivors of MST. Services run by men, mainly for men are not always welcoming to female veterans, but especially where there may be trauma or MST a male delivered service is inappropriate in many cases. It is imperative that there is better awareness of female veterans '*unique support needs*'¹⁷¹.

3. Provision of Support

¹⁶⁷ Edwards and Wright, *No Man's Land*, 6.

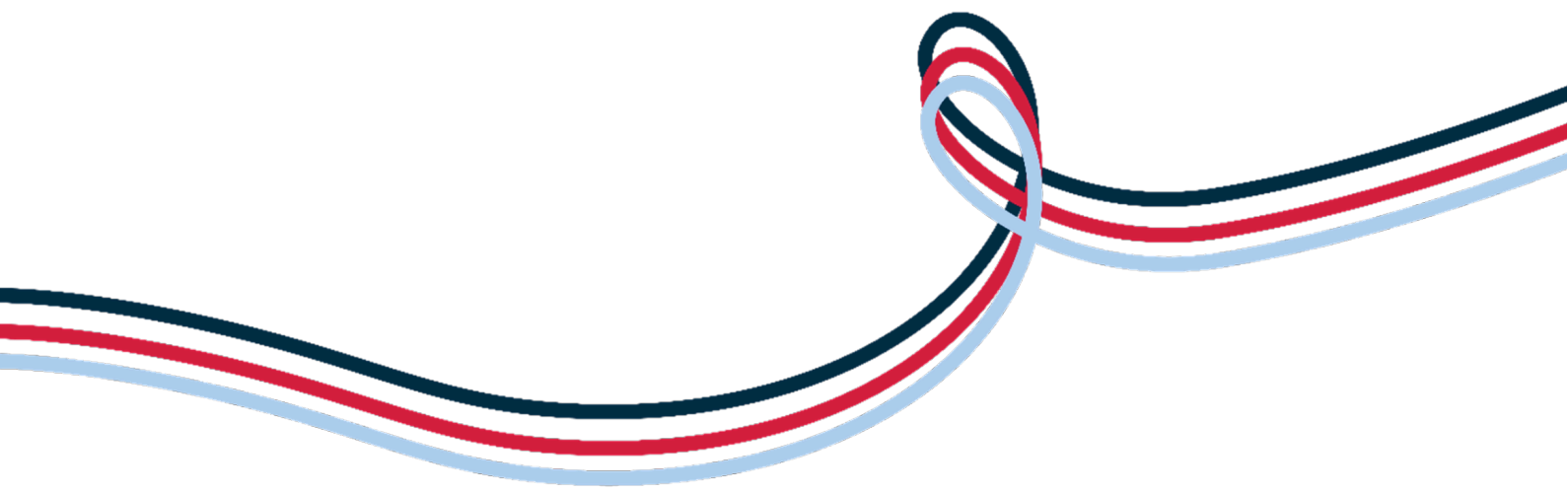
¹⁶⁸ NHS Model of Personalised Care,

<https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/>

¹⁶⁹ Godier-McBard, Gillin and Fossey, "Treat everyone like they're a man", 3972.

¹⁷⁰ Godier-McBard, Cable, Wood and Fossey, "Gender differences", 70.

¹⁷¹ Godier-McBard, Gillin and Fossey, "Treat everyone like they're a man", 3973.





*'Recommend a thorough assessment of UK veterans health and social care needs, alongside development of training and guidance for health and social care professionals, to ensure that veteran services are adequately developed, tailored and targeted with women's needs in mind'*¹⁷²

Once awareness is raised, it is important to put the right support in place, with appropriate advice, guidance, resources and training¹⁷³. Whilst not all of the research points to the need for gender specific services, it does highlight that the needs of women need to be better taken into account and supported provided accordingly and in line with what individuals want/need.

The provision of support also needs to be thought about as a spectrum and not just siloed specific services – from individual, universal provision (such as social prescribing) through to specialist support. *'Women were keen to be offered group activities within mental health support. Often their desired activities were outdoors, and included cycling, hiking, construction courses, and outdoor crafts. However, ensuring that there were options for those with physical limitations was seen as important.'*¹⁷⁴, all of which must be delivered in a person-centred way, focusing on what matters to the person.

Once these things are in place, it is then important to look at how you promote, communicate and brand services to make them attractive, known about and accessible *'the dominance of male service personnel and veterans in the imagery used in service branding and websites [.....] led women to question if these services were for them, could meet their needs, and whether they would even be eligible to access them'*¹⁷⁵

4. Collaboration and partnership working

As highlighted in this review there are some areas where multiple studies provide similar evidence of a specific need or action, but other areas remain unexplored. With precious resource and a high need to start taking action to meet the needs of female veterans, there is much more need to collaborate and work in partnership.

This will reduce duplication, build on best practice and ensure much quicker response to the practical needs of women. This should also filter down into the sector, particularly for veteran facing services – both statutory and in the charity sector, where there is so much innovative work that is not being shared and spread 'collaboration was also perceived to improve female veterans' experience with service'¹⁷⁶ However, we must not forget those services that are non-veteran facing, especially as we know that female veterans are currently more likely to access these services. One

