

‘Where are all the women?’

Recognition and representation –
UK female veterans’ experiences
of support in civilian life



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About the authors

The Veterans and Families Institute for Military Social Research (VFI) was established in 2014 to provide research, consultancy and impact within the military and veteran community. From this in 2022 the [Centre for Military Women's Research \(CMWR\)](#) was founded, which seeks to inform and improve the well-being of women in the military and veteran community by co-production and collaboration in world-leading research and evaluation. Staff within the VFI and CMWR are drawn from a wide range of disciplines, research, and policy backgrounds.

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Glossary

ARU	Anglia Ruskin University
CEO	Chief Executive Officer
CMWR	Centre for Military Women's Research
COBSEO	Confederation of Service Charities
CTP	Career Transition Partnership
CV	Curriculum Vitae
EBE	Experts by Experience
EDQ	Exploratory Descriptive Qualitative (methodological approach)
GCSE	General Certificate of Secondary Education
GP	General Practitioner
HGV	Heavy Goods Vehicle
IPVA	Intimate Partner Violence and Abuse
LGBT+	Lesbian, Gay, Bisexual, or Transsexual
MoD	Ministry of Defence (UK)
MST	Military Sexual Trauma
NHS	National Health Service
NVQ	National Vocational Qualification
OVA	Office for Veteran Affairs (UK)
PTSD	Post-Traumatic Stress Disorder
SARC	Sexual Assault Referral Centre
SP	Service Personnel
UK	United Kingdom
US	United States of America
VA	Veterans Administration (United States)
VFI	Veterans and Families Institute for Military Social Research
VHA	Veterans Health Administration (United States)
VTN	Veteran's Trauma Network
WGCC	Women in Ground Close Combat
WRAC	Women's Royal Army Corps



Executive summary

Introduction:

This report highlights the limited research and recognition of UK female veterans and their unique experiences and needs. With only 13.6% of the total veteran population being women, there is a lack of understanding about their post-service requirements and whether existing services cater to them. The UK government, through the Office for Veterans' Affairs, has commissioned this qualitative research to explore the experiences of female veterans and improve the support offered to them. This report details findings on the impact of military service on physical and mental health, accessing support services, key civilian life issues, and public perceptions of UK female veterans.

Research methods:

The aims of the research were to provide an in-depth understanding of the lived experiences of UK female veterans in relation to government and charity provision, as well as to explore their experiences regarding the impact of military service on physical and mental health, of accessing support services, key issues in civilian life, and public perceptions. An Exploratory Descriptive Qualitative (EDQ) methodology was chosen to gather insights and understand the 'why' behind participants' attitudes and experiences. Semi-structured interviews were conducted, and demographic information surveys were collected.

The study included 85 women who had served in the UK Armed Forces. The interviews were transcribed and thematically analysed, with themes and sub-themes identified. Stakeholder involvement was integrated throughout the research process, with three stakeholder workshops conducted to develop recommendations.

Key findings:

Chapter 3: The impact of military service on civilian life

- Female veterans discussed both positive aspects and negative consequences associated with their service. Positive experiences included skill development, personal growth, and relationship building, as well as educational and employment opportunities. However, participants also highlighted various negative impacts on their physical and mental health.
- In terms of physical health, participants mentioned injuries sustained during training and deployments, as well as the challenges posed by ill-fitting uniforms and equipment designed for men. Physical health issues such as chronic pain, musculoskeletal problems, and hearing loss had long-term consequences and limited their ability to work and engage in physical activities.
- Mental health problems were often linked to participants' physical health conditions but were also associated with military culture. Female veterans reported enduring a hyper-masculine environment, feeling undervalued and overlooked, and struggling with self-esteem and self-worth. Factors such as deployment-related trauma, sexual harassment, sexual assault, and serving during the gay ban were identified as significant contributors to mental well-being issues.
- While some experiences discussed were related to historic military training practices, many gender-based experiences and issues persist in the present day. The research findings align with previous studies highlighting the mental health challenges faced by female veterans, including the impact of discriminatory policies, sexual harassment, and sexual assault during military service.
- While limited research exists on the physical health needs of female veterans in the UK, higher rates of musculoskeletal injuries and fertility problems have been noted among currently serving female service personnel.

Chapter 4: Barriers and facilitators to accessing support services

- Barriers to accessing support services for female veterans included a lack of awareness of veteran services, difficulties in accessing services due to poor signposting, and timing of provision. The male dominance observed in organisational branding, imagery, and organisational structures of support services also acted as a barrier to seeking support, triggering negative feelings and memories for female veterans, along with stigma, shame, a lack of self-confidence, and fear of repercussions. Negative prior experiences with support services, both within the civilian sector and the military/veteran sector, further discouraged female veterans from seeking help. Accessibility issues such as location and timing, as well as navigating bureaucratic civilian systems and understanding eligibility criteria, were additional barriers.

- Facilitators to accessing support services for female veterans included service providers who have military knowledge and understanding. Peer support from other veterans, especially those who have had positive experiences with military or veteran support services, also acted as a significant facilitator to accessing support. Female-specific initiatives and service providers were seen as valuable for creating a 'safe space' where female veterans could discuss gender-specific issues and feel more comfortable. Positive previous experiences with veteran-specific services and the sense of belonging and camaraderie provided by these services also facilitated access to support.
- Regarding the need for female-specific services, participants' opinions varied. Some felt that there was no need for female-only services and identified more with their military role, emphasising the importance of connecting with services as veterans rather than as women. However, participants who saw a need for female-specific services argued that existing services were designed for and by men and did not address the unique needs and experiences of female veterans.
- These findings are supported by previous research, which has also identified barriers such as lack of awareness of services, gender-related discrimination, stigma, and fear of judgement. The experiences of female veterans accessing support services align with those reported in UK and US studies.

Chapter 5: Challenges experienced in civilian life

Employment and employment support:

- Participants shared their experiences of transitioning into civilian jobs. Some employers recognised and valued the skills gained in the military, while others struggled to see the relevance. Difficulties in the civilian work environment included differences in work ethic, adjusting to civilian norms, and challenges related to childcare and disabilities. Some participants felt that the employment support provided during transition was rank- and male-centric, and did not adequately address the needs of female veterans. The Defence Employer Recognition Scheme had varying levels of effectiveness, according to participants' experiences.
- Several participants found employment in civilian jobs that were still connected to the military, providing a sense of continuity and camaraderie. Others found roles with a similar structure or rank to their military experience. Working in the military or veteran charity sector was also mentioned as a comfortable and fulfilling option for some participants.
- Challenges encountered in civilian employment included difficulties in adjusting to different work structures and cultures. Some felt the need to alter their behaviour and conform to civilian expectations, often facing stereotypes and misconceptions. Gender-related issues, such as the expectations of civilian female behaviour, also affected their employment experiences. Married participants faced additional challenges related to their partners' military service, such as frequent relocations and childcare issues during deployments. Veterans with injuries or disabilities also found it difficult to obtain or maintain employment.

- These findings align with previous research, which indicates challenges in adjusting to civilian workplace norms, a lack of tailored support, and parenting/caring responsibilities as factors contributing to these employment difficulties.

Housing and finances:

- Many participants reported no problems with finances or housing, citing advantages such as owning their own homes and having saved money during their military service. Some participants received financial support from the military or accessed help-to-buy schemes.
- Challenges were reported by participants who had lower incomes during their military service and couldn't afford to buy a home. They felt unsupported in accessing rental or social housing systems and faced difficulties with civilian support services. Some participants moved in with family or friends temporarily, while others unfortunately became homeless, often exacerbated by mental health issues associated with their military service.
- Participants also mentioned a drop in salary after leaving the military, along with increased expenses in civilian life. They experienced difficulties in accessing benefits and military pensions, leading to financial struggles. Female veterans who were single mothers faced additional challenges in finding suitable housing and managing finances.
- Previous research supports these findings, highlighting difficulties with housing, finance, and access to support for veterans in the UK, including female veterans.

Health and well-being support:

- Participants reported inadequate healthcare that didn't meet their needs, largely due to the differences between civilian and military healthcare systems. One major challenge was the inconsistency in transferring medical records from military to civilian healthcare services, leading to fragmented or inadequate care. Participants also faced difficulties in accessing healthcare services, such as getting doctors' appointments or registering with an NHS dentist. Civilian healthcare professionals often lacked understanding of veterans' needs and veteran-specific services, creating barriers to seeking support.
- Participants highlighted the need for healthcare professionals to be aware of female veteran needs in gendered areas of care, such as the perinatal period, menopause, and infertility. While some expressed a preference for female clinicians, most emphasised the importance of knowledge, empathy, and compassion regardless of gender.
- The general barriers to support outlined above also applied to health and well-being support through both charities and the NHS. Participants reported uncertainty about available NHS services, how to access them, and the referral processes involved.
- The findings of this study align with previous research on veterans' experiences, indicating a lack of awareness of female veterans' needs, difficulties in accessing support services, and challenges with transferring medical records and care plans. However, there is a lack of research specifically focusing on female veterans' experiences in accessing healthcare.

Social support:

- Many participants reported having good social networks that included non-military civilians, veterans, and colleagues still serving in the military. Those living in regions with a strong military presence found support from others who were also ex-military. However, some participants faced challenges such as initial isolation after leaving the military, difficulty adjusting, living with mental health problems, and experiencing stigma, especially for those who were forced to leave because of their sexual orientation.
- Gender-specific challenges were also mentioned, including struggling to fit in as military wives and difficulty connecting with civilian women. Some participants reported relationship difficulties.
- The findings are supported by previous research, which also highlighted the sense of loss and isolation experienced by female veterans during the transition to civilian life.

Chapter 6: Female veteran identity

- Many participants did not identify themselves as veterans or align with the term 'veteran', which resulted in them not recognising the available services as applicable to them. This posed a significant challenge in designing, delivering, and marketing support services for female veterans. Female veterans reported feeling unrecognised and under-represented, which acted as a barrier to accessing the necessary support.
- Some participants positively identified as veterans and expressed pride in their military service, considering it a significant part of their identity. They often associated their identity with terms like 'ex-military' or 'veteran' and felt a sense of belonging to the military community even after leaving the service. However, other participants viewed the term 'veteran' as masculine or associated it with combat experience, while others felt unworthy of the title because they believed they had not done enough during their military service.
- Participants noted that the public did not generally acknowledge the existence of women in the military and held stereotypical views about their roles. Media representation was identified as a contributing factor to these misconceptions, with female veterans being under-represented or portrayed in limited and stereotypical ways. Female veterans often faced mistaken assumptions, such as being asked if they were wearing their husband's or father's medals, or if they were present at an event because of their connection to someone serving in the military.
- Some participants noted that public perceptions might be shifting gradually, particularly among younger people, and highlighted the positive impact of recent television programs featuring female military personnel in raising awareness and challenging stereotypes.
- The findings are supported by previous research, which indicates similar challenges faced by female veterans in terms of identity, recognition, and public perceptions.

Chapter 7: Where do female veterans get their information from?

- The most common source of information for female veterans is social media. Participants mentioned accessing information through informal Facebook networks, closed groups, and regimental organisation social media pages. Twitter and LinkedIn were also mentioned as platforms for obtaining updates and information.
- Internet searching, particularly using search engines such as Google, was another common method mentioned by participants. However, determined effort and existing knowledge were required to search effectively for specific information.
- Charities, regimental organisations, and newsletters were cited as sources of information. Participants mentioned accessing information directly from these organisations' websites, attending events, and being on mailing lists to receive newsletters.
- Peer networks were highlighted as an important source of information. Participants mentioned reaching out to peers who are involved in veterans' organisations or charities for updates and recommendations.
- Some participants mentioned government websites, particularly Veterans UK and Veterans' Gateway, as a source of information. However, not all participants were aware of these websites, and some found the navigation challenging.
- There is a lack of UK research specifically focused on where female veterans obtain information about support services and their preferences.

Conclusions

This report underscores the need for gender-sensitive support and improvements in meeting the unique needs of female veterans in the UK. Whilst many female veterans reported a positive experience during service, many also experienced challenges related to discrimination, sexual harassment, and sexual assault during service, which impacted their lives following discharge. Our findings emphasise the importance of addressing physical and mental health issues resulting from experiences in service, gendered barriers to accessing veteran support services, challenges in navigating transition and civilian life, and the need for recognition and awareness of female veterans in broader society. The findings call for targeted support services, improved signposting, and increased awareness among service providers to enhance the well-being of female veterans.

Key recommendations

Recommendations were developed from the findings and through discussions in three stakeholder workshops that included female veterans, service providers and service commissioners. The 41 recommendations (R1-R41) can be found in their relevant sections in the report and are brought together as 30 key, or overarching, recommendations (KR) summarised below. In many cases these recommendations are specific to women, but often they apply equally for all Service Personnel (SP) and veterans.

Policy & practice recommendations

Improved recognition and representation of female veterans

Key finding:

This study found that female veterans reported a range of gender-specific challenges related to both serving in a male-dominated military environment and then accessing veteran-specific support services within the civilian world, which they perceived to be equally as male-dominated. This is consistent with previous UK and international research. While we acknowledge that the majority of military serving personnel and service users are male, there should be appropriate recognition and representation of women from policy level, through to practical application.

We therefore recommend:

R1 (Ch 3) R10 (Ch 4) R14 (Ch 5) R24 (Ch 5.3) R41 (Ch 8)	KR1 – The development of policies relating to military personnel and veterans should directly consider the needs of women. Policies in ALL areas (MoD, Statutory, and Charity sectors) should specifically consider the needs of women, be co-produced with women, and be reviewed regularly to ensure effective implementation. The OVA should use the findings of this report to inform the development of their Women Veterans Strategy and associated action plan.
R7 (Ch 4) R9 (Ch 4)	KR2 – There should be appropriate representation of women in all aspects of veteran support services. We suggest that ALL organisations that support veterans work with female veterans to review their staffing structures, websites, promotional materials, imagery, and branding to ensure they appropriately represent women. In addition, we suggest gender-neutral terms are used throughout.
R7 (Ch 4)	KR3 – The development of an approved self-assessment audit tool for organisations to monitor the effectiveness of their provision for female veterans that considers and includes everything outlined in KR1 and KR2.

Key finding:

Female veterans in this study reported a lack of awareness among not only those in statutory services, but also the wider public, of the presence of women in the military, of the jobs that they do, and of the impact of their service on their subsequent needs in civilian life.

We therefore recommend:

R32 (Ch 6)	KR4 – Public awareness campaigns focusing on recognition of women’s roles and experiences in the military and as veterans. These should be undertaken within the broader remit of general veteran awareness-raising, ensuring that women are represented appropriately in a range of roles. By targeting the general public these would also reach civilians who work with veterans or provide services to veterans.
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R10 (Ch 4)
R21 (Ch 5.2)
R25 (Ch 5.3)
R15 (Ch 5.1)

KR5 – Specific training focused on female veterans’ needs for ALL individuals who work with, or provide services to, veterans. This would be for both statutory and charity service providers and should include general information about female veterans’ experiences, roles, and potential challenges in civilian life, but could also include more detailed service-specific nuances such as healthcare complexities, employment, finance, or housing needs and so on where relevant to the service. For those working within healthcare settings, we recommend this is mandatory and incorporated into pre-registration training.

Impact of military service on female veterans’ physical and mental health

Key finding:

This study found that there were detrimental impacts on female veterans that were associated with serving in the military. Gender-related impacts came from experiencing sexual assault and sexual harassment, being pregnant or having children, menopause, the style of training and equipment, and the psychological impact of military deployment. What was reported was both historic and from those serving more recently.

We therefore recommend:

R2 (Ch 3)

KR6 – Continued monitoring of female serving personnel experiences by the MoD. Acknowledging the ongoing work of the MoD in this area, there should be regular evaluation of the experiences of female service personnel. The analysis and findings of this work should be used to inform improvements to women’s experience in service.

Transition and resettlement provision

Key finding:

Female veterans in this study reported that MoD transition and resettlement provision did not always meet their needs or prepare them well for civilian life. This was particularly in respect to financial planning, housing options, and the transferability of skills and qualifications for employment in civilian life. Additionally, they deemed the content of current resettlement provision to be too male-centric and that the timing of provision did not consider any gender-specific needs such as pregnancy, maternity leave, or childcare requirements.

We therefore recommend:

R3 (Ch 3)

KR7 – A review of MoD resettlement and transition provision for women. This should be co-produced with female service users and should assess whether it adequately considers the unique needs of women, both in timing and content of delivery.

R15 (Ch 5.1)
R20 (Ch 5.2)

KR8 – A review of the broader MoD transition provision for women. This should review the content offered to ensure it adequately prepares female service leavers in identifying and applying skills and qualifications gained during service to civilian employment. It furthermore should include detailed information and support for financial planning/budgeting and options for housing.

R17 (Ch 5)

KR9 – Extension of the Career Transition Partnership scope. It is recommended that the scope of the Career Transition Partnership is extended so that support continues flexibly in the longer term for anyone having served over four years (beyond the current provision limit) to beyond the point at which the veteran starts in civilian employment. This would ensure individual circumstances, including of maternity leave, childcare, or other caring responsibilities, are considered to reduce any gender-related adverse impact, and would ensure access to support for a period of time once in the workplace.

Key finding:

This study found that female veterans do not always identify with the term ‘veteran’. This is important if veterans are to access support that is tailored to them and their needs.

We therefore recommend:

R33 (Ch 6)

KR10 – The term ‘veteran’ is introduced and discussed during MoD transition in relation to accessing services. This should include discussion of what veteran support organisations can offer female veterans and eligibility for accessing these services.

Improvements to support in civilian life

Key finding:

Female veterans in this study reported a range of challenges adjusting to civilian life. These ranged from navigating civilian systems, for example registering with a dentist or GP, to workplace differences. Some struggled with feeling isolated or a change in personal identity, and others to rebuild social networks. This was exacerbated by being a single parent or having a current serving partner. This study also found overwhelming that female veterans valued the support provided by peers (other female veterans) where this was available.

We therefore recommend:

R30 (Ch 5.4)
R8 (Ch 4)
R16 (Ch 5.1)

KR11 – Development of a women’s peer-support network, or buddying system. Building on the current informal networks already in existence, this should be developed in consultation with female veterans to offer them the opportunity to connect with, learn from, and be supported by other female veterans. Buddying could take place during transition, or at a later date. This could also include mentoring provision, for example by someone already working within a particular field, or who has expertise in a specific area or challenge. This is not to take the place of existing support service provision, but to work alongside and signpost into it.

Key finding:

This study highlighted many shortcomings to the process of transferring medical records from the MoD to civilian providers, and while most of this does not appear to be unique to women, additional challenges were evident for women who require continuity of healthcare if they leave the military while pregnant, trying to become pregnant, or after childbirth.

We therefore recommend:

R26 (5.3)	KR12 – A review of the transfer of medical records from military to civilian health providers. This should include an evaluation of the impact and consequences of the current provision by asking female veterans and service providers about their experiences.
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Key finding:

Many female veterans in this study were not aware of available female-specific support, although those who had accessed it reported positively. Furthermore, most of the participants suggested that there needed to be services to support female veterans with gender-related issues, and specifically for those who had experienced sexual harassment and/or sexual assault during military service.