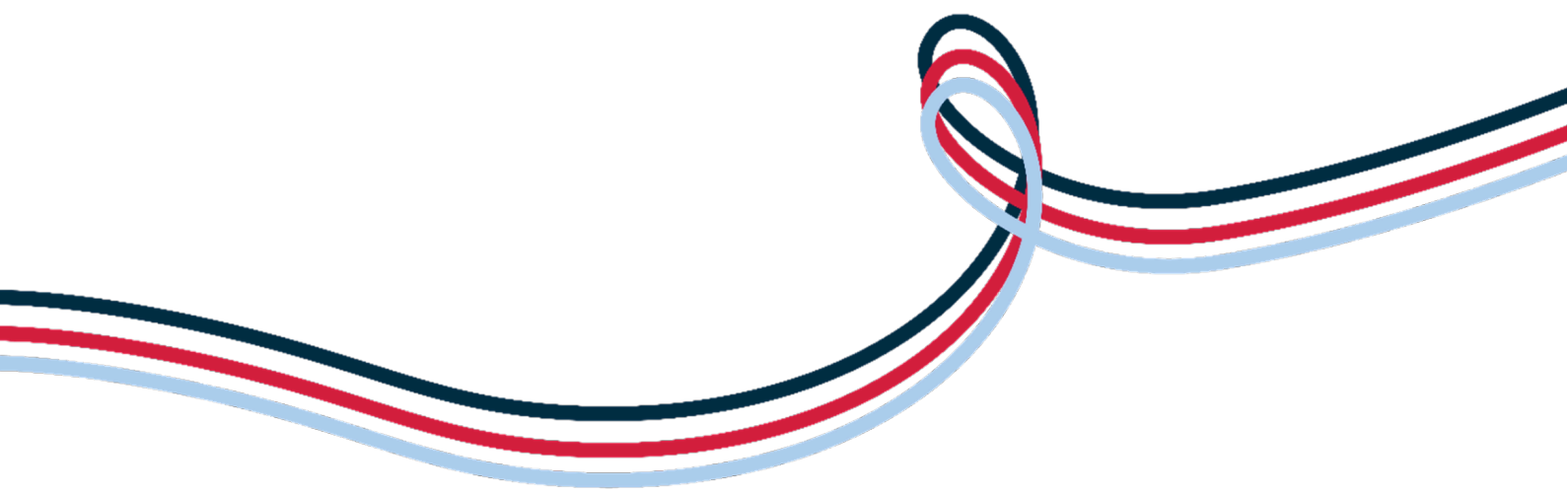
¹⁷² Godier-McBard, Gillin and Fossey, "Treat everyone like they're a man", 3966.

¹⁷³ Godier-McBard, Gillin and Fossey, "Treat everyone like they're a man", 3974.

¹⁷⁴ Wood, Fossey et al., 'I don't feel like that's for me', 16

¹⁷⁵ Wood, Fossey et al., 'I don't feel like that's for me', 12.

¹⁷⁶ Moira Bailey, Rita Phillips and Zoe Morrison, *Improving access to service charities for female veterans*, Aberdeen: Robert Gordon University, 2023) 36





study suggests ‘to incentivise unified strategies involving information on female specific services from private, public and charitable sectors to encourage more coherent and consistent communication.’¹⁷⁷

Female Veterans’ Transformation Programme

The Female Veterans’ Transformation Programme will build on this Review by seeking to identify specific actions and associated resources are needed to address these gaps and then working with partners to design, develop and implement the tools to make transformational change occur. Such resources need to be practical and identify what can we do now to impact positive change for female veterans.

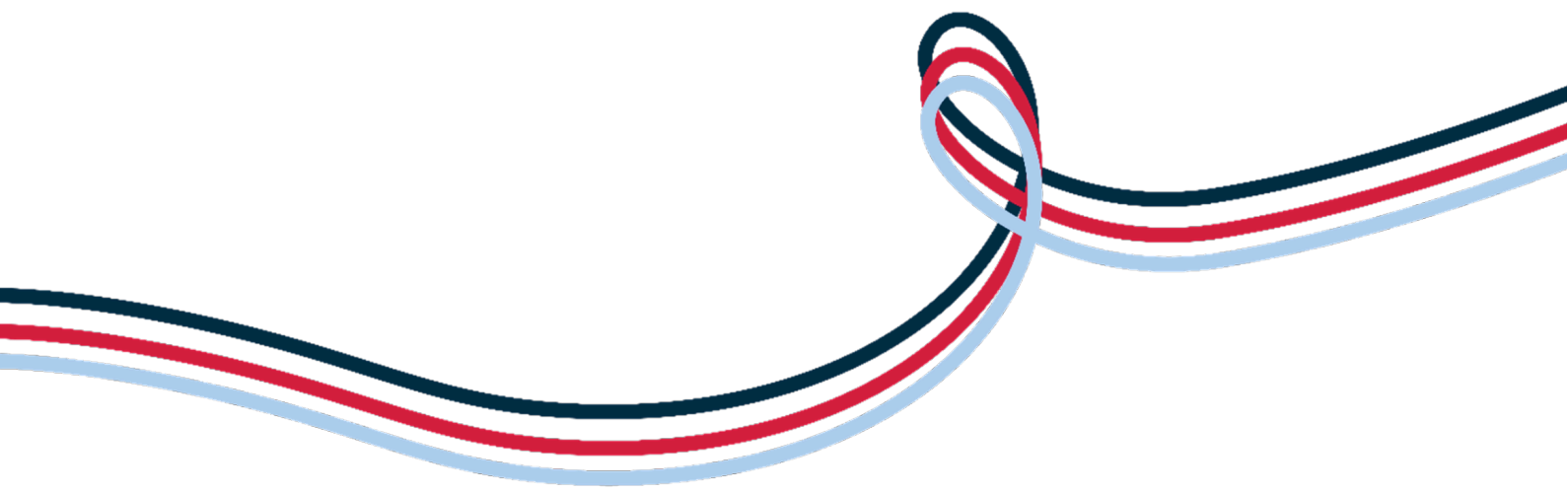
The programme will gather the views of those with lived experience to identify ‘what good looks like?’ and what practical changes need to be implemented to help the sector have a better awareness and understanding to deliver the right provision to female veterans.

Once the co-design stage is completed we will then use that information alongside this review, as well as continuing to draw on recommendations from recent and emerging research, to co-create a resource/toolkit that can help the sector assess current strengths and weaknesses, whilst providing an action plan for change. Consideration will be given to the development of a self-assessment audit tool for veteran’s organisations, to monitor the effectiveness of service provision for their female members.¹⁷⁸

This process will be iterative and collaborative over the life course of the FVTP and will conclude with a national roll-out of the toolkit and any associated education required for the sector.