We therefore recommend:

R12 (Ch 4)	KR13 – Mapping of current female veteran support service provision. Research should quantify what female-specific provision is available amongst current veteran-specific support organisations (statutory and charity), establish current service usage among women, and seek to further understand their unique needs to build on existing services, or develop further ones.
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Improved access to information about veteran services

Key finding:

This study found that there was a lack of awareness of services available for female veterans, together with a lack of understanding around access and eligibility (i.e. with assumptions made about services supporting male/combat veterans only, with combat-related healthcare needs). This was both in terms of female veterans themselves and for those providing services, and was particularly reported as an issue for healthcare providers.

We therefore recommend:

R35 (Ch 7)	KR14 – Improved internet visibility and marketing approaches among veteran services, ensuring they are targeted towards female veterans. This should consider internet visibility, particularly with popular search engines (i.e. ensuring websites are optimised for those searching for services for female veterans), together with specific marketing of services for female veterans.
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R11 (Ch 4.2) R27 (Ch 5.3) R28 (Ch 5.3)	KR15 – Development of a single, online directory of veterans’ services for women. This should include the nature of the service, access routes and eligibility criteria. It should be provided to serving personnel and service leavers as they begin their transition journey. This could be filterable by service type, including for example healthcare, housing, finance, finding employment and so on. Any directory would need to be updated regularly to reflect changes in provision and any new services available for female veterans. In conjunction, it is recommended that this (or an adapted version) is also made available to ALL individuals providing support services for veterans, to support referrals or signposting.
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R36 (Ch 7)	KR16 – Ensure the Veterans’ Gateway references and reflects the needs of female veterans. This should involve a review of the role and function of the Veterans’ Gateway portal in providing an appropriate, welcoming, and informative resource for female veterans.
R37 (Ch 7)	KR17 – Development of a veterans’ updates newsletter. This could outline and advertise new services (and the directory link) to all veterans, distributed across different channels including Veterans UK and the war pensions service. This could also contain updates on opportunities, activities, and research (recruiting, underway and completed).

Research recommendations

Impact of military service on female veterans’ physical and mental health

Key finding:

This study found that female veterans reported physical and mental health needs that were gender-specific. Key areas that arose from this research included: injuries sustained during training or deployment, the physical impact of uniform and equipment, the impact of gender-related bullying, sexual harassment and sexual assault, being pregnant or having children, going through the menopause, and psychological consequences of military deployment. In many cases these were reported to be the reasons for leaving military service.

We therefore recommend:

R4 (Ch 3)	KR18 – Exploration of impact of military service on female veterans’ physical and mental health. Research should be conducted to compare the physical and mental healthcare needs of female veterans to both male veterans and female civilians, to establish any unique needs among women and ensure services (including healthcare pathways) are developed in line with these.
R4 (Ch 3) R12 (Ch 4)	KR19 – Exploration of the impact of sexual harassment and sexual assault during military service. Research should be conducted to understand the experience and impact of sexual harassment and sexual assault on female service personnel and veterans. This research should seek to understand the prevalence, nature, and consequences during and after military service, as well as a detailed understanding of experiences of support provision in this area.
R5 (Ch 3)	KR20 – A detailed exploration of reasons women leave the military. This information should then be used to inform planning of their subsequent support needs as veterans, and regular collating of this information at transition would enable the military to measure and monitor the impact of any policy or practice changes within the service.

Transition and resettlement provision

Key finding:

Female veterans in this study reported that MoD transition and resettlement provision did not always meet their needs or prepare them well for civilian life. This was particularly in respect to financial planning, housing options, and the transferability of skills and qualifications for employment in civilian life. Additionally, they often deemed the content to be too male-centric and that the timing of provision did not consider any gender-specific needs such as pregnancy, maternity leave, or childcare requirements.

We therefore recommend:

R6 (Ch 3)

KR20 – Better understanding of female military transition experiences. Research needs to understand female veterans' experiences of support provided at transition as this will impact on their subsequent support needs as veterans. This work should be conducted with men and women to establish any unique needs (of both), and consideration should be given to collecting this information at regular intervals post military service to enable outcomes to be measured over time.

Improvements to support in civilian life

Key finding:

This study suggests that, despite a great deal of work to introduce the 'veteran aware' initiative across the healthcare sector, healthcare professionals are not always aware of a patient's veteran status or the need to ask if they have a military background, nor are they always aware of its relevance. This is particularly important given the apparent health impacts reported in this study, and this study's findings that indicate female veterans themselves don't identify as such, and this may affect their willingness to use the term with others.

We therefore recommend in conjunction with KR4:

R29 (Ch 5.3)

KR21 – Exploration of how to improve veteran awareness among healthcare professionals. Research should explore understanding of veteran needs among a range of health and allied health professionals, and also seek to identify the most effective ways of working with healthcare professionals to ensure the implementation of the 'veteran aware' initiative. Further research should also explore any possible gender differences in the above.

Improved understanding of female veteran needs in civilian life

Key finding:

This study found that female veterans reported a number of gender-specific barriers and facilitators to accessing veteran-specific support services. These included male dominance in military and/or veteran organisations, lack of awareness of women's issues, additional stigma associated with female gender, accessibility of services, lack of veteran identity, and a desire for female-specific initiatives.

We therefore recommend:

R13 (Ch 4)

KR22 – Further exploration of female veteran help-seeking behaviours. Building on existing research focused on mental health help-seeking, future research should focus on understanding more about female veterans' help-seeking behaviour in order to better target support and engagement with services.

Key finding:

The findings of this study suggest female veterans may experience a range of challenges around finding employment, fitting into the civilian workplace culture, finding suitable housing, and managing finances. While female veterans may have additional gender-related challenges, for example being primary care-givers, or having a serving partner, it is unclear what the impact of this is compared to male veterans. It is also unclear how much of this relates to policies of the present day, as many participants left the military many years ago when support provision was very different and, in many cases, absent.

We therefore recommend:

R18 (Ch 5.1)
R19 (Ch 5.1)

KR23 – Better understanding of female veterans' employment support needs and challenges. Further research is needed with more recent service leavers to establish current support needs relative to current support provision for finding employment, and also of experiences working in the civilian world post military service. Research should explore these issues in male and female veterans, to enable comparisons and facilitate identification of any unique challenges faced by all so that support and interventions can be targeted appropriately.

R22 (Ch 5.2)

KR24 – Further research into financial challenges after military service. Research should be conducted with male and female veterans to identify the unique needs of both.

R23 (Ch 5.2)

KR25 – Consideration of future housing requirements for veterans. Research should aim to predict the housing needs of veterans in the future: if services are to meet future demand, those demands need to be understood ahead of time. Factors to consider will include the changing civilian housing market and changing MoD housing and accommodation policies. Any gender differences should also be explored to ensure there is no disproportionate impact on women.

Key finding:

This study found that participants did not always identify with the term ‘veteran’ for various reasons, including negative feelings associated with service, stereotypical perceptions of older male veterans, and feeling unworthy of the title. It is unclear if there is a difference between male and female veteran identity perception and barriers. It is important to understand this when considering veteran-specific service design and promotion, and for any communications and/or messaging, as it is possible that male and female veterans may require different approaches.

We therefore recommend:

R34 (Ch 6)

KR26 – Further understanding of veteran identity in male and female veterans. Research should identify any differences between how male and female veterans view their own veteran identity. This could be used to inform future service design and promotion.

Key finding:

This study found largely similar themes arising across England, Scotland, Wales, and Northern Ireland, with a small number of additional Northern Ireland-specific nuances related to the differing political environment. However, the numbers for each of Northern Ireland, Wales, and Scotland were too small to be able to conduct a meaningful analysis and comparison.

We therefore recommend:

R40 (Ch 8)

KR27 – Cross-national analysis of the differences in female veteran support needs and experiences. This research should look at differences in female veterans’ needs and experiences across the devolved nations of the UK.

Key finding:

While this study’s sample size would be considered large for a qualitative study, it is not the purpose of qualitative research to be generalisable to the wider population, and it is not possible with qualitative research alone to quantify the extent of the challenges and issues highlighted in this research across the female veteran population.

We therefore recommend:

R39 (Ch 8)

KR28 – Additional quantitative research around challenges faced by female veterans. This research should build on the present research to ascertain whether these findings are generalisable beyond the current sample to the wider female veteran population.

Key finding:

This study highlighted a variety of female-specific challenges across a large age span. For some of these it is unclear if these challenges differ from those of the civilian population.

We therefore recommend:

R31 (Ch 5.4)

KR29 – Longitudinal research with female veterans. This research should seek to understand the experiences and needs throughout the life course and should consider the physical, psychological, and social impact of military service. Research should be conducted with female and male veterans, and with female civilians, to enable direct comparisons and to identify any unique needs.

Improved access to information about veteran services

Key finding:

Female veterans in this study reported that they were not always aware of services available to them or where to go to look for them. This is a crucial part of accessing support:

We therefore recommend:

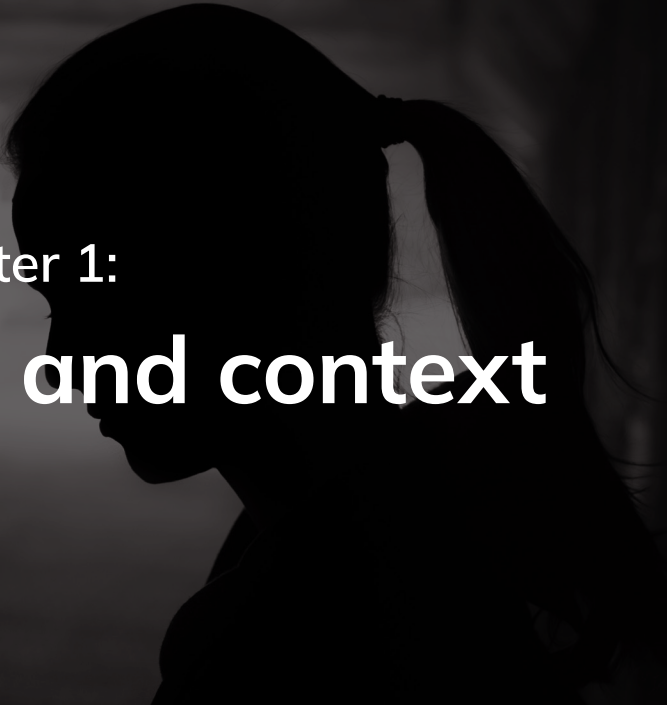
R38 (Ch 7)

KR30 – Further understanding of how veterans access information and their information preferences. Research is needed to understand more about how veterans access information. This should include male and female veterans to identify any differences, and should be used to ensure targeted advertising and marketing of services for all.

Report structure

While the report in its entirety presents our research findings and collectively provides a holistic overview of the UK female veteran experience, it has been structured so that each section or chapter can be read in isolation to provide detailed insight into a specific area of civilian life.

There are 41 recommendations made through the report (R1–R41), which relate to recommendations for policy, practice and further research in each of the sections. These have been pulled together where recommendations address similar ideas into 30 key recommendations (KR1–KR30), which are outlined in the executive summary (key recommendations section). Within each chapter a more detailed explanation of each recommendation is made relating to the specific subject area, so these should be read alongside the key recommendations for completeness.



Chapter 1:

Introduction and context

1.1 Overview

The most recent Census reports that 251,400 United Kingdom (UK) Armed Forces veterans in England and Wales are women, approximately 13.6% of the total veteran population.¹ While this represents a significant number of women, research pertaining to the veteran community is limited and predominantly male focused, with only 2% of all international veteran research mentioning women² and even fewer studies that are focused on this group in the UK. Little is therefore known about UK female veterans' distinct experiences and requirements post-service, or whether their needs are met by existing services, which have been historically designed for male veterans. Comparatively speaking, female veterans are neither well recognised nor appropriately represented in the existing research, the media and support service delivery.

As part of its Strategy for Veterans Action Plan, the UK government³ acknowledges the importance of recognising the contribution of women to the Armed Forces. The Office for Veterans Affairs (OVA) therefore commissioned the Veterans and Families Institute for Military Social Research (VFI)⁴ at Anglia Ruskin University to undertake this piece of qualitative work. The scope of the work was to explore and better understand the experiences and circumstances of help-seeking in the female veteran community. The outcomes of this report will help to shape the upcoming UK government's Women Veterans' Strategy.⁵

The aims of the research were to:

1. Provide an in-depth understanding of UK female veterans' lived experience of government and charity provision.

1 Office for National Statistics (ONS) 2023. Characteristics of UK Armed Forces veterans, England and Wales: Census 2021.

2 Dodds, C.D., & Kiernan, M., 2019. Hidden Veterans: A Review of the Literature on Women Veterans in Contemporary Society. *Illness, Crisis & Loss*, Vol. 27(4) 293–310.

3 Office for Veteran Affairs, 2022. Veterans Strategy Action Plan 2022-24. Gov.UK.

4 Veterans and Families Institute for Military Social Research (VFI), at Anglia Ruskin University.

5 Office for Veteran Affairs, 2023. Press Release – New Women Veterans Strategy.

2. Explore the experiences of female veterans in relation to:
 - a) Perceived impact of military service on physical and mental health.
 - b) Accessing veteran support services.
 - c) Key issues in civilian life (as highlighted as affecting veterans in ‘The Strategy for Our Veterans⁶’) including housing, health and well-being, employment status and experience of finding employment.
 - d) Female veterans’ views on how they feel the public perceive serving military and veteran women.
 - e) Where female veterans get information about government and veteran-related issues.
3. Develop a set of practical and actionable recommendations for improving provision for UK female veterans.

For the purposes of this report, the term ‘veteran’ refers to any individual that has served in His Majesty’s Armed Forces for at least one day⁷. While we recognise military veterans to also be part of the civilian community and thus veteran civilians, within the report the terms ‘civilian females’ or ‘civilian counterparts’ refer to those within the civilian population who have not previously served in His Majesty’s Armed Forces.

1.2 Female military service in the UK

Women have served in the UK Armed Forces since 1917. Historically their service has been undertaken under different rules and regulations from their male counterparts, meaning their experiences during service are likely to be different from those of men. In recent history women served in separate units: the Women’s Royal Army Corps, the Women’s Royal Navy Corps, and the Women’s Royal Air Force⁸, alongside specific nursing corps, which have a majority of female personnel. These gender-specific corps were disbanded in the 1990s when men’s and women’s roles were integrated⁹; however, there were still a number of role-specific restrictions that remained in place until these were lifted entirely in 2018¹⁰.

Women have also been subject to different policies around marriage and having children, which impacted on their military careers. While there was no formal ban on marriage, from 1946 policies associated with posting and accommodation created additional challenges for women until the Sex Discrimination Act of 1975 made it illegal to discriminate on the grounds of marital status¹¹. Additionally, women were automatically discharged from the military until 1992 if they became pregnant¹². Furthermore, there was a ban on serving within the Armed Forces for anyone who was gay, lesbian, transgender or transitioning due to gender dysphoria, or who was perceived to

6 The Strategy For Our Veterans. 2018. Armed Forces Covenant. Gov.UK.

7 Office for Veteran Affairs, 2020. Veteran Factsheet. Gov.UK.

8 The Royal British Legion, 100 years: Women in the Armed Forces. 2017.

9 The Royal British Legion, 100 years: Women in the Armed Forces. 2017.

10 Ministry of Defence. Ban on Women in Close Combat Roles Lifted, 2016.

11 Godier McBard, L., Gillin, N., Fossey, M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

12 The Royal British Legion, 100 years: Women in the Armed Forces. 2017.

be such (even if they were not or had never engaged in same sex sexual relations), until 2000¹³¹⁴. While these policies have since changed, it remains that many women were discharged or felt forced to give up a career in the Armed Forces earlier than planned or desired.

In the context of this report, many of the experiences outlined relate to historic military training, culture, practices and policies as detailed above, and some of these may now be different. It is however important to understand that the views presented in this report are still the experience and voice of today's UK female veterans, and in some respects represent the enduring impact of military service. Crucially, these views offer us an explanation of what women's specific support needs might be, regardless of their root.

Similarly the 'We Also Served' report¹⁵, which was published in 2021 and which brought together existing UK and international research on female veterans, identified a number of gender-based military experiences that may impact on women once they have left the military, over and above their male counterparts. These included challenges adapting from the hyper-masculine military culture (so-called 'banter', negative gender stereotyping, sexism); deployment experiences; sexual harassment and sexual assault during service; and discriminatory policies. These have all been reiterated in more recent UK reports^{16 17 18}.

UK research suggests that during service, women were more likely to experience mental health problems than their male counterparts^{19 20 21 22}. Compared with non-military civilian women, female veterans have also been found to be at increased risk of post-traumatic stress disorder (PTSD) and suicide²³. While little research has looked at the physical health consequences of military service for women, US research suggests they may be more likely to live with musculoskeletal conditions than their male counterparts and may be at greater risk of certain cancers than female civilians²⁴.

The UK research reviewed above suggests gender-based differences in experiences while serving, which may impact on women's needs for support post-service. Using qualitative primary research methods, this report seeks to better understand, outline and describe these challenges.

13 Hansard, Armed Forces (ECHR) 12 January vol 342 cc287–301. 2000.

14 Etherton, T., 2023. LGBT Veterans Independent Review. Final Report. Independent Review into the service and experience of LGBT veterans who served prior to 2000. HMSO.UK.

15 Godier McBard, L., Gillin, N., Fossey., M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

16 House of Commons Defence Committee., 2021. Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life. Gov.UK.

17 Rawlings, L., & Farr, K., 2022. Commentary and recommendations of the Female Veterans in Wales Workshop, June 2022.

18 Edwards, P., Wright, T., 2022. No Man's Land 2. Research study to explore the experiences and needs of women veterans in the UK.

19 Jones, N., et al., 2020. UK military women: Mental health, military service and occupational adjustment. *Occupational Medicine*, 70(4), 235–242.

20 Godier McBard, L., Gillin, N., Fossey., M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

21 Godier McBard, L. et al., 2022. Gender differences in barriers to mental healthcare for UK military veterans: a preliminary investigation. *BMJ Mil Health* 2022;168:70–75. doi:10.1136/bmjmilitary-2020-001754.

22 Wood, A., et al., 2023. Meeting the needs of women veterans in mental health services: Co-designing guidance for healthcare professionals. Not yet published.

23 Godier McBard, L., Gillin, N., Fossey., M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

24 Godier McBard, L., Gillin, N., Fossey., M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

1.3 Female veteran support needs post-service

Internationally, the proportion of women in the military and therefore in the veteran community is growing quickly, leading to an inevitable increase in their need for and use of veterans' support services²⁵. In the UK 1,530 women left the military between 2021 and 2022, increasing the proportion of women already in the veteran community. Furthermore, the UK government's target of doubling the proportion of women recruited into the Armed Forces to 30% by 2030²⁶ will continue to increase the numbers of female service personnel, and ultimately veterans.

According to the Directory for Social Change Sector Insight Report, there are currently 1,843 Armed Forces charities. These provide services for a population of 6.3 million people across the UK from the Armed Forces community²⁷. As of April 2019, the sector's total annual income was £1.1 billion, and the sector's total annual expenditure was £985 million²⁸.

Alongside and often working in collaboration with charity sector provision, there are a variety of services provided by local authorities, the National Health Service (NHS), and other statutory services designed to support veterans with specific challenges and needs in civilian life. These include services such as Op Courage²⁹ (mental health), Op Fortitude³⁰ (Homelessness), and Op Restore³¹ (physical health; previously known as the Veterans Trauma Network (VTN)³²). These sit alongside initiatives to increase awareness of veterans in a number of areas, for example employment³³ (Defence Employer Recognition Scheme); primary care (Veteran Friendly General Practitioner (GP) practice accreditation³⁴); and across healthcare settings more generally^{35 36}.

Despite the numerous services available, it has been reported in previous research that support services for veterans may be under-utilised by women, who perceive them as having been designed to meet the needs of men, by nature of their dominance in numbers in the veteran community³⁷.

Furthermore, while some barriers to accessing support have been reported by both male and female veterans, such as help-seeking stigma, some appear to be unique to women (gender-based). US research has suggested that female veterans experience less satisfaction with veteran-specific

25 Dodds, C.D., & Kiernan, M., 2019. Hidden Veterans: A Review of the Literature on Women Veterans in Contemporary Society. *Illness, Crisis & Loss*, Vol. 27(4) 293–310.

26 UK Parliament, 2021. Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life: Government Response to the Committee's Second Report.

27 Office for National Statistics (ONS) (2023) Characteristics of UK Armed Forces veterans, England and Wales: Census 2021.

28 Cole, S., Robson, A., and Doherty, R. (2020) Armed Forces Charities: An overview and analysis Directory for Social Change Sector Insight Report.

29 NHS England (2021) NHS launches 'Op Courage' veterans' mental health service.

30 Gov.uk (2021) New funding and support scheme to finally end Armed Forces veterans homelessness.

31 Op Restore: The Physical health and Well-being Service.

32 NHS England (2017) Better care is coming out of the trauma of war.

33 Gov.uk (2023) Defence Employer Recognition Scheme.

34 RCGP Veteran friendly GP practice accreditation.

35 NHS England (2021) Healthcare for the Armed Forces Community: a forward view.

36 Veterans Covenant Healthcare Alliance (VCHA).

37 Godier McBard, L., Gillin, N., Fossey, M., 2022. '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 & Social Care in the Community*, 00, 1–11. <https://doi.org/10.1111/hsc.13790>.

services compared to male veterans³⁸, with barriers to accessing services cited as; lack of awareness and accessibility/eligibility, in-service gender discrimination and military sexual trauma, stigma and fear, not feeling comfortable in the treatment environment, lack of practitioner understanding, male dominance, and poor care experience³⁹. In the US, all of these factors have led to women to under-utilising veteran services in comparison to their male counterparts⁴⁰.

In the UK, while research is limited, one study that focused on veteran-specific mental health support noted the following barriers to access; a lack of gender-sensitive options, feeling uncomfortable in veteran services, in-service gender discrimination, gender-related stigma, a lack of understanding from care providers around the issues women face post-service, and a lack of recognition that women had experienced the same trauma as men^{41 42}. Other studies have similarly noted a lack of empathy and understanding from health providers⁴³, and not identifying as a veteran, as barriers to accessing veterans' services⁴⁴. These barriers have resulted in under-utilisation by female veterans, meaning they are missing out on vital support from services which they both require and to which they are entitled as veterans⁴⁵.

It has been postulated that reasons for this under-utilisation include the fact that veteran-specific services have not recognised and represented female veterans appropriately, and so have not adequately adapted the care they provide to reflect the growing diversity within the veteran population⁴⁶. In view of male-dominated veteran research and the suggestion that there may be gender-related barriers to accessing support services, this study seeks to fill this gap by exploring the needs and experiences of UK female veterans, in relation to charity and statutory service support and access in the UK.

1.4 Trigger warning and support

The report contains references to the lived experience of female veterans in the UK, some of whom report traumatic events including domestic abuse, sexual assault, and sexual harassment.

Should you require support for any of these or other issues, there is a list of organisations and groups where you can access support in [Appendix A](#).

38 Wright SM, et al, 2006. Patient satisfaction of female and male users of Veterans Health Administration services. *Journal of General Internal Medicine*. 21(3):S26–S32.

39 Hooks, C., et al., 2023. Barriers and Facilitators to accessing veteran support services among female military veterans – An International Scoping Literature Review. [Not yet Published].

40 Thomas, K. et al., 2017. Belonging and support: Women veterans' perceptions of veteran service organizations. *Journal of Veterans Studies*, 2(2), 2.

41 Godier McBard, L. et al., 2022. Gender differences in barriers to mental healthcare for UK military veterans: a preliminary investigation. *BMJ Mil Health* 2022;168:70–75. doi:10.1136/bmjilitary-2020-001754.


42 Wood, A., et al., 2023. Meeting the needs of women veterans in mental health services: Co-designing guidance for healthcare professionals. Not yet published.

43 Jones G, 2018. Exploring the psychological health and well-being experiences of female veterans transitioning from military to civilian environments: University of Manchester; 2018.

44 Godier McBard, L., Gillin, N., Fossey, M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

45 UK Armed Forces Covenant, 2014. Gov.UK. (Updated 2022).

46 Yano, E.M., et al. 2010. Integration of Women Veterans into VA Quality Improvement Research Efforts: What Researchers Need to Know. *J GEN INTERN MED* 25 (Suppl 1), 56–61. <https://doi.org/10.1007/s11606-009-1116-4>.



Chapter 2: How we conducted the research

2.1 Aims of the research

The aims of the research were to:

1. Provide an in-depth understanding of UK female veterans' lived experience of government and charity provision.
2. Explore the experiences of female veterans in relation to:
 - a) Perceived impact of military service on physical and mental health.
 - b) Accessing veteran support services.
 - c) Key issues in civilian life (as highlighted as affecting veterans in 'The Strategy for Our Veterans'⁴⁷) including housing, health and well-being, employment status and experience of finding employment.
 - d) Female veterans' views on how they feel the public perceive serving military and veteran women.
 - e) Where female veterans get information about government and veteran-related issues.

2.2 Qualitative research methodology

To achieve these aims we used an Exploratory Descriptive Qualitative (EDQ) approach⁴⁸. The EDQ framework ensures rigour in qualitative exploratory research, i.e. where a 'deficit in knowledge' has been identified, in this case that of female veterans' experience of charity and statutory provision. This research was not an attempt to measure, quantify and compare, but was an opportunity to capture the individual experiences and perceptions of research participants.

47 The Strategy For Our Veterans. 2018. Armed Forces Covenant. Gov.UK.

48 Hunter, McCallum & Howes, 2019. Defining Exploratory-Descriptive Qualitative (EDQ) research and considering its application to healthcare. *Journal of Nursing and Health Care*, 4(1).

The findings discussed in this report are derived from analysis of interview data from a large sample⁴⁹ (in qualitative research terms) of eighty-five (85) female veteran participants.

We utilised semi-structured interviews as our method of data collection. There were broad areas for discussion identified at the outset, but with open-ended questions that allowed for new ideas to be discussed based on how the participant responded. The topic guide used for this is detailed in [Appendix B](#) and was based on the research aims and priorities that had been identified by the OVA, along with consultation with our Experts by Experience (EBE) group of female veterans.

In addition, we asked participants to complete a short survey prior to interview that detailed age, ethnicity, sexual orientation, service branch, year of joining and leaving the military, UK nations resided in since leaving service, and rank on leaving service, which is detailed at [2.7](#).

2.3 Analysis

The demographic and military background information collected from participants is presented below in [2.7](#), both as actual numbers and percentages of the total participant group.

Interviews were audio recorded and transcribed verbatim.

As per EDQ methodology, thematic analysis of the transcripts was undertaken by a team of three researchers, following the framework outlined by Braun & Clarke⁵⁰. This allowed the development of themes and associated sub-themes, which were cross-checked and agreed throughout among the researchers, improving reliability. Given the large sample size for a qualitative study, NVIVO collaborative qualitative analysis software was used to support the thematic analysis.

2.4 Stakeholder involvement

Stakeholder involvement was embedded throughout. Our advisory board, which includes female veterans, service providers and academic experts, was involved in development of the initial funding bid and research design, and both the Advisory Board and EBE group were involved in development of the interview topic guide.

Furthermore, the EBE group was involved in the interpretation of the main themes and sub-themes and the development of recommendations from the research.

We undertook three stakeholder workshops to develop the recommendations: one with our EBE group; one with the Ministry of Defence (MOD) and a range of service providers, including the COBSEO female veteran cluster, OVA, NHS England Armed Forces, an Armed Forces Liaison Officer for Wales; and a third with those providing veteran-specific charity services. In addition, we took into consideration feedback on the findings and recommendations via email following the meetings, including from those who could not attend. Details of our stakeholder representation groups is detailed in [Appendix C](#).

49 Hennink, M., Kaiser, B.N., 2022. Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, Volume 292, 114523. <https://doi.org/10.1016/j.socscimed.2021.114523>.

50 Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597. <https://doi.org/10.1080/2159676X.2019.1628806>.

2.5 Research ethics

Ethical approval for the study was granted by Anglia Ruskin University Faculty Research Ethics Panel (Reference: ETH2122-0105).

2.6 Recruitment

As per the EDQ approach, we used a purposive sampling method⁵¹⁵². Participants were recruited via established networks, including the COBSEO Female Veteran Cluster, regimental and organisational websites, social media, and through word-of-mouth among female veterans' personal networks.

Where we were lacking responses from particular groups, for example particular service branches or devolved nations, we targeted recruitment in these areas via established networks.

All interviews took place via Microsoft Teams between June 2022 and December 2022.

2.7 Participants

We interviewed 85 women who had served in the UK Armed Forces. A brief overview of the participants' demographic information is presented below.

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- 51 Palinkas, L.A., et al., 2015. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research*, 42, pp.533–544.
- 52 Hunter, McCallum & Howes, 2019. Defining Exploratory-Descriptive Qualitative (EDQ) research and considering its application to healthcare. *Journal of Nursing and Health Care*, 4(1).

Table 1: Demographic and military information of participants

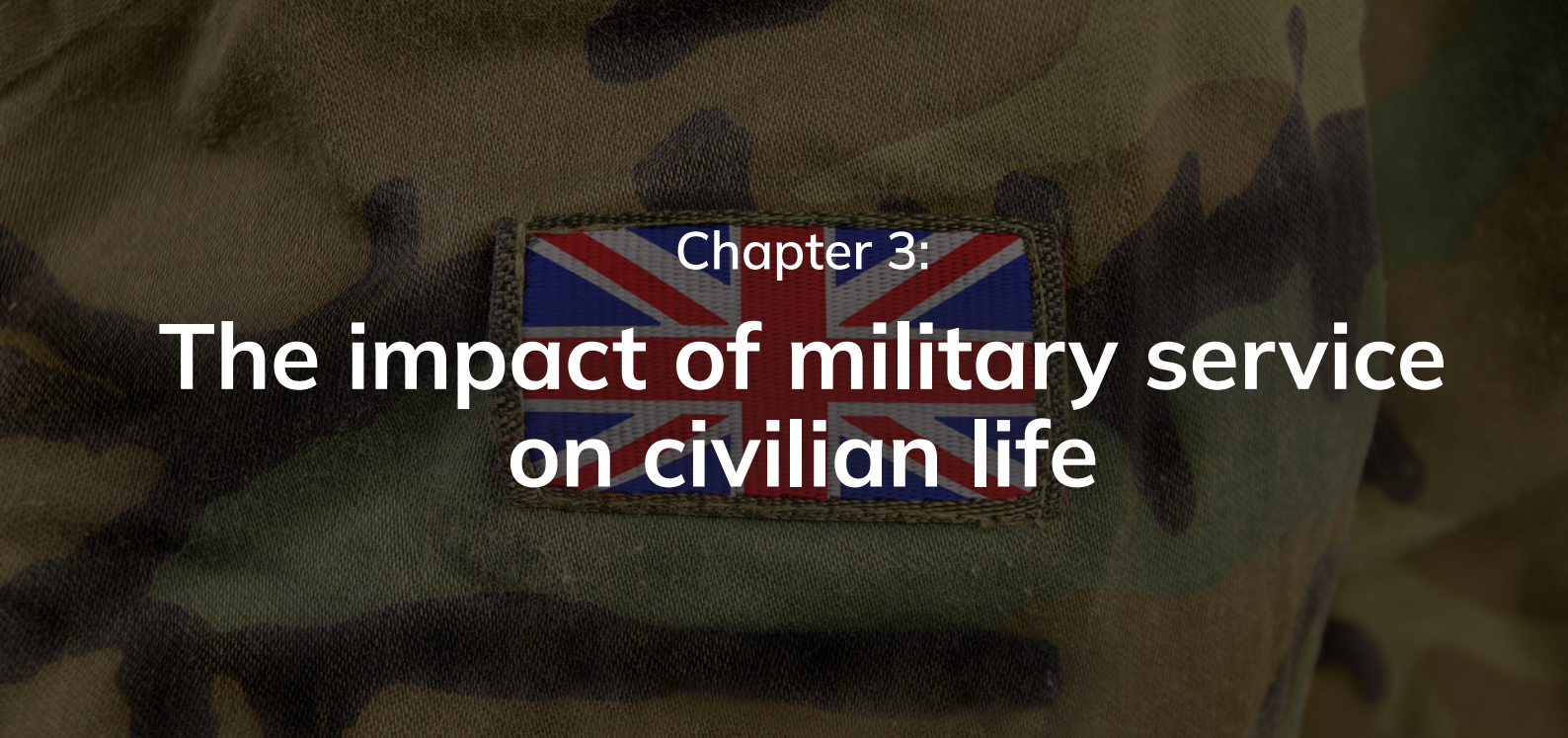
		Number of participants (out of 85)	Percentage of total sample**
Ethnicity	White British	80	94
	Ethnic minority	5	6
Country of residence*	England	76	89
	Northern Ireland	6	7
	Scotland	13	15
	Wales	4	5
Sexual orientation	Heterosexual	74	87
	LGBT+	11	13
Military branch	Royal Navy	17	20
	Royal Air Force	23	27
	British Army	45	53
Rank at discharge	Officer	20	24
	Other ranks	65	76
Disability (physical, or mental health)***	Have a disability	38	45
	No disability	47	55
Dates of service (first participant joined to last participant left)	Between 1966 and 2022		
Age (29 youngest – 80 oldest participant)	29-30 years	2 participants	
	31-40 years	9 participants	
	41-50 years	25 participants	
	51-60 years	38 participants	
	61-70 years	9 participants	
	71-80 years	2 participants	

*10 participants had lived in more than one country.

**percentages rounded to nearest whole number.

***this was self-reported as having a disability, rather than 'registered as having a disability'.

To ensure the maximum chance of anonymity for our participants we cannot provide the above details for each individual participant through the report. However, for each of the quotes provided we have included a participant number, and in [Appendix D](#) noted the year they reported leaving military service and their service branch.



Chapter 3: The impact of military service on civilian life

3.1 Section overview

Participants were asked about the perceived impact of their military service on their subsequent life and well-being as a civilian. This was important in terms of setting the context for why female military veterans may have different needs from civilian women who have not served, or male military veterans, the potential roots of these and/or the best approaches to supporting them.

Participants discussed the many positive aspects to having served in the military, including development of a range of skills and personal qualities, relationship building and the wider range of education and employment opportunities available to them that they felt they would not have had without military service.

As a part of a pre-interview questionnaire, 38 participants (45%) classified themselves as currently having a disability. During the interviews, 77 of the 85 participants (91%) described some impact of military service on their physical or mental health as a civilian.

The reported impact of military service on their physical health included injuries sustained during training and/or deployment, general 'wear and tear' of their bodies from military training, and the impact of sometimes unsuitable clothing or 'kit' on women that they believed had contributed to subsequent physical problems.

Mental health problems experienced by participants in civilian life were often linked to any physical health conditions they were living with. In addition, mental health problems were also associated with 'military culture', including a lasting legacy that women were not taken as seriously in their roles as their male counterparts, impacting on self-esteem and self-worth. Participants further reported deployment-related psychological trauma and feelings of guilt and shame resulting from experiencing sexual harassment and/or sexual assault during military service. Participants also discussed persistent psychological consequences, such as shame and trauma as a result of being gay and serving at a time when this was illegal under martial law (pre-2000). Similarly, forced discharge because of marriage, motherhood, being gay, or voluntary discharge to achieve a better work/life balance, impacted subsequent mental health.

Of note is that while some of what is detailed in this section relates to historic military training, culture and practices, some of which may now be different or their detrimental impact publicly acknowledged⁵³, it is important to understand that what is presented is still the experience of current UK female veterans and provides an explanation of what their specific support needs might be and where these are grounded. Additionally, as noted in the recent LGBT veterans independent review (Etherton report)⁵⁴, the impact of historic policies and practices have had an enduring impact on today's veterans. Furthermore, many of the gender-based experiences outlined in this chapter relating (for example) to discrimination, sexual harassment, and sexual assault reported during service decades ago, continued to be reported by those serving more recently.

3.2 Positive experiences and their wider impact

Participants reported many positive aspects to serving in the military, including 'loving' their time in service, and developing skills and personal qualities such as adaptability, resilience, discipline, physical fitness, mental strength, self-confidence, and determination. They felt that these had stood them in good stead for navigating the civilian world post-military service.

"... we're very adaptable ... you have that resilience, you have that adaptability. You have to be able to morph into what's next required ..." (P110)

"The only hangovers I've got from my military time are positive ones. [As I've got older] I've realised I've had a great deal of self-discipline by the time I left the services ... I'm very prompt, I take a lot of pride in my work ... when I'm at work I want to be very well presented, professionally presented." (P56)

Participants also emphasised the wider opportunities military service afforded them in terms of education, training, and onward employment.

"I got educated from the military. I wouldn't be sat as a [occupation] now if it wasn't for the military. Because I didn't even have GCSEs when I joined. I have a whole debt of thanks to certain aspects of the military for who I am now." (P46)

3.3 Physical health impact

3.3.1 Physical health problems resulting from injury

Injuries sustained during military training and/or deployment were cited by many participants as having a significant impact on their physical health post-service. Specific injuries included back pain and slipped discs from lifting heavy equipment, broken bones from accidents during training,

53 Etherton, T., 2023. LGBT Veterans Independent Review. Final Report. Independent Review into the service and experience of LGBT veterans who served prior to 2000. HMSO.UK.

54 Etherton, T., 2023. LGBT Veterans Independent Review. Final Report. Independent Review into the service and experience of LGBT veterans who served prior to 2000. HMSO.UK.

other musculoskeletal problems, and hearing loss associated with spending long periods of time in noisy environments.

While a number had been injured to the extent that they were medically discharged from the military, other participants described injuries that did not cause them too many problems initially but had worsened as they had become older. Some participants described their work and leisure time as severely restricted by the long-term consequences of their injuries, undergoing numerous operations, and living with arthritis and chronic pain.

"I injured myself when I was serving. And the result is I've got a bad back and now I need a hip replacement ... I was injured in Phase Two training. It didn't impact my service life so much because the effect wasn't apparent at the time, I just got on with everything ... [It impacts now] big time. I use a walking aid, I have a blue badge ... it's temporary until I can get the hip replaced, but I am going to have major surgery." (P53)

"I was in [a bomb blast] ... and as a result of that I received head, neck and back injuries ... I've had several spells over the years where I have not been able to walk due to my back injury." (P95)

3.3.2 Physical health issues resulting from training and exercise

Military training was frequently cited as causing subsequent physical health problems. Participants described general 'wear and tear' of their bodies, experiencing pain in ankles, knees, hips and backs, tendonitis, and arthritis. These problems reportedly had a significant impact on some participants in their ability to work and take part in regular exercise. Some talked about the challenges of engaging in the same training schedule as their male counterparts, which they had felt had not always been suitable for women's very different bodies.