¹⁷⁷ Moira Bailey, Rita Phillips and Zoe Morrison, *Improving access to service charities for female veterans*, Aberdeen: Robert Gordon University, 2023) 44

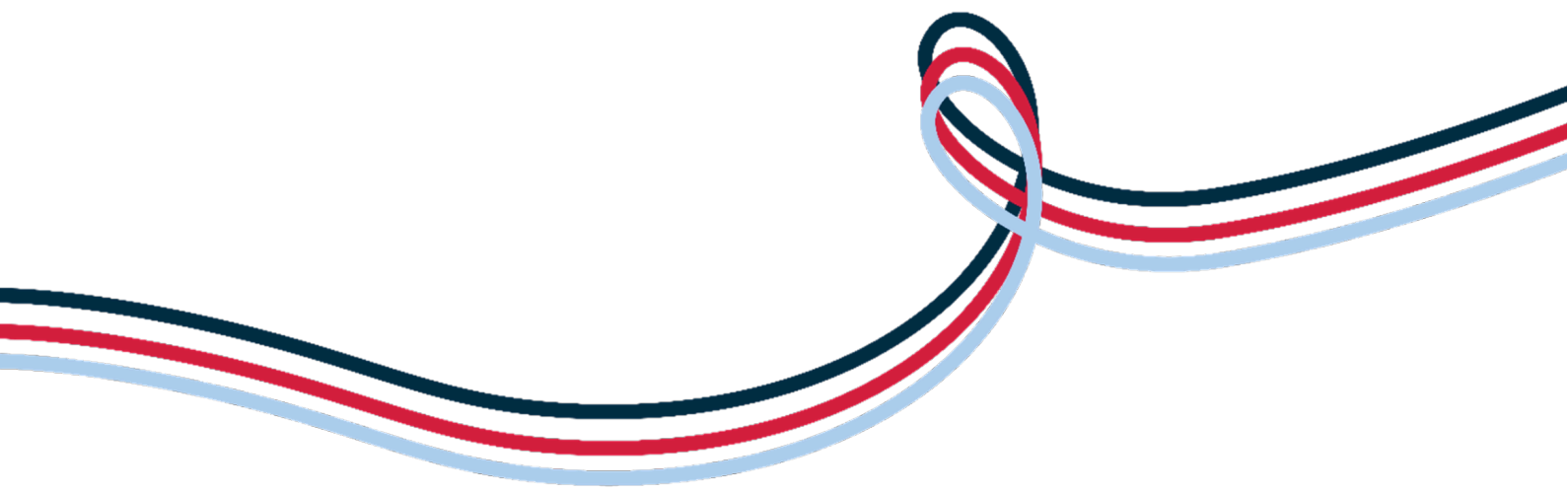
¹⁷⁸ Hooks, Morgan et al., ‘*Where are all the Women?*’, 13.





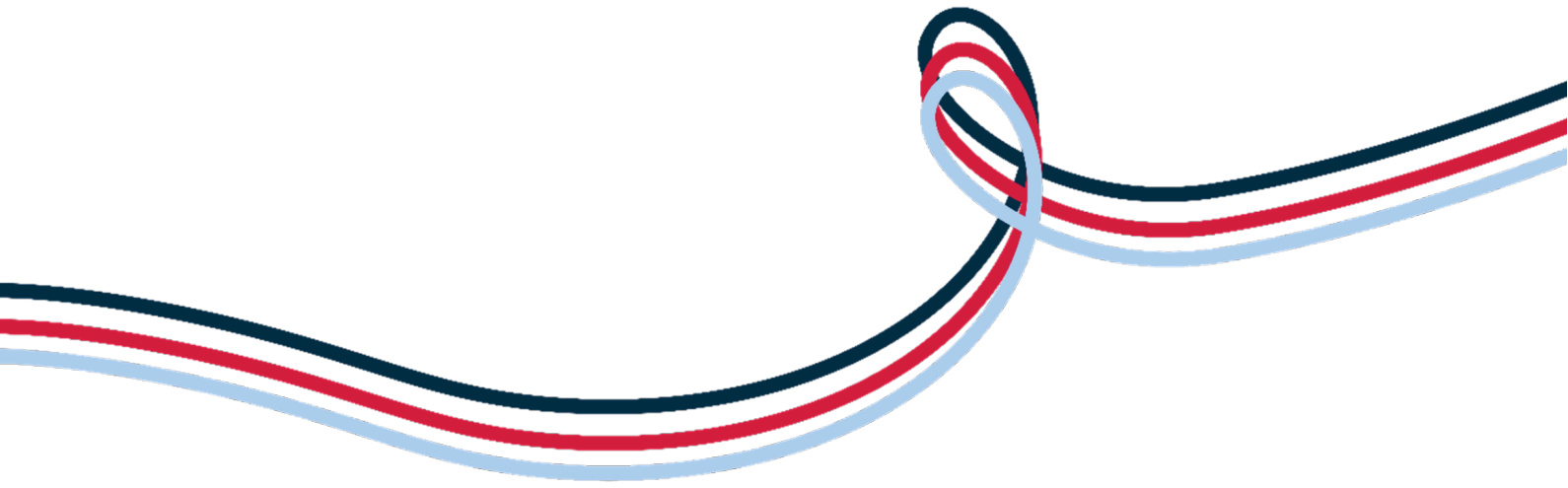
Annex A: Publications

Title	Date	Institution	Funder	Cohort size	Methodology
Professional Army, Diverse Army: Forging the link (The Watts-Andrews Inquiry)	2009	Ministry of Defence	Ministry of Defence	Unknown	Literature/policy review and interviews.
We Also Served: The Health and Well-Being of Female Veterans in the UK	2021	Centre for Military Women's Research,, Anglia Ruskin University	COBSEO and NHS England	50 papers and 13 SMEs	Scoping review and interviews
Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life	2021	House of Commons Defence Committee	House of Commons Defence Committee	4106 (1637 female service personnel and 2469 female veterans) responded to the survey and 11 involved in private focus groups	Survey, focus groups, written evidence
Report on Inappropriate Behaviours (The Wigston Report)	2019	Ministry of Defence	Ministry of Defence		Review of policies, annual stats – AFCAF, Civil Service People Survey, Service Complaints Ombudsman, Single Service Surveys etc