"... just having to do the same as the guys ... our frames aren't the same you know, and I think I was doing 30kg at some points with a weapon ... It was only [later] I went to the doctors and they said basically your two vertebrae have been crushed just with that bobbing up and down and running, tapping and the weights we were given. Because there was no guidance in those days." (P71)

3.3.3 Physical health problems resulting from uniform and equipment

Uniform and equipment were mentioned by a number of participants to have caused them subsequent physical problems, with some reporting that they had worn uniforms designed to fit men's bodies that were not always suitable for the very different female body shape.

"[The uniform] didn't fit properly ... you would have had the whole hips chaffed off you [because it was designed to fit men] ... there was no accounting for hips or [any] other bits." (P102)

3.3.4 Acknowledgement of changes in physical training

A number of participants felt that the military's knowledge of training, exercise, and general health and well-being had improved from the days of their own service. These participants described serving at a time when personnel were encouraged to 'push themselves to the limit' in their training and in their social lives. Greater integration of women in all roles and women reaching higher military ranks was reportedly a positive change that had in turn contributed to a greater awareness of the need to account for the differences between women's and men's bodies.

"[The training has] changed over the last five or six years to ... more strength-orientated training rather than lots of impact and running, which caused a lot of MSK injuries ... [Military training] has come a long way since then ... there's more females in the Army, the management's different, the training's different." (P86)

3.4 Impact on mental health

3.4.1 Mental health problems resulting from physical health conditions

Participants who reported physical health consequences of military service described how these persisted in civilian life. They discussed the psychological toll of chronic physical health problems and their ongoing struggles with mental health as a result.

"The physical injuries are linked to the mental traumas. Because ... they were life-threatening situations where I believed I was going to die and ... that means that the pain and the head are linked very much ..." (P107)

"To then going into this limbo of acknowledging that ... you are still in pain and you can't function the way that perhaps you once used to ... I was living this sporty life and I ... could go anywhere, do anything ... And then you start to go into this depressive state where you go this is what I've become and nobody's helping, I'm living off these opiates and life's shit ..." (P45)

3.4.2 Mental health problems resulting from military culture

While the military 'way of life' and culture were reported to have some positive aspects as outlined in 3.2, participants described gender-specific impact, such as having to endure the hyper-masculine culture of the military as women, and the long-lasting negative impact this had on their lives and mental well-being. Some felt bullied, demeaned, and undervalued in service and others reported difficulties adjusting to civilian employment and life:

"Then we went to [place as a civilian] and I started in a ... department which was full of you know the white men in suits ... and it ... all the old feelings came back you know of that time ... I did seven departments in six years, I just ended up walking out of all of them. I mean I look back now and I just think what was going on? You know but ... I'd just ring [partner] up and

say pick me up you know. I can't ... do it. Any sort of ... aggression or ... I don't know just them feelings ... they just came bouncing back." (P72)

Others felt that during 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 higher rank. This meant that these mental health problems went unresolved. Additionally, support was not always available in service. These factors were reported to create a negative legacy, both in terms of their poor mental health and accessing of support in civilian life.

"... it was just seen as it's an emotional woman ... let's not create a support network and a pathway for them because they're just an emotional woman. And it's almost like that perception of oh they're ... they're female or they're a mother, or whatever it is, well it's just ... comes with the territory. Then actually they were suffering from similar like post-traumatic issues that ... the men were. But it was just passed off." (P17)

3.4.3 Mental health problems resulting from type of role or deployment

Participants discussed the long-term impact of some aspects of their military service on their mental well-being. From witnessing the nature and extent of conflict and its wide-ranging consequences to finding themselves in life-threatening situations, participants described long lasting mental 'scars' resulting from these experiences, problems sleeping, hypervigilance and psychological trauma in civilian life.

"Serving in [country] in the eighties and nineties was quite brutal. The things that men can do to men is just breathtaking. And they don't ever leave you, ever ... it left scars, very deep scars ... Hypervigilance is in all of my life, I don't really sleep, [I'm] always listening. And walking the street and somebody drops something and you're hitting the deck, very embarrassing! And trusting people can be very difficult." (P101)

"I was serving during [conflicts], the whole period ... [specific details] and some of that stays with you, it really impacts, and it stays there. I see photos and I can see the colour of the skin and the [dead] soldiers and it was hard. But at the same time I just blocked it all [out]." (P11)

3.4.4 Mental health problems resulting from bullying, sexual harassment, and sexual assault

The long-term consequences of experiencing bullying, sexual harassment, and/or sexual assault during military service were discussed by participants. They described experiencing multiple incidents of unacceptable and/or unlawful behaviours within a wider culture of military women often being viewed as "a sexual object" (P102). These incidents were reported by women who served many years ago, as well as those discharged in the past few years. This behaviour reportedly came both from male peers and men in positions senior to the women. Participants discussed how these behaviours were worse and/or more frequent when participants were younger, or during

tours, and lessened as they became older and/or progressed to higher military ranks. The impact of these behaviours was clear on their civilian lives.

"I get bit anxious or certain things sometimes because pretty much every tour I've been on either myself or another female would have been sexually assaulted and some friends have been raped ... I'm just very careful. I'm very self-aware and I don't switch off ... I'll always like sleep with a weapon. I'll always have a weapon handy in the house or something like that." (P86)

If participants reported these incidents to their seniors, their concerns were often ignored and resulted in no action being taken against alleged perpetrators. Consequently, some had left the military rather than tolerate further mistreatment of this kind. The long-term mental health consequences reported by participants included enduring psychological trauma, feelings of guilt and shame, and unresolved anger and frustration that they had experienced these types of behaviours and had not been listened to when they complained.

"... there was a lot of [harassment] and some of it was just horrendous ... there was the banter ... you just kind of put up with it ... I wish [I'd been] older and I could have done things differently. Like deal with it a bit more, but I think if you did complain, because you were in the minority, it wouldn't have mattered. Which was quite sad, but now hopefully they're becoming a lot better." (P108)

"When something happens in service as a female, there's a lot of power or control there ... there are so many elements to why you may not speak up." (P50)

3.4.5 Mental health problems resulting from serving during the gay ban

Participants discussed the lasting impact of having been forced to leave the military because they were gay, prior to the ban being lifted in 2000. Specifically, these participants described having struggled with their sexual identity and coming to terms with being gay, feeling shame and guilt at having been told they had 'brought the military into disrepute', and the stress and psychological trauma that resulted from being under surveillance, interrogated and subsequently 'kicked out' of the military, all with lasting impact on their civilian lives.

"It's the single big, big thing [that has affected my mental well-being] ... being investigated by the special investigation branch ... in relation to my sexual orientation ... That was huge [and] it's still having a bearing now because it never leaves you ... It was the only time in my life I seriously thought of suicide, I was absolutely on the point of suicide one night ... I [carried] guilt with me for donkey's years." (P21)

"I was going to have a full career ... I was good at my job, I had a lot of support from other senior managers but I was ... moved departments ... I think my self-esteem was totally knocked at one point. And I can feel it sometimes even now." (P61)

3.4.6 Mental health problems resulting from feeling ‘forced to leave’

Some participants had served at a time where they had to leave the military if they got married, were pregnant, or were gay (as 3.4.5). The impact of having no choice and being ‘forced’ to leave the military for some led to mental health problems once they left, or left them feeling unprepared for civilian life.

“... because I left the service quite quickly and not at my normal exit point [this] massively knocked my confidence, impacted me from a mental health perspective. I left with quite a promising career and offer of promotion to ... then leaving and just being completely ... almost like flattened and then having to start at a ... much lower level and build back up ...” (P109)

“I left the [military] on that day and on the next day I became a civilian, and it was almost like well that’s it now ... Just off you trot ... I found it quite depressing because I’d had ... what I thought was a really good job, I’d managed to get a certain rank, and I thought I was doing really well ... I was depressed for such a long time after I got married ... I [felt] completely and utterly useless ... It took a long while to get over that feeling of just being cast adrift ... with absolutely no support whatsoever. Nothing.” (P52)

3.5 Are our findings supported by previous research?

This is the first study of its kind to explore the experiences and perceived impact of military service on subsequent civilian life for UK female veterans across the different service branches. As a result, there is little in the way of equivalent research with which to compare these findings.

To date there is limited research that focuses on UK female veterans’ mental health needs. One recent UK study that explored female veterans’ experiences of mental health support services identified some aspects of women’s experiences during military service that impacted on their well-being in civilian life. These included discriminatory policies and procedures for women and for gay people, and experiencing sexual harassment and/or sexual assault during their military careers⁵⁵. Another that surveyed 750 UK female veterans as part of a wider study found that there were higher rates of mental health difficulties among female veterans compared to women who had not served, and among other things noted military adversity in this group (including sexual harassment, sexual assault, emotional bullying, and physical assault)^{56 57}.

55 Godier McBard, L. et al., 2022. Gender differences in barriers to mental healthcare for UK military veterans: a preliminary investigation. *BMJ Mil Health* 2022;168:70–75. doi:10.1136/bmjilitary-2020-001754.

56 Hendrikx, L. J., et al. 2023. Understanding the Mental Health Needs of a Community-Sample of UK Women Veterans. *Illness, Crisis & Loss*, 31(2), 385–402. <https://doi.org/10.1177/10541373211070487>.

57 Hendrikx, L.J., Williamson V., Murphy, D., 2021. Adversity during military service: the impact of military sexual trauma, emotional bullying and physical assault on the mental health and well-being of women veterans *BMJ Mil Health* doi: 10.1136/bmjilitary-2021-001948.

In line with the findings of the present research, a further UK study⁵⁸ and follow up study⁵⁹ found that female veterans reportedly often felt overlooked and undervalued in the male-dominated military environment; however the long-term consequences of this are not clear. One UK study⁶⁰ did confirm, as in our study, persistent mental health problems for LGBT+ veterans who had served during the gay ban, including anxiety and stress, depression, PTSD, and suicidal ideation. This is also affirmed in the recent LGBT Veterans Independent Review (Etherton report)⁶¹.

US research has similarly noted the negative impact of military service on mental ill health among veterans, finding that female veterans are at a greater lifetime risk of psychological problems compared to their male counterparts⁶².

Additionally, those who experienced sexual harassment and sexual assault had poorer mental health post-service⁶³, and this acted as a barrier to accessing help post-service⁶⁴.

While there is limited research that explores specifically the physical health needs of female veterans in the UK, there is indication that proportionately their needs may be greater than their male counterparts. The UK MoD Women in Ground Close Combat (WGCC) review⁶⁵ for example, reported that the risk of musculoskeletal injuries in serving females was two-fold higher than in males, including stress fractures, and further that this was exacerbated in the first two years postpartum (following childbirth). Additionally, the report found a higher incidence of fertility problems in service women than age-matched female civilians. The report also noted higher rates of medical discharge and/or downgrading among females compared to males, suggesting proportionately more females than males are entering the post-service population with physical injuries, or needs that may require additional support.

Confirming this, research summarised in “We Also Served”⁶⁶ suggests that there is a disproportionate number of UK female veterans with service-related musculoskeletal issues compared with male veterans. Workshops commissioned by the Welsh Government⁶⁷ to understand female veteran experiences in civilian life similarly reported a range of ongoing physical health conditions related to serving, including hearing loss and musculoskeletal issues. No UK studies, however, have looked at this in depth, and none have looked at other health conditions that are not musculoskeletal in nature.

58 Edwards, P., Wright, T., 2019. No Man's Land. Research study to explore the experiences and needs of women veterans in the UK.

59 Edwards, P., Wright, T., 2022. No Man's Land 2. Research study to explore the experiences and needs of women veterans in the UK.

60 Osborne, A. K., & McGill, G. 2023. Lost and Found: The LGBT+ Veteran Community and the Impacts of the Gay Ban. Northumbria University.

61 Etherton, T., 2023. LGBT Veterans Independent Review. Final Report. Independent Review into the service and experience of LGBT veterans who served prior to 2000. HMSO.UK.

62 Adams, R.E., et al. 2021. Risk and protective factors associated with mental health among female military veterans: results from the veterans' health study. *BMC Women's Health* 21, 55. <https://doi.org/10.1186/s12905-021-01181-z>.

63 Vogt, D.S., 2005. Deployment stressors, gender, and mental health outcomes among Gulf War I veterans. *J Trauma Stress*. 18(2): 115–27.

64 Kimerling, R., 2015. Access to Mental Health Care Among Women Veterans: Is VA Meeting Women's Needs?. *Medical Care* 53():p S97–S104. | DOI: 10.1097/MLR.0000000000000272.

65 MOD, 2016. Women in Ground Close Combat (WGCC) Review. Gov.UK.

66 Godier McBard, L., Gillin, N., Fossey, M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

67 Rawlings, L., & Farr, K., 2022. Commentary and recommendations of the Female Veterans in Wales Workshop, June 2022.

Although self-reported and not based on any official or medically defined assessment criteria, 45% of our participants recorded themselves as having a disability (physical, or mental health) in the pre-interview questionnaire. By comparison the broader UK Census data from 2021⁶⁸ indicates overall disability rates among civilian females across all age ranges to be much lower than this, at 18.7% (England) and 22.3% (Wales). We acknowledge that the high rate we found is potentially influenced by our recruitment strategy, which included targeting veteran support services, which by virtue of their provision may have a higher proportion of veterans with disabilities. Notwithstanding this, to our knowledge there appears to be a lack of information regarding disability rates among UK veterans (male or female) reported in the UK literature, and this requires further exploration.

As outlined in the introduction to this report and discussed by some of our participants, many of the negative health consequences of military service in civilian life were related to the conditions of military service more than 15 years ago. These participants felt that much would probably have changed in terms of awareness of and support for mental health problems, greater awareness of the physical damage caused by high impact exercise, and more awareness of the difference between female and male bodies when planning training and exercise. It is worthy of note, however, that several participants who had served more recently (within the last 10-15 years) also reported experiencing issues with discrimination and harassment, as well as inadequate uniform and equipment which were designed for men, and the physical impacts of this. This concurs with the 'Protecting those who protect us' Defence Committee inquiry (The Atherton Report)⁶⁹ and both of the Salute Her UK 'No Man's Land' reports^{70 71}, where serving female personnel were still frequently reporting issues with bullying, harassment and discrimination, and inappropriate uniform or equipment, indicating there is still a need for improvement.

3.6 Recommendations

3.6.1 Policy and practice

- R1. The development of policies relating to military personnel and veterans should consider the needs of women**
- Policies relating to service personnel and veterans should consider the needs of women specifically.
 - Policies should be co-produced and co-developed in collaboration with service women and veterans.
 - New policies developed for women service personnel and female veterans should be reviewed regularly to determine if they are being operationalised, and to ensure their effectiveness.

68 ONS, 2021. Disability by age, sex and deprivation, England and Wales: census 2021. Disability by age, sex and deprivation, England and Wales – Office for National Statistics (ons.gov.uk).

69 House of Commons Defence Committee., 2021. Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life. Gov.UK.

70 Edwards, P., Wright, T., 2019. No Man's Land. Research study to explore the experiences and needs of women veterans in the UK.

71 Edwards, P., Wright, T., 2022. No Man's Land 2. Research study to explore the experiences and needs of women veterans in the UK.

R2. Continued monitoring of female serving personnel experiences by the MoD

- Acknowledging the ongoing work of the Ministry of Defence (MoD) in this area, there should be regular evaluation of the experiences of female service personnel. The analysis and findings of this work should be acted upon and used to inform improvements to women's experience in service. Key areas that arose from this research relate to: the impact of training, equipment and uniform on physical health and the impact of military culture, military role type, deployment, bullying and harassment on mental health of female service personnel.

R3. Consider unique needs of women in MoD resettlement and transition provision

- Resettlement and transition provision should be reviewed to determine whether it adequately considers the unique needs of women, both in the timing and content of delivery. These include, but are not limited to, the challenges associated with pregnancy, childcare responsibilities, and menopause.

3.6.2 Research

R4. Exploration of impact of military service on female veterans' physical and mental health

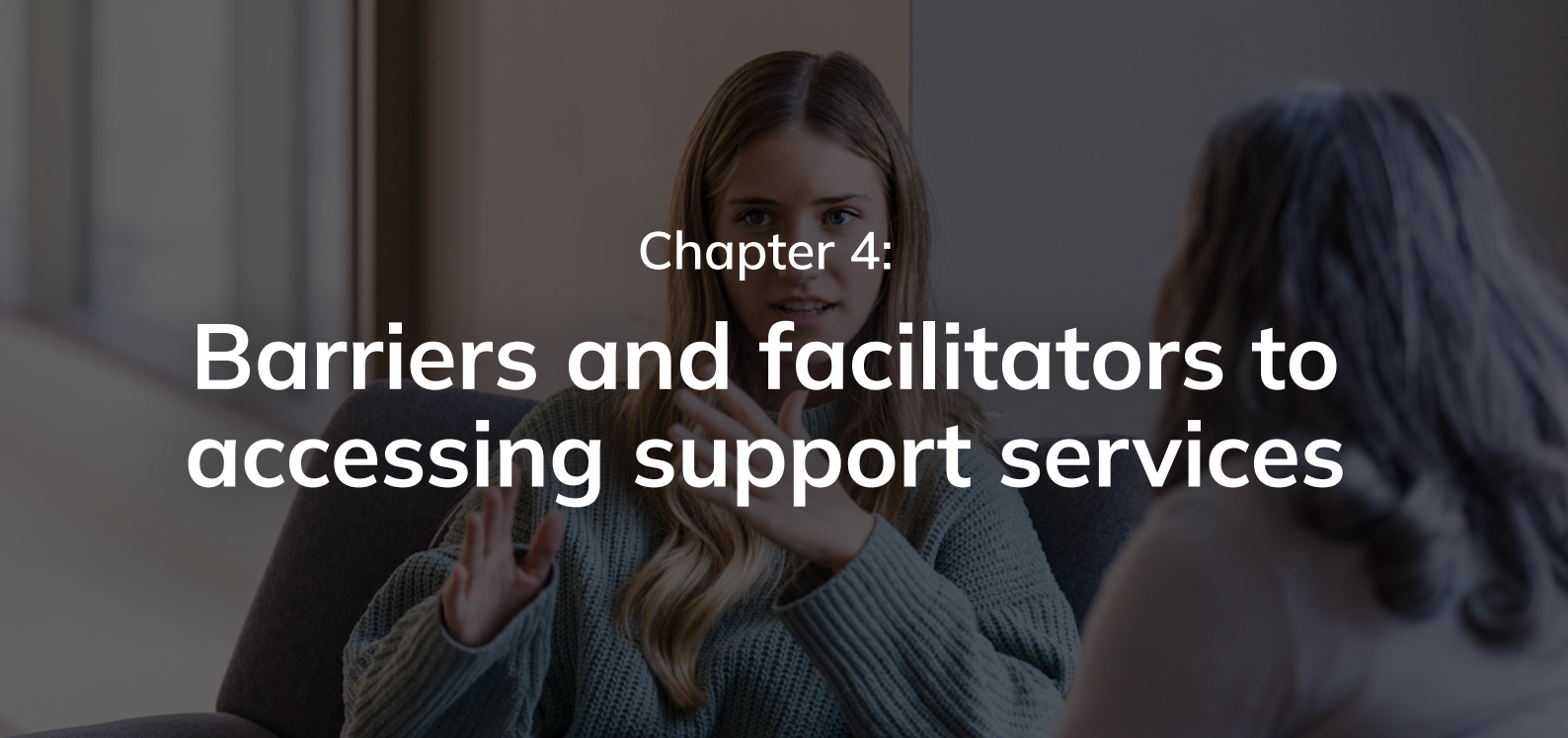
- Further research is needed to fully understand the impact of military service on women's physical and mental health. Research should be conducted to compare the needs of female veterans to both male veterans and female civilians, to establish any unique needs among women and ensure services are developed in line with these.
- Further research is needed to understand the physical health of female veterans and their experiences of associated healthcare pathways. The present research suggests a potentially higher rate of physical health problems among female veterans compared with civilian women, and previous MoD research suggests different physical health consequences for military women compared with military men. All of this needs to be understood in detail in order to inform health provision for female veterans. A collaborative research project led by ARU and funded by the OVA is about to commence, which will focus on their physical health needs, including widening our understanding beyond musculoskeletal conditions to include female-specific issues such as childbirth, gynaecology and menopause.
- Further research is needed to understand the prevalence, nature, and consequences of sexual harassment and/or sexual assault during military service. This is important for providing appropriate support for female veterans, and for informing the development of prevention strategies within the military.