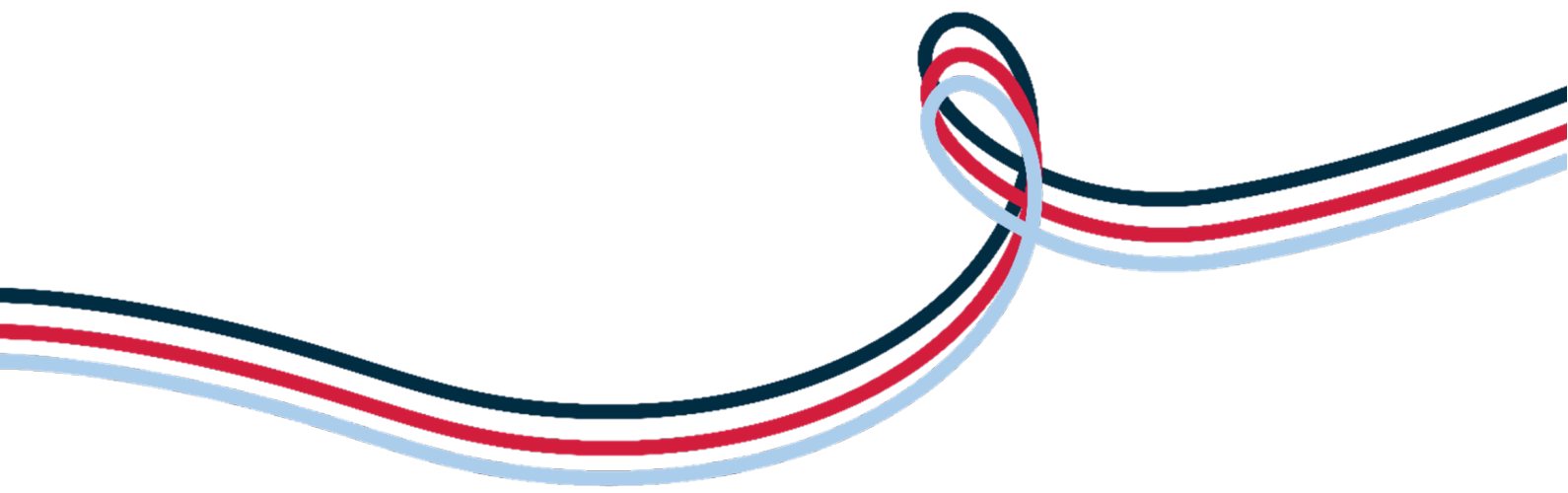


					Engagement with 40 stakeholders
Unacceptable behaviours progress review 2020	2020	Ministry of Defence	Ministry of Defence		Stats, Stakeholder engagement, Survey 1065 people Focus groups with female serving personnel Tr-service & MOD civil service
'Treat everyone like they're a man': Stakeholder perspectives on the provision of health and social care support for female veterans in the UK.	2022	Centre for Military Women's Research,, Anglia Ruskin University	NHS England and NHS Improvement	13 service providers (7 were female veterans)	Semi structured interviews
No Man's Land: Research Study to Explore the Experience and Needs of Women Veterans in the UK	2019	Salute Her UK		100	Interviews, age 29+, mainly Army
No Man's Land 2: Research Study to Explore the Experience and Needs of Women Veterans in the UK	2022	Salute Her UK		175	Surveys, focus groups, interviews, over 50% Army but over 30% Navy and then RAF, age 20+ - majority 36+
ENHANCE Study: Improving access to evidence based treatment for women veteran survivors of sexual trauma	2023	Combat Stress	Office for Veterans' Affairs	19 female veterans interviewed	Literature review Interviews – Army only (WRACA) 47-67 years old