R5. Detailed exploration of the reasons why women leave the military

- Further research is needed to establish the reasons why women leave the military. Reasons will vary among individuals and will also be connected to changes in military policies and procedures (historic, current and future). This information should then be used to inform planning of their subsequent support needs as veterans, and regular collating of this information at transition would enable the military to measure and monitor the impact of any policy or practice changes within the service.

R6. Better understanding of female military transition experiences

- Research needs to understand female veterans' experiences of support provided at transition, as this will impact on their subsequent support needs as veterans. Regular collection of this information would also enable the military to assess and monitor the impact of any changes to the support provided at the transition phase, and inform its further development. This work should be conducted with men and women to establish any unique needs (of both), and consideration should be given to collecting this information at regular intervals post-military service, to enable outcomes to be measured over time.



Chapter 4:

Barriers and facilitators to accessing support services

4.1 Section overview

As outlined in [Chapter 1](#), there are a variety of services designed to support veterans with specific challenges and needs in civilian life. However previous research ([Chapter 1](#)) suggests that veteran-specific services are under-utilised by female veterans, meaning that their support needs ([Chapter 3](#)) may not be being met. This section of the report outlines what participants highlighted as barriers or facilitators to accessing services. This was based mainly on their experiences of attempting to find support, but interestingly, on some occasions was based on their perceptions of how it might be if they did, or on second hand accounts from others.

To improve the current provision and increase the uptake of support services by female veterans in the UK, we first need to understand what their current experiences are, including why they may or may not utilise them, together with some understanding around the potential place or need for female-specific provision.

Barriers included a lack of awareness of what veteran-specific services there were, or their eligibility to access them, and difficulties in accessing services due to poor signposting, timing of provision, or health issues. Male dominance was another barrier. This was both in terms of branding/imagery used by support services, and the disproportionate representation of males within the organisational structures/service delivery or in receipt of the services. For some, male dominance triggered negative feelings and memories of experiences from when they had served, where they had felt discriminated against, bullied, or in some cases were sexually assaulted because they were female. For others it compounded their lack of veteran identity as the minority gender within these services. This lack of identity as a veteran (discussed in depth in [Chapter 6](#)) was a significant barrier to accessing veteran-specific support services, and the extent of its impact was seen throughout this research.

While not identifying as a veteran acted as an internal (self) barrier to accessing veteran support services, stigma, shame, self-confidence, and fear of repercussions were also barriers that prevented female veterans seeking support. Some of this again tied into previous service experiences.

Facilitators were in the main the opposite of the barriers; for example if they had had previous positive experiences with military or veteran support services, participants were likely to access others. This included service providers having military knowledge and understanding, as well as the importance of peer support, which helped to increase awareness of the services available to them and allowed them to keep an important military connection (and camaraderie). In the main the military connection as a facilitator was not gender-related; what was important was being with others who had served. However, there were some participants who reported that where female-specific initiatives and/or service providers were available, this had been preferable. This allowed them a 'safe space' to be open and to discuss more gender-specific issues, such as menopause, parenting, caring responsibilities, and the adjustment from being female in a male-dominated environment to civilian expectations of being female (discussed further in [Chapter 5](#)).

To better understand how participants felt about support services being female-specific, they were asked if they felt there was a need for female-only services for veterans. Approximately three quarters reported that they could see a place for female-specific services, and a quarter suggested they would not want this. Participants who did not see a need for female veteran-only services felt that they identified more with their military role and wanted to connect with services in that capacity, rather than as a woman. Some felt that services had recognised the changing nature of female service and were now more inclusive of females, so there was no separate need.

Participants who reported that there was a need for female veteran-only services discussed a range of reasons for this. Some felt it was important because women often had different experiences during their military careers from men, some that there needed to be more services to support female veterans who had experienced sexual harassment and/or sexual assault during military service, and others that current provision did not feel as though it had been set up for women to access, nor to meet their distinct needs.

4.2 Barriers to accessing support services

4.2.1 Lack of awareness of veteran support services

The barrier to accessing veteran services that was most often reported by participants was a lack of awareness of services available to them, despite the large number of services available to veterans in the UK ([Chapter 1](#)). A number mentioned that they had 'recently' found out more about veteran-specific services, suggesting something had changed that had raised their awareness. What had changed specifically is not clear, but possibilities include more effective advertising of services; greater awareness through word-of-mouth, as more veterans become involved with these services and then discuss this with those in their networks; and learning more about wider veteran-specific services available after obtaining employment in a military or veteran charity.

"I haven't really accessed any [support services] and here's why. I don't really know what's out there." (P105)

"I've probably heard of [veteran charity] and [veteran charity]. But you know, those are the two ones that I've mainly heard of ... they are big. But anything other than that, no I wouldn't have a clue if I'm honest." (P8)

There was a similar lack of awareness reported around female veteran-specific support and networks.

"Us girls that are going into full second careers ... we're early forties. Where are we? Where are we hanging out? Where can we get together and network and share experiences and jobs? You know, I've got something coming up, why don't you put in for it sort of thing?" (P13)

"I have had friends that have struggled ... some of them [have] taken their own life. Female veterans, because they're struggling and they just didn't know where to turn to or who to reach out to." (P8)

4.2.2 Male dominance in organisation, service provision, and attendance

Veterans' charities and wider support services for veterans were perceived by many participants to be male-dominated in their branding, and lacking recognition and representation of female veterans. Participants noted that organisational names often had masculine connotations and that the imagery used was often male-dominated and combat-driven, with language exclusive to heroism and service branding that portrayed overtly male sentiments. Female veterans reportedly did not always feel visible or included within what is seen to constitute a 'veteran'; they did not fit in and therefore they did not consider the services as being for them. Lack of female representation was also reportedly evident within the organisations' staffing and structures.

"... you just look at most of the literature of anything like these [veteran charity] and things like that, they're very, very masculine, very male dominated." (P21)

"... going to the [veteran club] ... as soon as I went in, the masculinity was just evident on the walls straightaway. All these huge pictures were just full framed pictures of men. I didn't see any women. And I wanted to write on the wall [female name] was here! ... there were lots of women that were [also] really brave that died in that war." (P7)

This male dominance in veterans' organisations was perceived to be associated with a lack of understanding of women's roles and experiences in the military, and of female veterans. This was important to participants, who were clear that they had very different experiences from their male counterparts.

"I don't think there is the understanding of what it means to be a female in the military." (P46)

"I don't think [services] have got enough people that understand ... When a bloke joins the Army ... didn't matter if they got married, didn't matter if their partner got pregnant, they weren't asked to leave. Women have historically had these things happen to them." (P10)

Male dominance in veterans' services was reported to extend to staff members responsible for designing, managing, and delivering the service, and to the users of the service who were predominantly male. This brought additional challenges. Female veterans reported that male veteran service users and staff were often veterans of different eras, with a view of women based on their own historical experiences. This contributed to participants sometimes feeling misunderstood even among their male peers, and in some cases being on the receiving end of inappropriate behaviour.

"I went to a [military charity] AGM [annual general meeting] a few years ago ... and sat in this room full of men ... All the women were at the back ... and I was appalled at the complete lack of female presence in their thinking, their identity or the way they approach things." (P19)

"[I went] to a breakfast club ... but it was very cliquey with older men there. And they thought it was appropriate to make female jibes at me in a queue for breakfast ..." (P31)

4.2.3 Negative prior experiences

Participants prior experiences of accessing support influenced their decision to access further or additional support elsewhere; specifically, those who had previous negative experiences were less likely to try to seek support again. Reports of this were wide-ranging, with participants discussing many incidents of less than satisfactory responses from within the civilian and military/veteran sector.

Within the civilian sector, participants' frustrations centred around a lack of understanding of the military context among service providers, and a lack of awareness within those organisations of their wider responsibilities to veterans.

"... you're the [civilian service] ... I thought you had this covenant with the Government that you're supposed to look after your Armed Forces." (P106)

"[Staff member at civilian service] ... didn't know anything about the Armed Forces Compensation Scheme, she didn't know anything about the war pension scheme." (P30)

Poor experiences reported among participants accessing NHS care (discussed in more depth in Chapter 5.3) included lack of knowledge among staff members of how to support veterans with problems that they considered to be more 'complex' than they were able to deal with, resulting in veterans subsequently not receiving appropriate treatment, and an apparent lack of awareness of veteran-specific support for onward referral in those instances.

"I didn't find any help whatsoever from the GP practice ... my PTSD is too complex for them ... my pain is uncontrollable." (P107)

"I needed somebody that understood the position I was in and the best way to go forward ... I think her [nurse] experience or perspective of somebody that's ex-military, well they must be

an alcoholic or they must be a drug user if they're suffering from some sort of mental ill-health, which wasn't the case." (P117)

Poor experiences of military and/or veterans' services reported by participants were mostly related to those organisations' lack of understanding of women's issues and a lack of female staff members who could provide support for female veterans.

"I've had two or three bad experiences with [veteran charity] where there were assumptions made because I was female and that I'd served. And I didn't feel very welcome ... I went to pick up the forms and ... they were very dismissive of me, very dismissive, like why are you in here? Who are you the wife of? And all that type of stuff ... And I have to admit after that, my patience for ... being rejected yet again was ... at an all time low. And so I didn't bother [again.]" (P2)

4.2.4 Internal (self) factors – including stigma, fear and identity

Participants discussed perceived stigma around asking for help that fell into two categories: firstly, the perception that asking for help was 'embarrassing' or showed weakness, and the feeling that their pride was standing in their way; and secondly, a fear that if they asked for help from the military/veteran sector, they would be judged by other military people. Participants with these latter concerns were also often worried about confidentiality and who else in the wider military world would know that they were having a difficult time. This often deterred them from asking for help.

"... there was a real stigma in those days of going to welfare, you know if gosh, an officer's wife, you can't manage! How terrible! And so it never occurred to me to ever ask [military branch] for any help." (P76)

"I didn't feel entirely comfortable approaching [charity] ... because I knew some people would know my story, because this is a small world, it's a small corps." (P21)

While these are also concerns reportedly shared by male veterans in previous research, they may be greater for women due to the often-reported feeling among military women that they have had to work twice as hard as their male counterparts to be taken seriously (Chapter 3). If a female veteran feels this way, it is even less likely that she will ask for support for fear of confirming others' beliefs that women are weak and/or lesser than men.

"... it was like admitting defeat, it was weakness, it was like a sense of shame ... [In the military] you don't show weakness. And also for women, we had to work harder, we had to be better. We didn't just have to be as good as the men, we had to be better." (P95)

Self-identity, specifically not identifying as a veteran, while discussed in Chapter 6, was another barrier to accessing support services. Not identifying as a veteran was associated with a range of factors such as poor experiences and a lack of acceptance while serving, to not fitting the stereotypical male 'hero' narrative. Regardless of reason, however, not identifying as a veteran

meant these participants did not recognise much of the veteran service provision as being appropriate for them.

4.2.5 Accessibility of services

Some participants suggested that even if they knew about services, they were not always easy to access, which meant they did not or could not utilise them. Services were sometimes reported to be inaccessible due to their location; either they were not local to the participant, or the participant did not have transport to get to the service.

"I'm on some of the Facebook pages for different things but ... I can't get to these places. I know there's a breakfast club in our local town ... but there's no bus service there." (P32)

The timing of provision was not always suitable for participants, either because they worked full time, or the locations and services were not childcare-considerate.

"I've got in contact with [the local] veterans' breakfast club. But that's on a Sunday and ... trying to find childcare when you're on your own is quite tricky." (P115)

A number additionally reported that navigating bureaucratic systems and understanding the eligibility criteria could be challenging. One participant mentioned that she had learned more about veteran services through taking part in this research; however, like other participants, she was still unsure of how to access them:

"... I think that's probably shocked me how much I've found out [taking part in] this project is how much [support] is out there ... but having researched it for over a month now, it's still not absolutely obvious where your first point of contact will be." (P77)

4.3 Facilitators

4.3.1 Understanding the military and keeping a military connection

Feeling that a service provider understands the military and its culture was reportedly very important to participants for giving them confidence that the service could support their needs, and for helping them feel that they 'fit in'. In the main, this did not seem to be related to whether the service was gender-mixed; what was important was being with others who had served, notwithstanding some of the attitudinal challenges highlighted in section 4.2.2.

"... being able to speak to [a counsellor] who was a [veteran], and we could have that bit of banter and we could chat ... it makes a bit difference to veterans if you're speaking to a veteran." (P49)

4.3.2 Peer support within organisations

Peer support from other veterans was identified as the main factor contributing to participants feeling a sense of belonging within a service. This peer support meant they felt well understood by the service provider, and that they enjoyed the familiar camaraderie that came with being around other military people.

“I could go to [charity] and I could just be, and I could get myself back together, and I could talk to people who didn’t question my right to be there. And I could talk to any military person from any service, from any era, and have a connection with them ... It’s that peer support.” (P107)

4.3.3 Female-specific initiatives

In addition to the more general sense of common military understanding, for some female-specific initiatives provided an extra layer of belonging. These were reportedly important for participants to stay connected to regimental organisations, for wider social support, and to feel comfortable engaging with other women who had similar military experiences to them, who understood them and provided a “safe space” to discuss gender-related issues.

“Because of social media ... I got involved with some of the (female regimental) groups online. And then I heard about a reunion, and I thought oh, I could go to that ... And I met a few girls there and made friends, and through ... one of the women there, I ended up going to one of the military breakfast clubs and it was like being back where I belonged.” (P30)

“[My women’s group] gets together once a month, and [we] have a meal ... we get a bunch of females together and we have a meal and a bit of a chat and talk about our old service days, where we were stationed and different people and stuff.” (P64)

4.3.4 Positive previous experiences

Participants also reported a range of positive experiences of using veteran-specific charity and governmental services. This was sometimes, but not exclusively, linked to being connected with women already accessing the services. Feeling listened to and understood was identified as the main appeal, and these participants were more likely to engage with further services and, in some cases, find themselves working with or for the organisations that had supported them. Working for the organisations provided an additional opportunity for these female veterans to reach out to, or advocate for, other female veterans who needed help.

“[Veteran charity] were really, really good. I ended up volunteering for them as well. So I think it’s where you’re treated well, you want to go and ... give a hand a bit more.” (P106)

“I have to say, the military charities ... have been absolutely superb and I can’t fault them in any way ... we have a telephone buddy system where we’re paired with an older lady [veteran] so during the winter months when they might be lonely and might not get out as much, we do

Zoom meetings and ... phone them up ... and we'll go round and make sure they've got food in their cupboards ... we can get vouchers from the association if we think an older veteran is in distress for any reason ... and do a bit of shopping for them. So it's looking after the older generation as well, which I hope when I'm a bit older the youngsters of today will be doing the same as us." (P81)

4.4 Female specific service need

4.4.1 Female veteran services not needed

Participants who did not feel there was a need for female veteran-specific services reportedly felt that they did not want to be defined only by their sex or gender and stated that they identified more with their military role. It was important for these participants to engage with other veterans and with services in this capacity, rather than as a woman.

"Does it need to be separated out? Does it need to be girls only, or can it be mixed? ... My focus is I am or was a soldier, and anybody who's served is therefore in that position." (P107)

"As a female, I don't really see a difference. I think if you need help then it doesn't matter." (P23)

A few participants suggested that times had changed and while there may have been a need for women-only groups in the past, with greater equality in military roles came a need for equality and integration in subsequent life as a veteran.

"... in this day and age, maybe [we don't need female veteran only groups]. Maybe in past times there would have been a need. But nowadays not because we all need to be very accepting ... and just get on with it." (P116)

"I joined the [women's military unit] before it became [mixed]. I think we're all a certain age in that group, and I think the younger ones will probably just join these ex-[military] groups which are dual gender." (P24)

4.4.2 Female veteran specific services needed

Participants who felt that there was a need for female veteran-specific services overwhelmingly reported that this was because they felt existing services were designed by and for men, were run by men, and that they did not always cater to the needs of women.

"... you still see a lot of services advertised ... to do with men and PTSD ... and male suicide ... Some women would feel really self-conscious opening up in front of a group of men." (P43)

"It's almost that the female aspect is forgotten [by veteran services], and I'm sure that there are ... female specific issues that are going on that perhaps the charities which are undoubtedly all staffed by predominantly males would probably struggle to deal with appropriately." (P45)

Participants often felt that it was important for services to recognise that women have had different experiences from men during their military careers, which will impact on their support needs as veterans. Participants also identified gender-related issues around serving at a time where there were restrictions around what they could do and when there were different rules for men and women. These participants took comfort in sharing their experiences with others who had experienced the same things, and felt they were welcomed into, and were part of, the group.

"I think we've had ... different experiences ... You've had women that got pregnant in service and then got discharged and things like that. The men would have never [had] that." (P74)

Participants, including many who had not experienced sexual harassment or sexual assault directly, felt that there needed for a 'safe' space to discuss these issues, suggesting that existing services do not always make female veterans feel 'safe' enough.

"There's a need for services [to support women] definitely. A safe space for females, you know ex-soldiers, to just have somebody there ... to just speak to, just be in a safe space, there [currently] isn't any." (P106)

"I know of someone ... who was raped during her service and as a consequence she wouldn't be happy with a male counsellor for example." (P101)

4.5 Are our findings supported by previous research?

Previous UK-based research has explored more generally barriers and facilitators to accessing support services for veterans, but as with most UK studies in this field, female veterans are not viewed as a separate group, and so limited distinction is made between the male and female veteran experience. One similarity in findings between a non-gendered UK study and ours was the association between fear/stigma and help-seeking⁷² and not accessing services.