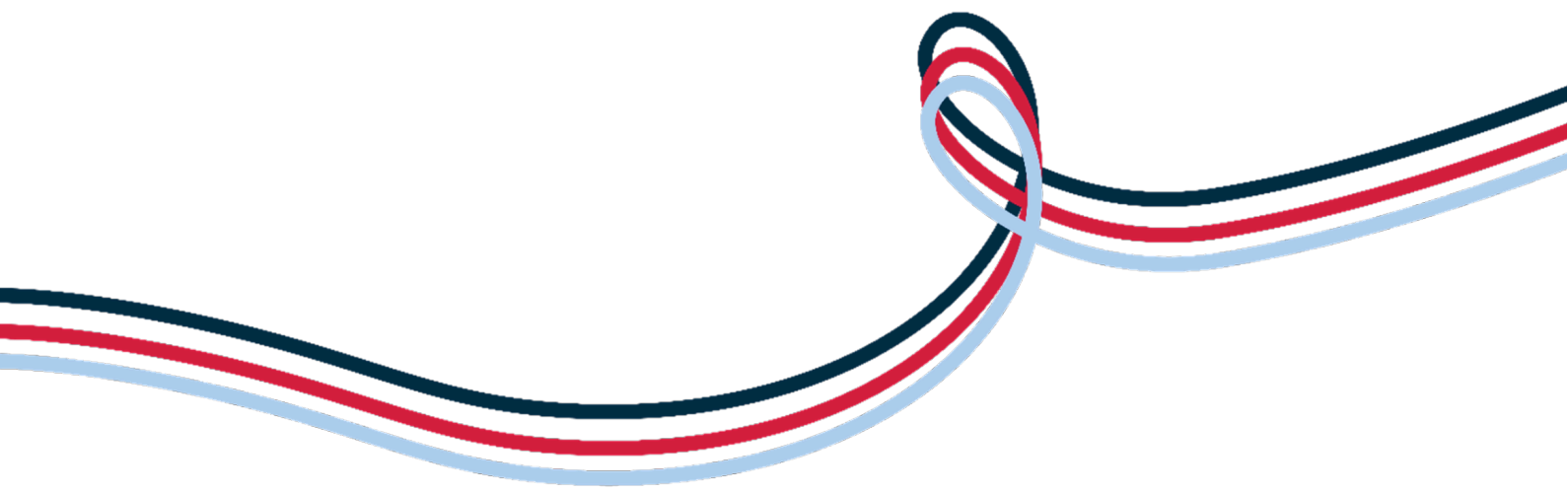


Lost and Found: The LGBT+ Veteran Community and the Impacts of the Gay Ban	2023	Northumbria University	Armed Forces Covenant Trust and NHS England	15 & 101	Mixed methods approach – semi-structured interview & online survey 47-79 years olds Higher % of women responses Tri-service – Army, RNRM then RAF
Adverse childhood experiences, military adversities, and adult health outcomes among female Veterans in the UK	2022	Kings College London with Combat Stress	N/A	750 female veterans (Army only, 93.8% over 50)	Quantitative online survey
Gender differences in barriers to mental healthcare for UK military veterans: a preliminary investigation	2023	Centre for Military Women's Research,, Anglia Ruskin University	N/A	101 (57) male and (43) female veterans (Triservice, majority over 41)	Quantitative online survey
Exploring Barriers to Mental Health Treatment in the Female Veteran Population: A Qualitative Study	2022	Combat Stress	Combat Stress	750 took part in the study – but only 61 female veterans answered the qualitative question. Army only, majority over 51.	Qualitative survey question



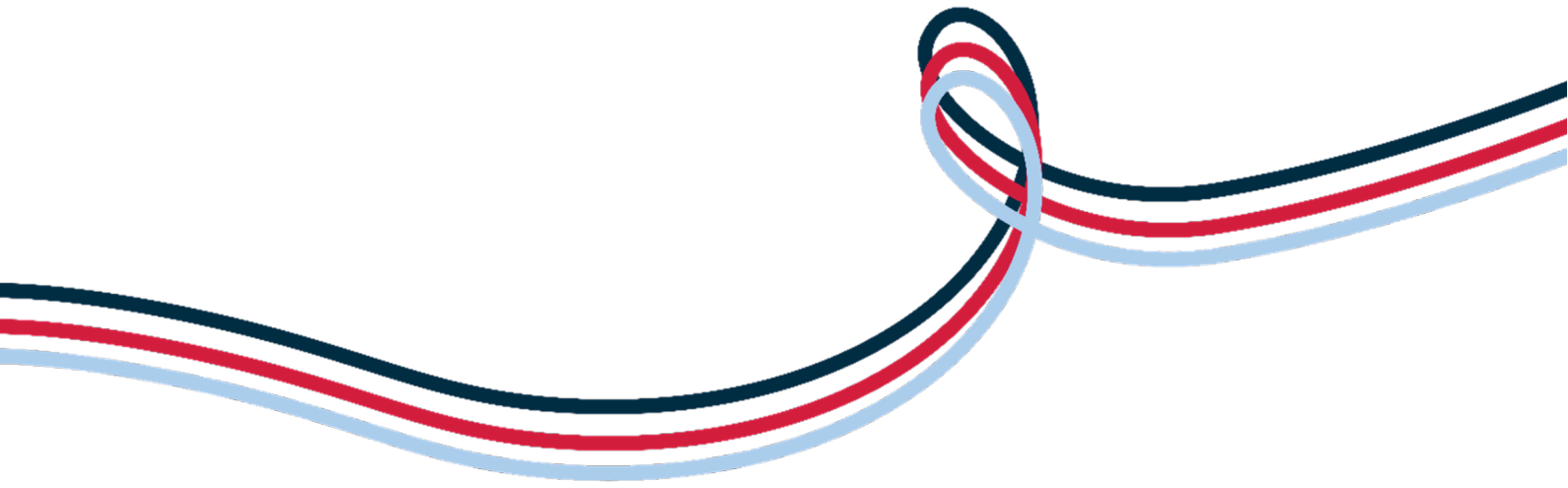


Public attitudes towards women who have served in the UK Armed Forces: Findings from a household survey	2022	Centre for Military Women's Research,, Anglia Ruskin University	N/A	2164 members of UK households	Aged 16+
UK Military women: mental health, military service and occupational adjustment	2020	King's Centre for Military Health Research	Ministry of Defence	8799 men 1185 women Secondary analysis 4251 men 408 women	Secondary analysis of self reported survey data, sub sample of assessed post deployment
Exploring the impact of gender specific challenges during and after military service on female UK Veterans	2021	Combat Stress	Combat Stress	Sample of 750. Army only and majority over 50	Quantitative online survey
Adversity during military service: the impact of military sexual trauma, emotional bullying and physical assault on the mental health and wellbeing of women veterans	2023	Combat Stress, King's Centre for Military Health Research and University of Oxford, Department of Experimental Psychology	N/A	750 female veterans – Army only, only 6.2% under 50	Questionnaire/survey
Where are all the Women? Recognition and representation – UK female veterans experiences of support in civilian life	2023	Centre for Military Women's Research,, Anglia Ruskin University	Office for Veterans' Affairs	85 female veteran. Tri-service (majority Army and over 41)	Semi-structured interviews



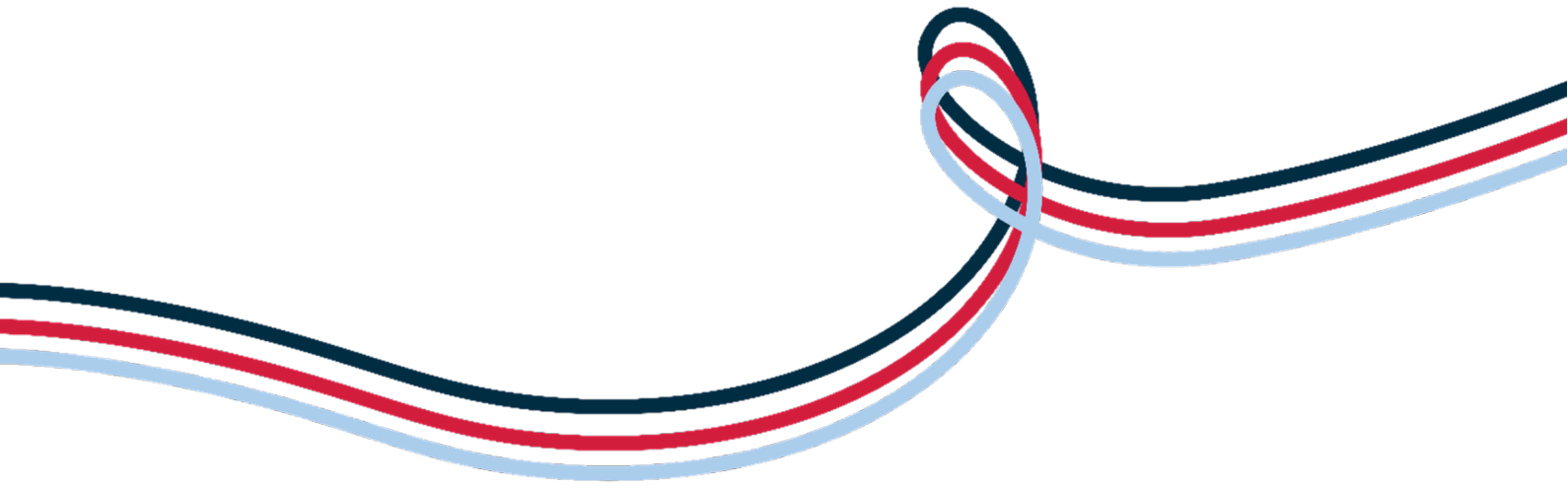


Early adoption of screening and the changing pattern of cervical cancer in UK military women: evidence from the Scottish Veterans Health Study	2016	University of Glasgow, Institute of Health and Wellbeing			
LGB Female Veterans' Experience of Military Service During the "Gay Ban": A Qualitative Study.	2023	Kings College London and Combat Stress	N/A	10 female veterans	Semi-structured interviews
"A Hidden Community": The Experiences of Help-Seeking and Receiving Mental Health Treatment in U.K. Women Veterans. A Qualitative Study.	2023	Combat Stress, King's Centre for Military Health Research and University of Oxford, Department of Experimental Psychology	Office for Veterans' Affairs	19 female veteran, Army only	Semi-structured online or telephone interview
Understanding the Mental Health Needs of a Community-Sample of UK Women Veterans.	2021	Combat Stress and King's Centre for Military Health Research	N/A	750 female veterans – Army only, only 6.2% under 50	Quantitative online survey
Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces by Gender.	2019	Kings College London	N/A	219 servicemen and female veterans	Telephone interviews





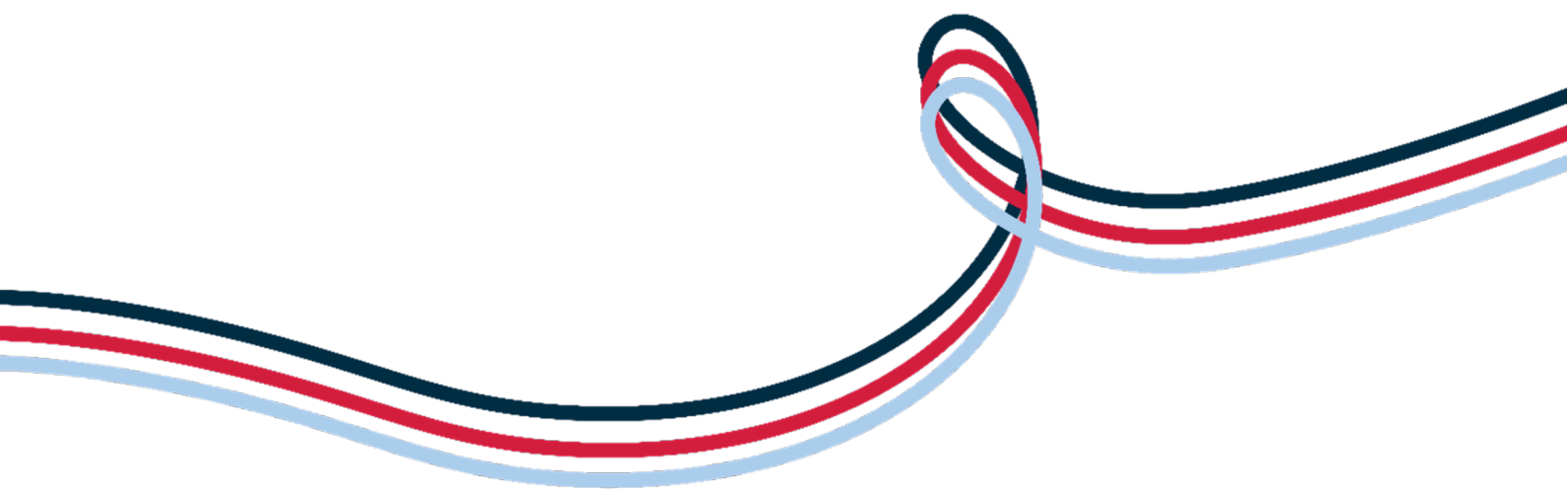
LGBT Veterans Independent Review	2023	Office for Veterans' Affairs and Ministry of Defence	Office for Veterans' Affairs and Ministry of Defence	1128	Call for Evidence responses from those with lived experience
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Annex B: Ongoing research