A scoping literature review undertaken for this study (to be published separately), however, found only one UK study⁷³ that considered the barriers and facilitators for female veterans accessing mental health support services (charities or governmental). That study undertook a survey of 750 UK female army veterans, concurring with our study that female veterans had difficulties with attending veteran events and accessing services (charity or governmental) for physical, mental health, or other welfare needs. The qualitative (free text) responses (of 61 participants in the

72 Murphy D, Busuttill W., 2015 PTSD, stigma and barriers to help-seeking within the UK Armed Forces. J R Army Med Corps. Dec;161(4):322-6. doi: 10.1136/jramc-2014-000344. Epub 2014 Dec 18. PMID: 25525202.

73 Baumann, J., Williamson, C., Murphy, D. (2022) 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), pp. 72–81. <https://doi.org/10.3138/jmvfh-2021-0065>.

survey) from this same study also concur with our findings, including: lack of awareness and availability of services; lack of understanding from professionals; gender-related discrimination, such as not being recognised as a veteran, differential treatment to males and male orientation in service design; mental health stigma, including fear of repercussion and judgement; and sexual orientation-related discrimination, as barriers to accessing support⁷⁴.

Similarly, the female veterans' workshop held in Wales (UK) in 2022⁷⁵ reported barriers to accessing services by female veterans including lack of awareness, desire for specific gendered support, overtly masculine cultures, and feelings of shame and inadequacy. These are also in line with our findings.

Furthermore, the scoping literature review undertaken as part of this research identified 105 relevant US papers, mainly focused on accessing the US healthcare services via the Veterans Health Administration (VHA)/Veteran administration (VA). These identified similar barriers and facilitators for female veterans to those highlighted by the participants in our study, including gender-specific barriers that related to male presence or dominance in services⁷⁶. Additionally internal (self) factors, linked to either direct gendered experiences in service (career-related disadvantage, military sexual trauma (MST) etc.) or other gender-specific stressors, such as being a mother or caregiver, were all identified as important⁷⁷ and impacted negatively on access to veteran support services.

In conclusion, the limited literature in this field resonates throughout our findings, suggesting that female veterans have different experiences with post-service support from their male counterparts. Consequently, services should be commissioned, organised and provided whilst taking this into consideration.

4.6 Recommendations

4.6.1 Practice

R7. Self-Assessment Audit Tool

- Consideration should be given to the development of a self-assessment audit tool for veterans' organisations, to monitor the effectiveness of service provision for their female members. This would require a collaboration among a number of relevant parties, including representatives from the OVA, COBSEO, academia and veterans' organisations, and should include female veterans themselves. This audit tool would enable organisations to quantify their provision for women, and facilitate the development of services in line with their needs.
- A starting point for developing such a tool would be with a call for evidence, where organisations are asked to provide details of their current provision for female veterans,

74 Graham, K., Murphy, D., & Hendriks, L. J., 2022. Exploring Barriers to Mental Health Treatment in the Female Veteran Population: A Qualitative Study. *Journal of Veterans Studies*, 8(3), pp. 151–164. DOI: <https://doi.org/10.21061/jvs.v8i3.323>.

75 Rawlings, L., & Farr, K., 2022. Commentary and recommendations of the Female Veterans in Wales Workshop, June 2022.

76 Wright SM, Craig T, Campbell S, et al. 2006. Patient satisfaction of female and male users of Veterans Health Administration services. *JGen Intern Med*. 21 (Suppl 3): S26 – 32 . doi: 10.1111/j.1525-1497.2006.00371.

77 Thomas KH, Haring EL, McDaniel J, et al. 2017. Belonging and support: women veterans' perceptions of veteran service organizations. *J Veterans Stud*. 2 (2): 1 – 12 . doi: 10.21061/jvs.12.

including the nature of their provision (what they do), the needs that are met (why they do it) and any outcome information (how it helps). This could then be used as a basis for developing best practice guidelines, against which organisations would then be able to measure their own performance and develop their services further. This tool could also be used to monitor female veteran engagement with services, and changes to engagement associated with improvements to services.

R8. A formal online support network for female veterans

- Consideration should be given to the development of formal online support networks for female veterans. Informal peer support was seen as invaluable among participants in our study, and it is therefore recommended that the statutory and voluntary sector work together to build on this. Further work is needed initially to understand more about the nature and extent of existing peer networks, to establish what is working well and where there are gaps in existing support. Any subsequent formalised networks should then be established through collaboration among organisations and female veterans.

R9. Appropriate representation of women in all aspects of veteran support services

- All veteran support organisations should ensure appropriate representation of women and female veterans throughout the organisation. This includes within the staffing structure of the service, which should be reviewed to ensure female representation at all levels.
- All services involved in supporting veterans should review their existing websites and promotional materials to ensure there is appropriate representation of military women and female veterans in all imagery.
- Organisations should also review their use of language on their websites and in promotional materials. Gender neutral terms should be used where possible throughout, and consideration should be given to extending current combat-driven terminology to be more inclusive of a wider range of roles and personnel.
- The names of military and/or veteran organisations may deter women in some cases, however it is recognised that many of these organisations are well-established and have a deep-rooted history, thus simply changing their names is not an option. Individual organisations should consider discussing with female veterans how they could mitigate the impact of naming that may appear overly masculine, heroic or combative and thus potentially off-putting to some women.

R10. Improve information and training among organisations' staff members

- The OVA has developed the '10 things you need to know about veterans' factsheet⁷⁸. While this document mentions female veterans and service personnel in places, it is recommended that the OVA reviews the factsheet to ensure full consideration of women's differing needs in civilian life.

78 OVA, 2023. *10 Things to know about veterans and their families*. HMSO, UK.

- Organisations should ensure that all their staff members understand the needs of women in their population. Exact needs will vary depending on the focus of the organisations, so the specifics will need to be established on an individual basis. However, work should start with reviewing existing service users in relation to existing services; essentially, how many women access the service and what services are they accessing. The unique needs of women can then be established, along with any gaps in service provision and/or training needs of staff members, from which training can then be developed.

R11. Further develop a single, online directory of veterans' services for women

- As part of the Government's review of veterans' welfare needs, consideration should be given to the further development of a single directory of services, with an emphasis on services specific to women. This should include the nature of the service, access routes and eligibility criteria, and should be provided to serving personnel and service leavers as they begin their transition journey. This could be searchable by service type, including for example healthcare, housing, finance, finding employment and so on. Any directory would need to be updated regularly to reflect changes in provision and any new services available for female veterans.

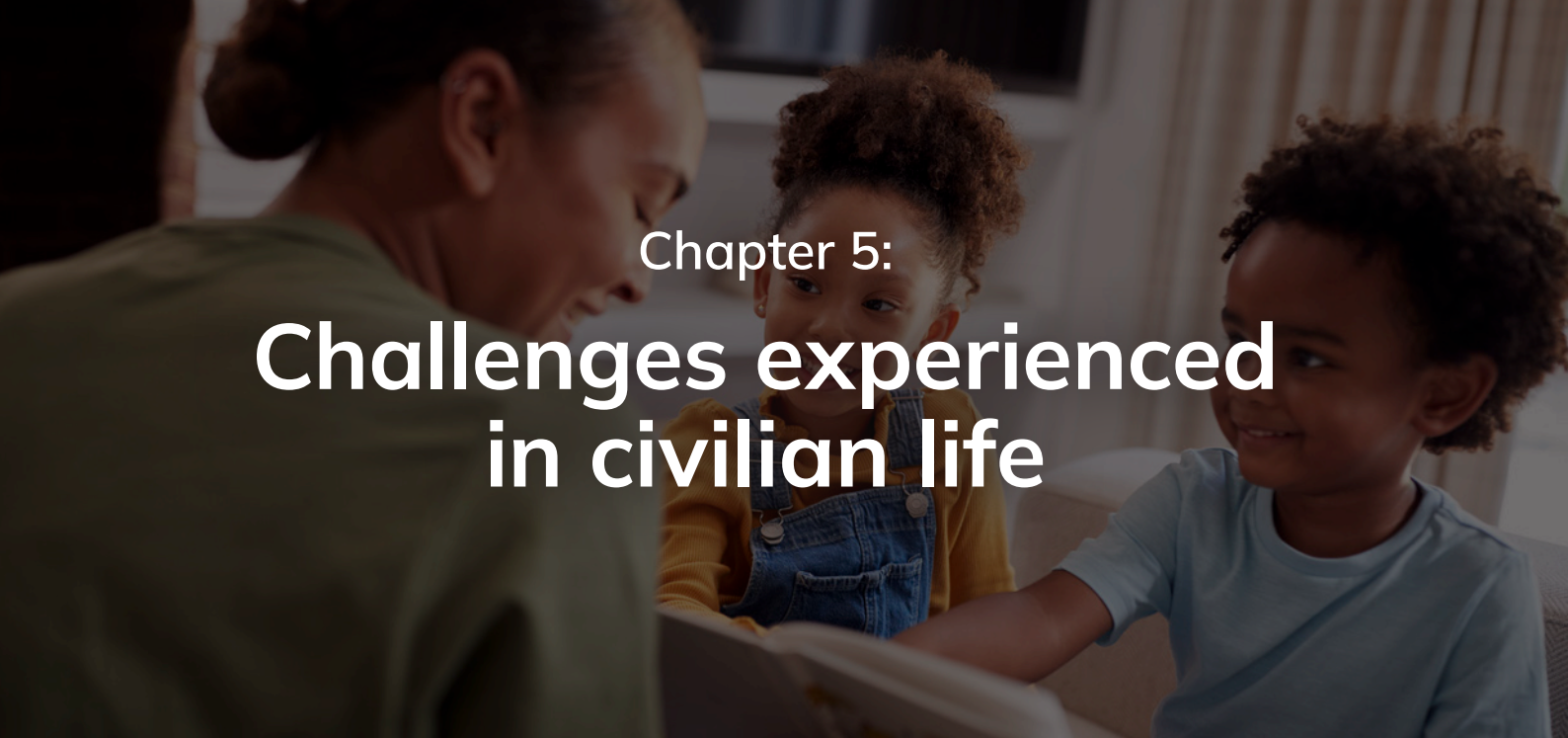
4.6.2 Research

R12. Mapping and evaluation of female veteran service provision

- Research into the needs of female veterans in the UK is in its infancy, thus the necessary evidence base from which to develop service provision is currently limited. Further research is therefore essential, particularly to quantify existing service provision, establish current service usage among women, further understand their unique needs and develop existing services.
- It is essential that current services can provide appropriate care and support to female veterans who have experienced sexual harassment and/or sexual assault during service. Research should be carried out to improve understanding of these experiences and their impact on help-seeking, as existing knowledge is limited.

R13. Further exploration of female veteran help-seeking behaviours

- Further research is needed to understand more about female veterans' help-seeking behaviour. A number of barriers to accessing services have been identified in this research, but further research is necessary to capture this over time, to measure the impact of any changes in policy and/or practice, and to measure the experiences of new service leavers. Findings can then be used to inform continued development of marketing strategies, to further improve services and female veterans' access to those services.



Chapter 5: Challenges experienced in civilian life

Participants were asked about their experiences of integrating into civilian life in four areas: employment and employment support post-military service (5.1); finding housing and managing finances (5.2); health and well-being, including accessing NHS healthcare (5.3); and establishing and/or maintaining social networks (5.4).

5.1 Employment and employment support

5.1.1 Section overview

Participants discussed a range of experiences around gaining civilian employment. For some, the transition was relatively straightforward; however for many there were challenges. Something that was perceived as both an advantage and a challenge was recognition and transferability of skills and qualifications between military and civilian job roles. Many participants said civilian employers could match military skill acquisition with the requirements of civilian job roles, and recognised the advantages/skills that serving in the military had offered. However, there were also a large number who struggled to recognise the transferability of their skills, tending to downplay their skillset. Some participants reported that often qualifications gained in the military were not recognised in civilian workplaces, so employers struggled to align them to roles. There were also mixed experiences of the Defence Employer Recognition scheme⁷⁹.

There appeared to be many participants who either actively or sub-consciously sought out civilian employment that was 'military-like', either in role type or structure. It was reported that this was because it provided 'safety' in familiarity and an opportunity to continue with military links, making transitioning into the civilian workplace easier.

⁷⁹ The Defence Employer Recognition Scheme (ERS) encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate, or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant. For more info see: Defence Employer Recognition Scheme – GOV.UK (www.gov.uk).

Additionally, participants described a range of difficulties in the civilian work environment, from navigating the differences in approach/work ethic, having to adjust who they were to 'fit in' (also discussed in [section 5.4](#) in relation to fitting civilian 'norms' of what a female should be), and challenges with inflexibility. This was particularly a challenge around childcare, where they had a partner serving, or due to physical and/or mental health disability.

Participants also talked about their transition employment support experience (i.e. with the services commissioned by the MOD and provided by the Career Transition Partnership (CTP)). Positive aspects were identified relating to beneficial re-training opportunities and access to enhanced learning credits. There were also some areas that had been less positive. This related to the historical experiences of female veterans who left the military more than ten years ago, where they reported little or no support. In these cases, it had left them struggling and reliant on their own networks (mainly ex-military) to find suitable employment. Furthermore, a number of participants, including those who had left the military in the past five years, reported feeling that while they could see value in the support and resettlement courses offered, they felt it was too rank- and male-centric.

5.1.2 Transferable skills and qualifications recognition – self

Many participants reported positive experiences of finding employment post-military, particularly if they had an easily transferable trade. Other transferable skills that some participants felt they had acquired during their military careers that stood them in good stead for onward employment included discipline, time management, leadership, and negotiation skills.

"... I did get a job straight away ... I had a trade skill which I ... thought about before I went in [the military], I thought I've got to get a trade. If I'm going into the Army, I need a decent trade behind me, and I liked cooking and I'd done a year at catering college anyway, so I didn't find it that difficult finding work." (P81)

"... I felt that when I went for interviews for jobs ... my military experience really helped play a part ... a lot of people understand that you ... have got that work ethic, you want to get the job done ... you're not somebody that will sit around and wait for ever ... being ex-military has been really helpful." (P10)

Others highlighted a number of challenges they had faced moving from military to civilian employment, including not being able to match the skills and qualifications they had gained in the military to suitable civilian jobs. Compounding this, some reported not knowing how to present or 'sell' themselves at civilian job interviews and so tended to downplay their achievements. This is possibly due to veterans' uncertainty about navigating the civilian world and what they require from their employees, and for some almost certainly a hangover from the impact of military culture.

"... as a combat medic, you had no civilian qualifications at all. So, to get anything in [country] ... well there just wasn't anything. The closest I got to a fairly decent job was working in the kindergarten as a support worker ... it's taken me [six and a half years] from leaving the

[military] to go back to a job that I was doing right at the beginning! ... that's a substantial amount of time." (P90)

"... I thought I wasn't good enough for [civilian job] if I'm honest ... I've got experience in the military, but I haven't got that experience in Civvy Street ... I was competing with people that had already had all that experience ... even though I had a wealth of knowledge around the military." (P8)

"I ... think that's military humility. Because you never want to say like I'm totally amazing, I can really do this job! Because ... that's not the military way." (P23)

5.1.3 Transferable skills and qualifications recognition – employers

Participants reported experiencing a mixture of reactions from civilian employers towards their previous military careers. Many had positive responses, such as new employers recognising the unique skills a veteran can bring to the workplace, while others had to contend with a lack of military understanding, an inability to understand the equivalency of qualifications, or inaccurate stereotyping of veterans. Participants acknowledged that this varied from employer to employer. Some mentioned the Defence Employer Recognition Scheme⁸⁰ (2023) that is in place in some workplaces to provide a supportive environment for veterans and the military community in employment. Experiences with this were variable however, with some seeing obvious benefits in terms of interview guarantee and support in the workplace/networks for veterans (in large companies who employed many veterans), while others perceived it as a tick box exercise, with no real understanding of what it meant or why it was in place.

"I think people don't understand what transferable skills we have, and they all just think we're snipers and we're all rocking in the corner with PTSD ... people need to identify that ... we're not all one-trick-ponies ... I think you're underestimated when you first come out or you're overused, people identify that you are a jack of all trades and you just put your head down." (P9)

5.1.4 Military-like employment

A number of participants had moved into civilian jobs that were still within the wider military world. This tied in with the desire for peer support and military connection in civilian life (Section 5.4). It meant they still felt part of the military community and were working with like-minded people in a familiar environment. Other jobs participants had moved on to included those with a rank and structure similar to that of the military, where they felt secure and that they could fit easily into that world. Others had moved into roles in the military and veteran charity sector, as outlined in Chapter 4.3.4, and reported feeling comfortable in these surroundings and getting satisfaction from supporting other veterans.

⁸⁰ MOD, 2023. Defence Employer Recognition Scheme. Gov.UK.

"I was really fortunate, I went straight from the [military branch] into the same role I did for the [military branch] but as a civilian for the Ministry of Defence. Much higher pay, much better working conditions, and I remained in [home town]." (P115)

"... I did my resettlement as a prison officer and ... got a job straight away. So it was a very, very easy transition straight into Civilian Street, straight into another institution really ... I'd always kind of not wanted to be a civvy, if that makes sense. I wanted to be in a uniform still." (P6)

"I went straight into the charity sector ... I suppose in a way, I sought refuge in the familiar." (P1)

5.1.5 Difficulties encountered in civilian employment

One of the most frequently discussed challenges moving into civilian employment related to the structure of civilian workplaces compared to military experiences and 'fitting in' with this. Similarly, cultural differences in military and civilian workplaces often led to the women feeling they had to adjust how they behaved in their civilian jobs and adjust who they were to fit in. Some participants deemed this to be related to others' expectations of what a civilian woman should be. This included civilian work colleagues and employers not being sure how to respond to the assertive approaches to work they had developed during service, and female veterans feeling different from their civilian female counterparts. Additionally, perceived differences and frustrations around military versus civilian 'work ethic' and timeframes for getting things done were also mentioned, and participants sometimes struggled to adjust to this.

"You spend so many years [in the military] climbing a ladder, being in charge, and ... it makes you structured and disciplined and focused ... when you step back into Civvy Street, people aren't like that. They don't understand structure and discipline and whatever ... peers or colleagues in Civvy Street don't understand, they don't get you." (P112)

"I think civilian employers ... although they'll accept veterans, I think when they hear a female veteran who speaks very to-the-point and is very direct ... it's taken in a different way to if that was a male colleague doing the same." (P20)

"... no disrespect ... I struggle sometimes with some of the civilians and their lack of urgency or work ethic or managerial skills ... it's not every civilian ... But there's no sense of urgency, that you know, yeah I'll do it tomorrow. Well you've got two hours, why don't you do it now?!" (P78)

A common challenge reported by many of the participants came with being married to someone still serving in the military and having to either put their own career on hold in order to support their partner, or give up their military career. In these cases, along with other social challenges (outlined in [Section 5.4](#)), employment was problematic because of the additional childcare issues faced during their partner's deployment, or an inability to settle in one place to retrain or progress within the workplace.

"... lots of female veterans are often spouses, partners of military people. It's almost impossible to retrain ... so you just end up doing a series of ... you know, I've got a Masters' degree in [subject], but I'm basically trying to get a CEO to write a letter about a photocopier! You know, that's my day!" (P99)

Some participants also discussed difficulties of obtaining or keeping employment if they were living with an injury or disability.

"... trying to manage full time work while being a little bit broken, physically as well, was difficult. And asking for adjustments straight away in a new job was very difficult as well." (P109)

5.1.6 Employment support at transition

Many participants who had left the military in the past 15 years reported positive experiences of support they received (i.e. including via the CTP) during transition to find careers and/or employment after leaving military service. A number talked positively about having access to standard and enhanced learning credits after they had left, to support their development and re-training. Some had enrolled on training courses and took advantage of having access to a careers consultant, help with CV writing, and preparing for job interviews. Other positive experiences reported by participants included attending veterans' careers fairs, speaking to a dedicated Armed Forces contact at the local Job Centre, and being referred to the charity sector for additional support if needed.

"It was good in terms of the job side of stuff, like the CV support, networking, interview tips ... the grants you get to go and do courses ... really good. And I felt well supported in that sense." (P17)

"... we had an Armed Forces contact at the job centre, which was really key ... it was great having that source of contact in ... a job centre from an employment perspective." (P115)

Others felt that the support offered was either less useful, untimely, or that they were already well-prepared for obtaining future employment and did not need the training courses that were offered. These participants reported relying on their own networks to obtain employment.

"... to my mind at that point in time ... writing a CV although it's important, it was not going to help me get a decent job. I actually found that because I was posted in [location] before going back to [home], I found that my networking skills and the people I knew from [previous posting] were going to be a far greater use to me, and the CV stuff can come later." (P45)

For some participants who had left because they were having a baby, either forced (during the pregnancy ban, pre-1992) or more recently because they did not find military life compatible with, or flexible enough for, parenting, there was the suggestion that the timing of the support, or offer in terms of re-training etc., would have been better delayed until they were in a position to make full

use of it. Some participants discussed having access to enhanced learning credits after discharge as a good thing, appreciating the time spans on utilising these (five to ten years depending on date of leaving) given the break they would require for maternity leave and the care of young children before engaging. However, not all participants were aware of the rules around using/accessing them.

Many participants (predominantly, but not exclusively those who left the military more than 15 years ago) reported that there had been little support for onward employment when they left the military. or reported that the support provided had been inadequate, which will likely have had a significant long-term impact on their civilian careers and consequent finances.

"I was given contact details for a resettlement officer, I contacted him ... I took my discharge papers and a copy of my CV that I'd drawn up myself, and he looked at it and ... he said really you're not worth a shit on Civvy Street ... and he said you'll have to just go to the job centre and see if they can offer you anything and just keep applying for different jobs. There was no help, there was no offer of any training, there was no offer of any kind of other support, I had to kind of do all that myself." (P30)

"... a lot of the women that have come out, you know they're intelligent women. And they're doing menial jobs because they've had families and all that." (P49)

Some participants felt that employment transition support had either been tailored towards men, or had been determined by their military rank. Support provided was then based on the assumption that future employment as a civilian was determined either by whether they were male or female, or by the rank they had achieved during military service. Participants reportedly felt that a more individualised approach would be beneficial, along with a greater understanding of career options open to women moving into civilian life.

"... I had to do the senior officer career transition partnership ... It was totally male orientated, I was the only female on the course ... the assumption was made that if you leave the ... services as a certain rank then you're going to go into a certain kind of job, I suppose." (P1)

"... it's always been the same, let's be project managers, let's be into health and safety, let's be facilities managers. And it's kind of ... you've still got to stay in your lane, if that makes sense. And because we don't ... it's weird, you don't fit in when you're in, and you don't fit in when you're out. So it's kind of ... It's very odd." (P4)

5.1.7 Are our findings supported by previous research?

Most of the literature around female veterans and employment and employment support experiences is non-UK based (US predominantly). However, limited previous UK research focusing on veteran employment supports the findings of our study⁸¹. This research found higher levels of economic inactivity (unemployment) among female veterans than their male counterparts, and has suggested that some of the reasons for this are around adjusting to civilian workplace 'gendered norms', a lack of tailored (to females) support during transition, and challenges around parenting/caring responsibilities (although it is not known if this is different to the civilian female population). However, a gendered analysis of the recent census data from 2021⁸² found that female veterans were less likely than civilian women to be unemployed (2.8% vs 3.9%) or economically inactive (22% vs 28.7%).

The 'We Also Served' report also supports the suggestion identified in our research, that resettlement packages are heavily focused on male-dominated occupations⁸³. Similarly, an unpublished University of Derby (UK) study of eight female service leavers (included as part of the Defence Committee Inquiry (Atherton Report)⁸⁴) found that female veterans had a sense of having become institutionalised in the military and thus found the transition to civilian employment difficult, also suggesting that employment support at transition was too male-centric⁸⁵.

Furthermore, as in our study, the Defence Committee inquiry⁸⁶ found that 69% of female veteran participant respondents to their survey felt their skills and experience from the military were not understood by civilian employers, and many struggled to find employment after leaving, suggesting this may be an area of focus and exploration going forward to support female veteran re-employment following transition.

Given the findings of a UK study⁸⁷ that found that for female veterans, not being currently employed was associated with experiencing more challenges during military service and as a veteran, it is crucial that more focus is given to support in this area and to addressing some of the barriers outlined.

81 Parry E, Battista V, Williams M, Robinson D, Takala H., 2019. Female Service Leavers and Employment. FINAL pdf.

82 House of Commons Library, 2023. Women Veterans Analysis. London: House of Commons. The data for this has come from ONS, 2021. UK armed forces veterans, England and Wales: Census 2021.

83 Godier McBard, L., Gillin, N., Fossey., M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

84 House of Commons Defence Committee., 2021. Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life. Gov.UK.

85 Spenser, K., Childs, C., & Adhikari, J., 2021. Inquiry: Women in the Armed Forces: From Recruitment to Civilian Life: University of Derby. FULL TEXT pdf.

86 House of Commons Defence Committee., 2021. Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life. Gov.UK.

87 Baumann, J., Williamson, C., Murphy, D. 2022. 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), pp. 72–81. <https://doi.org/10.3138/jmvfh-2021-0065>.

5.1.8 Recommendations

5.1.8.1 Policy and practice

R14. Review of MoD policies relating to transition and resettlement as outlined in [Chapter 3](#) recommendations

R15. Review and address issues around transferability of skills and qualifications

- We recommend that resources are developed for both veterans and civilian employers that provide clarity on the transferability of qualifications and skills attained during military service to the civilian workplace context.

R16. Buddying system for female service leavers

- A buddying system for women leaving the military should be developed, to support them with onward employment. This would need to be developed in consultation with female veterans to establish exactly what they would find most helpful. Such a system could, however, consist of connecting them with other veterans (male or female depending on their preference) in their intended new field of employment, or connecting them with other female veterans who have established successful working lives post-military service. The aim would be to support female veterans with networking, navigating the workplace, and adjusting to different work cultures.

R17. Extension of the Career Transition Partnership scope

- It is recommended that the scope of the Career Transition Partnership is extended so that support continues flexibly in the longer term for anyone having served over four years (beyond the current provision limit) to beyond the point at which the veteran starts in civilian employment. This would ensure individual circumstances, including of maternity leave, childcare, or other caring responsibilities, are considered to reduce any gender-related adverse impact.

5.1.8.2 Research

R18. Better understanding of female veteran employment support needs

- The findings of the present research suggest female veterans may experience a range of challenges around finding employment, however it is unclear how much of this is unique to women (as opposed to veterans in general). It is also unclear how much of this relates to policies of the present day, as many participants left the military many years ago when support provision was very different and, in many cases, absent. Thus, further research is needed with more recent service leavers to establish current support needs relative to current support provision for finding employment.

R19. Greater understanding of female veterans' experiences within civilian employment

- Further research is needed to understand female veterans' experiences of working in the civilian world post-military service. Participants in the study described a number of challenges associated with adapting to the civilian workplace culture, however how

much of this is unique to women (as opposed to veterans in general) is currently unclear. Research should explore these issues in male and female veterans, to enable comparisons and facilitate identification of any challenges faced by these groups so that support and interventions can be targeted appropriately.

5.2 Experiences with housing and finance in civilian life

5.2.1 Section overview

Participants were asked about their experiences of finding housing and managing finances after military service. Many reported no problems, with a number stating an advantage of serving in the military. They were able to buy their home during their time in the military and had earned good salaries, which had meant they had been able to save and prepare for civilian life. Other participants reported that they had financial help from the military to buy their own homes, had managed to access Help to Buy schemes for Armed Forces/veterans, or had been provided with good support at transition to find onward housing and to manage their finances.

However, challenges were also reported, which seemed to disproportionately impact those who had been on lower incomes during military service and were consequently not in a position to buy a home. These participants did not feel they had been supported to access rental or social housing systems when leaving, and civilian support services did not always understand their unique needs. As a result, some participants reported moving in with family or friends as a temporary measure, and some had unfortunately become homeless, which was sometimes exacerbated by broader mental health issues associated with their service.

Furthermore, some participants reported a drop in salary after leaving, along with a greater cost of living associated with civilian life. Many also expressed difficulties in accessing benefits and/or military pensions, which left them struggling with the cost of living.

Most of the experiences outlined by participants did not appear to be related to their gender. The exception to this were examples of additional difficulties among female veterans who were or became single mothers. In these cases, participants had struggled to find suitable housing, and finances were even more stretched.

5.2.2 No problems with housing and finances

Many participants reported that they had no financial or housing-related problems upon leaving the military. A large number stated that they had bought a house before or during their military service. Many used the term 'luckily' or reported that they had been 'switched on' enough to buy a house in advance of leaving, suggesting that they had done this under their own initiative.

"I am very fortunate financially. I have a very good pension ... I own my own house ... I was able to pay my mortgage off." (P1)

"My husband and I had bought our own house and that was all off our own back." (P50)

"Luckily I'd been pretty switched on and I'd actually bought a house." (P61)

Other participants reportedly had financial support from the military to buy their own home, either in the form of a lump sum of money upon leaving the military or through the Forces Help to Buy Scheme. Others felt that they had been well supported at the transition stage to find onward housing and manage their finances, and had found additional support when required. There were also those who were married to someone serving in the military at the time they had left, and had therefore been able to remain in military accommodation.

"I'd cleared my mortgage with my lump sum from the [military] ... it did worry me that ... if I wasn't so switched on and hadn't prepared properly that I could have ... been in some real financial difficulty there." (P13)

"I had an amazing experience ... I got allocated a military social worker and with his help ... I got a good property with the housing association ... and I got allocated a gentleman who applied to some charities for me for funding for a new cooker, a bed for my son and some carpets for the new house ... I got very well looked after on leaving the military and I got good funding, and I got supported very well." (P31)

"I was married when I was first discharged, so obviously I was living in married quarters, I was married to a soldier." (P53)

5.2.3 Challenges with housing and finances

Financial and housing challenges in civilian life appeared to occur for participants who had been on lower incomes while in the military (often those of lower rank), who reported that there had been little support for people in their circumstances. Some noted that the transition support around finding onward housing had been focused on those who were able to buy a house, and that there was no support for those who could not afford to do this. Some participants, who may not have been in a financial position to buy a house or afford a rent deposit, reported that they had moved in with family members when they left the military as a stopgap, before moving into their own homes. Others reported that they had become homeless upon leaving the military. They had little support from civilian services that did not seem to understand the wider military context of their circumstances, and participants reported finding accessing the benefits system similarly challenging.

"... most military people have either bought their own house or know that they're going to buy their own house when they leave. I'd only done nine years [in the military], I couldn't afford to buy. And the housing [support] only seemed geared up for people who were buying ... and I'm like ok, what help can I get when I'm poor?!" (P32)

“... basically I stuck in an application form [for housing] ... I've applied to all the councils, got onto their waiting lists, but been told you know it's another three/six/eight years ... your name just goes on the list. It doesn't matter if you're military or even that you're about to be discharged. You know you just go on the list.” (P45)

Challenges around housing and benefits for some were worsened by having to manage a large drop in salary when leaving the military, being or becoming a single parent, or having a disability and the additional support needs associated with this. A number had felt ill-prepared for managing finances and procedures around housing and bills when they moved into civilian life as they had not previously learnt how to do this, and some reported the lack of preparation meant they rapidly accumulated debts. Participants who had been struggling financially often reported that they had been able to obtain support from military and veteran charities.

“The wages in Civvy Street didn't match up [to the military] at all, it was a lot less and then you've got to find your rent out of that, and your council tax and [it was] very, very hard.” (P81)

“So between us we kind of fuddled and so the challenges to me were those domestic challenges ... what kind of temperature to put your house before you're not spending an absolute fortune, what energy providers there are. It's just those little things, I don't think there's enough in the resettlement and transition around actually living.” (P50)

As noted, some participants considered that they had access to a good military pension (5.2.2), however, others suggested that military pensions were difficult to understand, 'war pensions' had been difficult to access, or that the provision was not sufficient.

“My state pension. Turns out my state pension is actually a reduced amount that is balanced up by my military pension. I don't get any more than if I'd been on the dole for thirty-five years.” (P55)

“... so I learnt about the war pension through the back door, nobody told me about it. I applied, I was turned down. I got a new job managing a team and I ... got rejected ... I objected to the being turned down and ... I went through the formal system, but ... I was so busy, I did not have the time and [charity] were just useless in terms of their responses. So I let it lie.” (P19)

5.2.4 Are our findings supported by previous research?

Previous UK studies^{88 89} have reported difficulties in civilian life for military veterans with regard to housing and/or finance. Issues include: difficulties with navigating options for housing, receiving limited resettlement support (around housing, finances, and pensions), unplanned (e.g. forced or

88 Rolfe, S., Anderson, I., 2022. Meeting the housing needs of military veterans: exploring collaboration and governance, *Housing Studies*, DOI: 10.1080/02673037.2022.2056153.

89 Fulton, E., et al., 2019. Transition from service to civvy street: the needs of Armed Forces veterans and their families in the UK. *Perspectives in Public Health*. Vol 139 No 1 P49–58.

untimely) career endings, and other compounding factors (for example, substance misuse, mental ill-health, or disability). While these studies included female veterans, it is not clear which impacts were reported by the females and furthermore, they did not explore gender-specific impacts.

To our knowledge this is the first UK qualitative study that has explored female veterans' experiences of housing and finances post-service, and availability and access to support. Female veteran workshops held in Wales⁹⁰ reported similar findings, with difficulties experienced by participants with access to benefits, finding and navigating suitable housing, earning less post-service, debt, and preparation for these things when leaving the military. They, like us, also found that these issues impacted those who didn't exit the military with a lump sum payout more starkly.

The Defence Committee Inquiry⁹¹ into women in the military (the 'Atherton Report') reported that female veterans had difficulties with housing, pensions, benefits and getting into debt. Similarly the 'We also Served' report⁹² further highlighted that financial difficulties may be exacerbated by being single (with or without children).

Quantitative research looking (among wider gambling-related issues) at UK veteran experiences of financial management⁹³ suggested there was no significant difference between female veterans and civilian women. Whilst the study sample was predominantly male (n=257, of which 210 were male), there were also 47 females included. However, US studies have indicated more financial difficulties and a greater incidence of homelessness among female veterans compared with civilian women^{94 95}. The additional impact of being a female veteran and parent (single or not) has not been explored in previous studies to allow for context.

While much of the available UK research suggests that many of the challenges around finances and housing experienced by veterans is irrespective of gender^{96 97}, the findings outlined in the other chapters of this report indicate that there may be compounding factors for female service leavers and veterans. Firstly, female veterans face additional barriers around their identity in the civilian world and the lack of recognition that they are veterans ([Chapters 3 and 6](#)). This research suggests this leads to difficulties in accessing veteran support. Secondly, female veterans are more likely to be primary caregivers, exacerbating any financial and housing problems over and above their male counterparts, who are less likely to take on these roles.

90 Rawlings, L., & Farr, K., 2022. Commentary and recommendations of the Female Veterans in Wales Workshop, June 2022.

91 House of Commons Defence Committee., 2021. Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life. Gov.UK.

92 Godier McBard, L., Gillin, N., Fossey., M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

93 Roberts E., et al., 2020. Gambling Problems and Military- and Health-Related Behaviour in UK Armed Forces Veterans. *Military Behavioral Health*. 8, 212–221.

94 Fargo J., et al., 2012. Prevalence and risk of homelessness among US veterans. *Prevent Chron Dis*. 9:E45.

95 Byrne, T., Montgomery, A. E., Dichter, M.E., 2013. Homelessness among Female Veterans: A Systematic Review of The Literature. *Women & Health*.53, 572–596.

96 Rolfe, S., Anderson, I., 2022. Meeting the housing needs of military veterans: exploring collaboration and governance, *Housing Studies*, DOI: 10.1080/02673037.2022.2056153.

97 Fulton, E., et al., 2019. Transition from service to civvy street: the needs of Armed Forces veterans and their families in the UK. *Perspectives in Public Health*. Vol 139 No 1 P49–58.

5.2.5 Recommendations

5.2.5.1 Practice

R20. Improved financial planning at transition

- It is recognised that financial planning support at transition has improved greatly in recent years, however the findings of this work suggest that this should be reviewed to ensure adequate provision for those on lower incomes at the time they leave the military.
- Participants sometimes reported support was lacking if they were not able to afford to buy their own homes; thus it should be ensured that service leavers are informed of alternative options, including rental options and social and local authority housing provision.
- The Forces Help to Buy Scheme was rated highly among participants, however a number reported that they were not aware of the scheme. It is thus recommended that the way in which personnel are made aware of this is reviewed.
- Managing finances was reportedly challenging for a number of participants in the present research. It is recommended that there is continued emphasis at transition on:
 - How to budget, and general financial management
 - Understanding the financial challenges of civilian life, including managing bills, council tax, costs of non-subsidised accommodation, cost of food and the general costs of living
 - Advice on what to do if struggling financially, specifically where to access help and information around financial credit options.

R21. Veteran awareness training and information for civilians working to support veterans

- We recommend that Local Authority housing departments, social housing providers and other charities working in this sector are provided with information and/or training to raise awareness of veteran-specific housing needs.
- Similarly for organisations offering financial or debt advice and support, civilian providers should be better informed of veteran-specific needs, and may benefit from further training in these areas.

5.2.5.2 Research

R22. Further research into financial challenges

- The nature and extent of financial challenges experienced by female veterans remains unclear, thus further research is needed to understand this better. Research should be conducted with male and female veterans to identify the specific needs of both groups; however, the study suggests there may be additional financial burdens for women around childcare responsibilities, and for those women who are single parents.

R23. Consideration of future housing requirements for veterans

- Research should aim to predict the housing needs of veterans in the future; if services are

to meet future demand, those demands need to be understood ahead of time. Factors to consider include the changing civilian housing market and changing MoD housing and accommodation policies. Any gender differences should also be explored to ensure there is no disproportionate impact on women.

5.3 Health and well-being support

5.3.1 Section overview

As outlined in [Chapter 3](#), women leaving military service sometimes have a range of complex health and well-being needs that require support in civilian life. In this study, participants were asked about their experiences of health and well-being support and also specifically about accessing NHS or other healthcare post-military service. While there were some positive experiences, many reported receiving inadequate civilian healthcare that did not meet their needs.

Several challenges were identified. Some of these related to the different healthcare systems in the civilian versus military spheres. For example, many women reported inconsistency in the process of transferring medical records following transition, which resulted in fragmented or inadequate civilian provision, or difficulties navigating the systems themselves, i.e. getting a doctor's appointment or registering with an NHS dentist.