Title	Date	Institution	Funder	Lead	Methodology
Identifying and examining the barriers to female veterans making a successful and sustainable transition to civilian life in the UK	2022-2024	Kings College London	Forces in Mind Trust	Dr Sharon Stevelink	
Women Veterans and physical health	2023-2025	Centre for Military Women's Research, Anglia Ruskin University	Office for Veterans Affairs	Dr Lauren Godier-McBard	Mixed methods
Women's experiences in the Service Justice System	2023	Centre for Military Womens Research	ARU	Dr Lottie Herriott	Qualitative methodology
Substance misuse for women		Chester University	Tom Harrison House		
Veteran (FemBER-Vet) study: Identifying endocrinological, lifestyle and psychosocial determinants of female brain health outcomes for future intervention success	2023-2025	Northern Hub for Veterans and Military Families Research	Office of Veterans Affairs	Dr Tamlyn Watermeyer	Quantitative methodology





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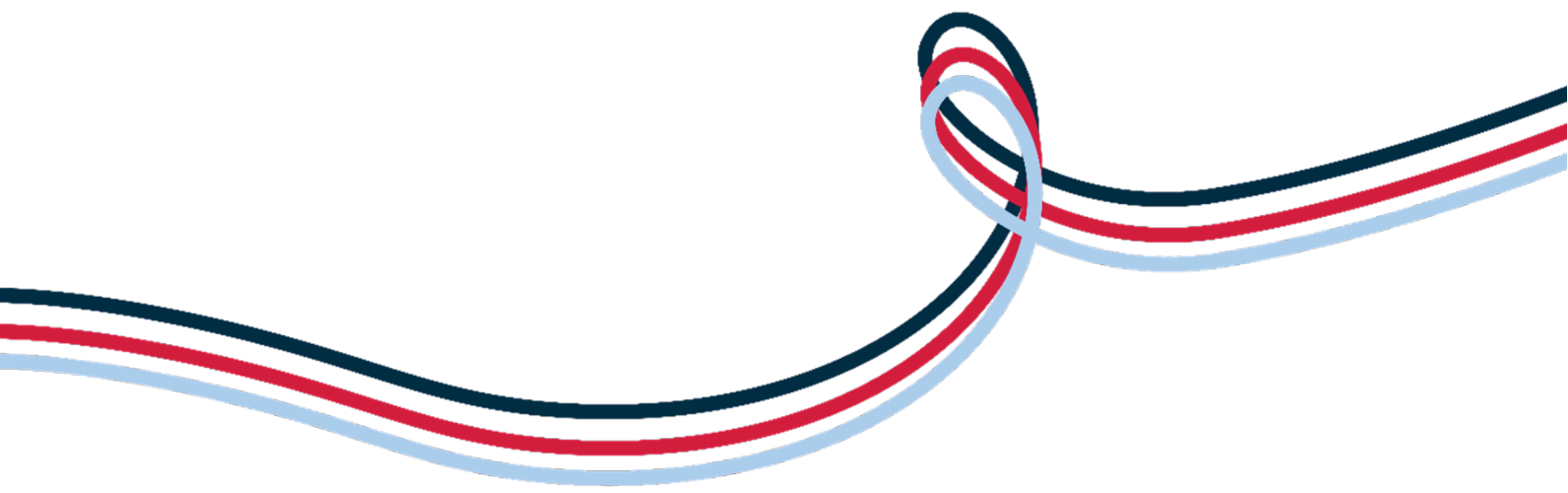
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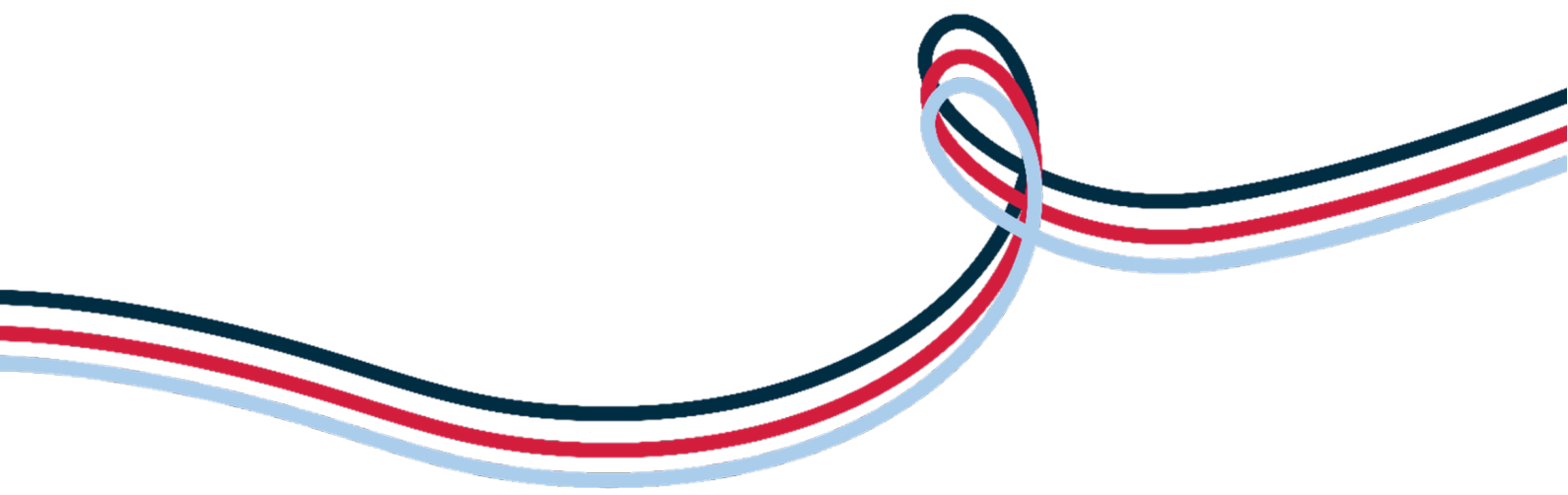
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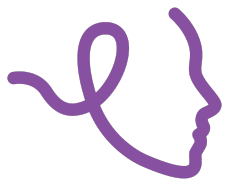
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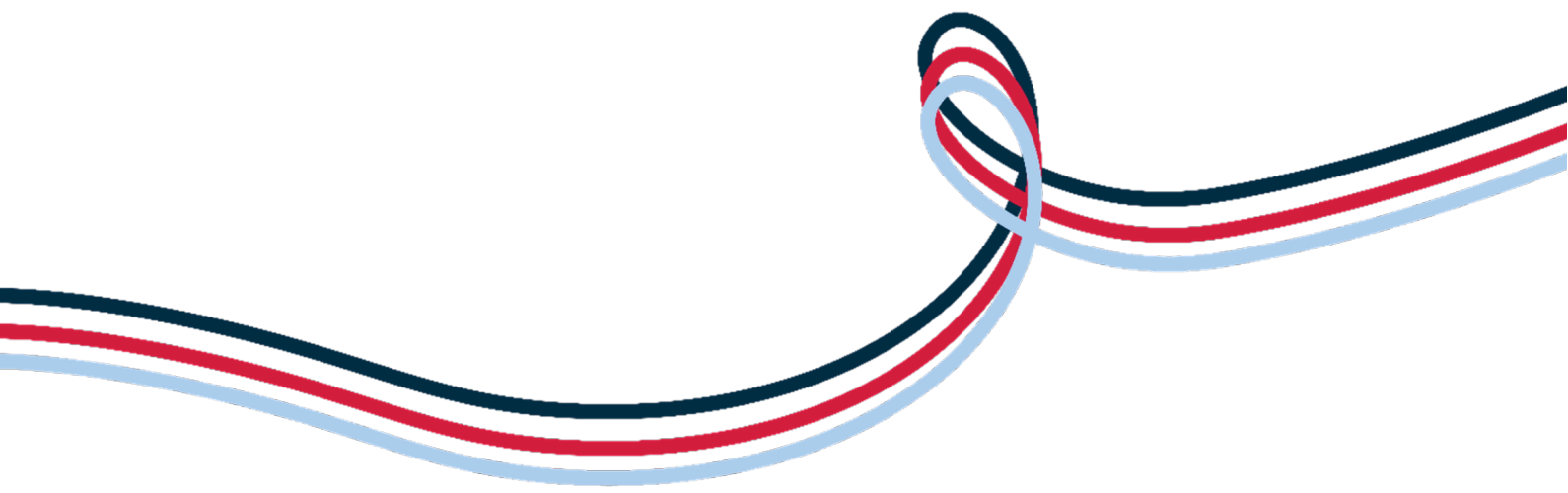
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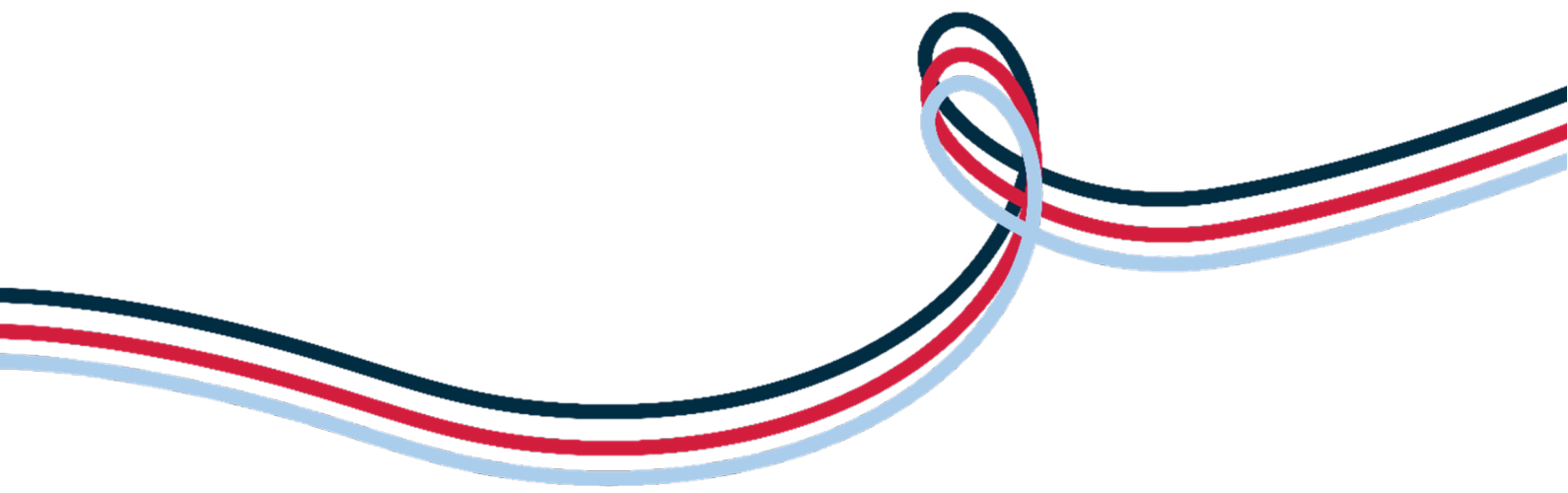
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