Furthermore, additional difficulties and barriers to seeking support were related to a widespread lack of understanding among civilian healthcare professionals of the individual's veteran status and its meaning, their wider responsibilities to veterans, the specific difficulties that veterans may have, or the veteran-specific services available for onward referral. There were some positive examples of outstanding care provision and support via the NHS, related to both mental and physical health needs, but in the main this was attributed to individual practitioners, or veteran-specific services.

Some participants expressed a need for specific understanding of female veteran needs in gendered areas of care, for example the perinatal period, menopause, infertility etc., as their military experiences impacted on these issues in civilian life. Furthermore, a minority of research participants expressed a preference for female clinicians. However, in the main gender of clinician was not important to our participants rather their knowledge, empathy and compassion was key.

It is important to note that most of the general barriers to getting support outlined in [Chapter 4](#) also applied to health and well-being support through both charities, and the NHS. Several of the participants were unsure of what was available via the NHS, how to access it, referral processes, etc.

5.3.2 Challenges with civilian healthcare systems

Many participants reported that when they left the military their healthcare records were not transferred automatically to civilian health services. These participants had to then either track down their records themselves, or register with a general practice with large gaps in their records. Alternatively, GPs were reliant on the veteran themselves to give a full account of their often complex

medical history, which was very challenging and often psychologically traumatic, if they had been unwell or injured during military service and had received lengthy medical care. The challenges with medical record transfer were not entirely historical and as the quotes illustrate, even service women leaving in recent years continue to face this issue.

“The medical [care transfer from military to civilian services] was not so brilliant ... It took me forever and a day to get hold of my medical records. I thought ... they should have been automatically transferred over, especially as I was pregnant.” (P112)

“I think the biggest issues that I’ve found was getting hold of your medical records ... I’ve been out [of the military] for nearly two years, I don’t think my GP practice have [my records yet] ... For me, it’s not too bad as I know my medical history ... [GPs] are having to go on what the patients are telling them.” (P15)

Participants reported finding the differences between the efficiency and accessibility of services in the military and civilian world difficult to navigate. Examples of this included the length of wait to see a GP, getting access to medication, convoluted referral processes into secondary care, and trying to register with an NHS dentist.

“... at one point I was waiting for just one appointment for three months ... I ended up having like a complete breakdown because I couldn’t cope anymore and I wasn’t understanding what was going on around me ... And ... without the right support ... I didn’t even know where to go to be honest.” (P106)

5.3.3 Practitioner awareness and understanding

Some participants reported receiving good healthcare provision, appropriate referral and excellent practitioner awareness of veteran needs.

“The GPs have been great. I’ve spoken very honestly with them about the fact that I’m a veteran. I’ve also explained that that means the Armed Forces Covenant comes into play ... And they’ve been great in the referral letters, they’ve highlighted it up where it’s been necessary. You know, where they’ve felt that it could speed stuff up, it’s been done.” (P2)

“... I live near the ... hospital that’s got a veterans’ centre so I’ve been able to [go there] ... I’m quite lucky that I could be quite confident going to the doctor’s and saying I want to be referred to [doctor] ... but that was quite a big challenge because if I’d [had] a serious medical issues, I might not have had the mental capacity to have done that for myself.” (P109)

While some participants did report positive experiences within the health service, the overwhelming majority reported that their general practice, GP, and secondary care health professionals were not aware that they were a veteran. Participants were mostly not asked by their general practice if they were a veteran, or they reported that they had told their practice but that the information did not

appear to have been recorded anywhere. If healthcare professionals were aware of their veteran status, these professionals were often reported to misunderstand why they needed to know this, and did not always understand why or feel it was relevant to the healthcare they were providing.

"... on the banners at the front of the hospital saying that ... the Military Covenant is something we support. They support the idea of it, but actually it doesn't provide anything specific." (P19)

"My GP knows [I'm a veteran] ... only because I told him ... [he has] empathy, but doesn't really know where to go with it." (P102)

Some reported that their GP or other healthcare professional, was aware of their veteran status and had supported them appropriately, but they reportedly had to explain the relevance to the practitioner themselves and let them know their responsibilities to veterans and the services available to them. Even where the healthcare professional was sympathetic and/or had an understanding of veterans' needs, the complexity of needs sometimes proved too difficult for them to navigate and provision failed to meet their needs.

"... I'd phone up the [doctor's] in tears saying ... I can't move, I can't do anything, can you not refer me to a specialist, or can I not have something more? I don't want another opiate! Oh well, just try this [pain killer], here you go, try that for a week, you'll be alright. [It was] absolutely soul destroying." (P45)

"[My referral to mental health care] I did it myself ... [Service] said I needed to get a letter from my GP. And that was the first time my GP knew that I served ... I've seen a psychiatrist and care coordinator and a support worker, none had ever heard of [veteran specific mental health care] ... So they don't know it's available ... I can't believe my psychiatrist has known me for fifteen years and he knew I was a veteran and he knew my diagnosis ... But he never put two and two together and thought ok, this is available to you. It's something I've had to do myself." (P7)

A number of participants reported having taken out private healthcare insurance to enable them to access the provision and support they required. They reported this was more effective at ensuring timely treatment than if they had tried to access the same care from the NHS.

5.3.4 Gender-specific health issues

In addition to the issue of practitioners not always understanding the needs of female veterans, or how they may be different from their civilian counterparts, some participants talked about how they felt military service had impacted on their female-specific health needs. This included, for example, additional mental health challenges as a result of service which were subsequently exacerbated during menopause and the perinatal period, requiring additional support in civilian life.

“I’ve been on the phone with the GP this week actually because they think I’m ... at least perimenopausal if not menopausal. So ... and she was having a chat with me before I start any treatment because she’s ... she thinks that I may have some [additional] anxiety possibly linked to depression [related to past service].” (P32)

Additionally, a couple of participants highlighted an issue with the lack of co-ordination of care transition between military and civilian services in relation to in vitro fertilisation (IVF) treatment.

“So because the GP was like ... well we haven’t got your records. So there’s a lot of delays in treatment. I mean I know they’ve got the issues with IVF and maternity services, I know the military now are looking at that because obviously it does massively affect you ... I think the biggest barrier would probably be the IVF side of things.” (P15)

Some participants expressed a preference for female clinicians when discussing female-specific health problems or when receiving counselling.

“When I accessed [charity] and I told them about why I had the PTSD ... I had a bloke to speak to and I ... also [had] the same with [NHS service], it was a guy that contacted me and I straightaway felt quite vulnerable and exposed in some way ... it’s just obvious that they need a woman rather than ... a bloke, but maybe [they] just don’t think.” (P7)

5.3.5 Are our findings supported by previous research?

Much of the experience with civilian healthcare outlined in our research concurs with general findings among UK veterans and so does not appear to be specific to the female experience. These findings include a lack of awareness of and difficulties in accessing veteran health support services, a lack of practitioner awareness of veteran support pathways, and difficulties related to seamless transfer of medical records and care plans^{98 99}.

Like most areas in this field there is a lack of UK studies looking at female veteran-specific experience of civilian health care provision. The limited UK studies that do exist have all looked at mental healthcare support specifically, and like us, they each found a deficit in civilian practitioner recognition of women as veterans, and awareness and understanding of female veterans’ experiences and need^{100 101 102 103}. These studies suggested better training around this was needed in practice.

98 Iversen, A.C., van Staden, L., Hughes, J.H. et al., 2011. The stigma of mental health problems and other barriers to care in the UK Armed Forces. *BMC Health Serv Res* 11, 31. <https://doi.org/10.1186/1472-6963-11-31>.

99 Mellotte, H., et al., 2017. Pathways into mental health care for UK veterans: a qualitative study, *European Journal of Psychotraumatology*, 8:1, DOI: 10.1080/20008198.2017.1389207.

100 Jones, G., 2018. Exploring the psychological health and well-being experiences of female veterans transitioning from military to civilian environments: University of Manchester. FULL TEXT pdf.

101 Godier-McBard et al., 2022. Barriers and facilitators to mental healthcare for women veterans: a scoping review, *Journal of Mental Health*, DOI: 10.1080/09638237.2022.2118686.

102 Graham, K., Murphy, D., Hendrikx, L. J. 2022. Exploring Barriers to Mental Health Treatment in the Female Veteran Population: A Qualitative Study. *Journal of Veterans Studies*, 8(3), pp. 151–164. DOI:<https://doi.org/10.21061/jvs.v8i3.323>.

103 Wood, A., et al., 2023. Meeting the needs of women veterans in mental health services: Co-designing guidance for healthcare professionals. Not yet published.

Similarly, female veteran workshops in Wales¹⁰⁴ also found issues with practitioner awareness/ understanding and transfer of medical records, and in addition reported that female veterans were less likely to report their veteran status to GPs than their male counterparts, exacerbating these issues. Unlike the current study, these workshops did not specifically report female-specific health access issues, or clinician gender preference. They did however report on the disproportionate impact of gender-related military service issues, for example sexual harassment and sexual assault. They identified that this had a long-lasting impact on female veterans in civilian life, which aligns with our study findings.

While we found in our study that there was a very small minority who expressed a preference for female clinicians, in the US research this is more apparent^{105 106}, although specifically related to veteran experiences of MST. In our study however, there was not a specific question around male/ female clinician preference, so this was only mentioned by those who felt strongly enough about it to mention it within the context of their wider experiences of accessing support.

Furthermore, it is worth noting that US research in this area has focused almost exclusively on the Veterans Health Administration, a standalone government department which has been found to be very male dominated in relation to clinician gender. This system differs significantly to the structure of NHS veteran-specific services, which are embedded within broader civilian healthcare and have a predominantly female workforce¹⁰⁷.

As part of the broader NHS England provision, there are a range of veteran-specific physical health provision pathways funded via charities in collaboration with the NHS. In this study, very few female veterans had accessed veteran-specific services aimed at supporting physical health, limiting our understanding of the efficacy of this support. However, we are aware of planned evaluations of veteran service user experience within some of these services¹⁰⁸, which will be helpful in understanding the experience of veteran women (e.g. planned evaluations of Op Restore [formally known as the VTN] as well as research specific to the physical health needs of female veterans – both funded by the OVA). These studies will need to include a detailed evaluation of the female-specific experience to ensure women's needs are fully considered within these pathways.

104 Rawlings, L., & Farr, K., 2022. Commentary and recommendations of the Female Veterans in Wales Workshop, June 2022. Online Female veterans – The forgotten and invisible servicewomen of our Armed Forces.pdf.

105 McBain, S. A. Garneau-Fournier, J. Turchik, J. A. 2022. 'The Relationship Between Provider Gender Preferences and Perceptions of Providers Among Veterans Who Experienced Military Sexual Trauma', *Journal of Interpersonal Violence*, 37 (5–6), pp. 2868–2890.

106 Sexton M.B., et al., 2020. Military Sexual Trauma Survivor Preferences for Provider Gender and Associations With Mental Health Evaluation Attendance. *Behav Ther (N Y N Y)*. 2020 Jan;43(1):6–14. PMID: 34898807; PMCID: PMC8664057.

107 NHS Digital, 2018. Narrowing of the NHS gender divide.

108 OVA, 2023. Innovative new tech projects awarded funding to help veterans healthcare.

5.3.6 Recommendations

5.3.6.1 Policy and practice

R24. Review of healthcare policies and pathways to be inclusive of female veterans

- It is recommended that all policies for healthcare provision for veterans are reviewed to ensure that they include specific mention of female veterans and their needs where relevant.

R25. Mandated veteran awareness training for all health and social care professionals

- Veteran awareness training packages should be delivered to all health and social care professionals. While there is currently some provision around this via the e-learning for health (e-lfh) NHS training, this is heavily focused on General Practice provision and is not nationally mandated. We understand the training is currently being updated and recommend that it should be adapted and broadened in reach. It should include application to a broader range of specialities including women's health, and be targeted to ALL health and social care professionals. We recommend that a broad training package should be delivered in the first instance during pre-registration training, with further specific training offered for specialists beyond this. This training should include evidence-based female veteran-specific information.

R26. Transfer of medical records from military to civilian health providers

- Improvements are necessary to the process of transferring medical records from the military to civilian health sector and a review of this is recommended. Participants detailed many shortcomings to the process and while most of this does not appear to be unique to women, there are possible additional challenges for women who require continuity of healthcare if they leave the military while pregnant, trying to become pregnant, or after childbirth.

R27. Veteran healthcare services directory for civilian healthcare professionals

- The present research findings suggest that civilian healthcare providers are not always aware of veteran-specific healthcare services. It would be beneficial to develop a resource for them that details these services, which would facilitate onward referral for veterans. A starting point for this could be building upon the "Map of Need" work hosted by the University of Northumbria^{109 110}.

R28. Veteran healthcare services directory for veterans

- In conjunction with the recommendation above to develop a directory of services for healthcare professionals, it is recommended that similar is developed as a resource for veterans themselves, to be provided to them during the resettlement process. Lack of awareness of services available to female veterans was one of the most-reported barriers in the present research, thus a comprehensive resource detailing health services, criteria for eligibility and contact details would be beneficial.

109 Kiernan, M., et al., 2017. Map of Need. Northumbria University.

110 Armed Forces Covenant Fund Trust, N.D. The Map of Need.

5.3.6.2 Research

R29. Exploration of how to improve veteran awareness among healthcare professionals

- The present research suggests that, despite a great deal of work to introduce the 'veteran aware' initiative across the healthcare sector, healthcare professionals are not always aware of a patient's veteran status or the need to ask if they have military background, nor are they always aware of its relevance. Further research is needed to explore further the reasons for this, and to identify the most effective ways of working with healthcare professionals to ensure the implementation of the initiative.
- Further research should also explore any possible gender differences in the above. It is not clear from the present research whether there are additional challenges for female veterans; however this is possible, not least because female veterans in this research reported that they did not always identify with the term 'veteran' themselves. This will impact on their willingness to identify as a veteran to others.

5.4 Experiences of social support in civilian life

5.4.1 Section overview

To better understand the research participants' experiences of social support, we asked about whether they felt well integrated socially into civilian life, and whether they had experienced any challenges establishing social networks upon leaving the military.

Many reported good social networks that involved both non-military civilians and veterans, and friends and colleagues who were still serving in the military. For those female veterans living in regions with a heavy military footprint, social support and interactions from others who were also ex-military was generally reported as positive and helpful in terms of transitioning to civilian life and accessing events/services for veterans.

Social challenges reported by participants included an initial period of isolation after they had left the military, and participants reported variable periods of adjustment. Other challenges included the isolation of living with mental health problems related to military service, where participants reportedly felt that those around them would not understand what they were experiencing. Additional stigma was also reported by those forced to leave for being gay during the historic ban on homosexuality (pre-2000).

Other challenges linked directly to gender were expressed by participants who were single parents, who struggled to find the opportunities to connect with others socially. In addition, being married to someone serving in the military was a reported challenge in moving from the role of serving person to the role of 'wife'; participants reported that they did not 'fit in' with other military wives. Similarly, some participants reported that they found 'fitting in' more difficult socially, because they weren't like civilian women.

A few participants reported encountering relationship difficulties with intimate partners, linked to the difficulties in adjusting to civilian life and how this impacted on them socially.

5.4.2 Good social support

Many participants had reportedly established good social networks once they had left the military. These networks included family, new work colleagues, non-military civilian friends who they had known since childhood, newly established relationships with non-military civilians, continuing relationships with military personnel, and new relationships with veterans through wider support groups and organisations. All of these had made it easier to transition to civilian life. Some described the perceived benefits of living in a military-dense region for establishing social networks with others who understood military life, and in some cases reportedly preferred to associate only with other veterans.

"[Being part of a regimental group] is great, we've got a great bunch here in [location]. All really, really good friends, and they are a really good support network ... We're always out and about! Even just meeting for dinner ... a walk and a chat ... We're a really good support network for each other." (P49)

"I don't do normal civilian life ... All the work I do is with female veterans, all of it. My partner is a veteran, my friends are veterans, I think the only non-veteran bit of my life is probably my family ... But everything else if I think about it is veteran ... I guess there's a certain safety in that ... Because they talk the language I talk, they understand." (P1)

5.4.3 Social challenges

5.4.3.1 Adjustment, loss, loneliness, and isolation

Participants often reported a significant period of adjustment between leaving the military and establishing new relationships. They discussed experiencing a sense of loss of the community they had previously been a part of and loss of what they referred to as the military 'family', resulting in loneliness. This loss of community then led many to report feeling isolated during the early days of moving from one world (military) into another (civilian). Additional feelings of isolation were reported by participants living with mental health problems and those who had been forced to leave the military because they were gay. As outlined in 5.4.2, many had managed to adjust by forming social relationships in civilian life with other veterans.

"... very few people understand the military. So there's a big chunk of your life that's quite difficult to talk about ... very few people understand what the military is like, so that makes it quite a challenge sometimes to relate to people ... Because ... who else has had that experience ..." (P79)

"[Veteran group] is bloody supportive! It's stopped some of the loneliness and gave me an identity back for being ex-[military]." (P46)

"I found it very difficult as well because of being gay. To actually be with friends that were gay as well, not that they had to be gay! But that side of it as well, I felt totally isolated and cut off from who I wanted to be and for meeting people ... there were no connections there, so it was difficult. There was ... rebuilding everything again." (P61)

5.4.3.2 Intimate relationship difficulties

Some participants talked about the difficulties they had in their relationships with spouses/partners following service.

"I moved in with him, and then I ended up living in [city], and then that inevitably broke down ... control and coercion are now classed as domestic violence, and I didn't even know that it was happening to me. Because I wasn't getting punched or slapped ... I think he resented my service career." (P30)

"When we got posted to another camp ... He met somebody else and left me. And he ... I was basically out homeless, jobless [supportless] ... because of course I'd ... followed him around." (P59)

5.4.3.3 Gender-specific challenges

A number of participants reported additional challenges in maintaining and developing new social relationships and networks when they were married to serving military personnel. They had gone from being part of a military community as a serving person to feeling isolated and lonely, and reported feelings of 'not quite fitting in' with the community of military partners. Sometimes loneliness was related to the transient nature of life as a military spouse. Participants also mentioned 'not fitting in' with other non-military civilians and with non-military civilian women specifically. Some found it challenging to connect with other civilian mothers when taking their children to school as they felt that they were quite different from other women in terms of their experiences, sense of humour, and the way they presented themselves.

"When [my husband and I moved], my husband was still serving ... and he worked Monday to Friday [elsewhere]. So I was starting a new job in a new city in a new house. We had no friends, my daughter was in a new nursery. And I was trying to do it all." (P23)

"Back in those days, when a soldier's wife had a baby, they got a bunch of flowers from the wives' club. I didn't get one because they didn't consider me to be a wife because I was ex [military]. So I wasn't welcomed into the wives club. But I was quite relieved, I'm not really a wives' club kind of person!" (P56)

"When I go into the antenatal group ... if there's someone there who's a housewife, or maybe she's had a short career ... your conversations are going to be very different from someone who ... still lives round the corner from their mum and hasn't seen that much of the world. And then if

you walk in and you're like oh well, you know, I did ten years in the Army, I was a [rank], I went on four operational tours and I flew helicopters, they're going to be like, ok!" (P37)

Others reported additional barriers to creating new social networks in civilian life due to being single parents. They felt this reduced their ability to physically get out and create new social networks.

"I think as a single parent that was even worse because I probably needed that, but also ... it made it impossible to go out and get a social structure." (P79)

5.4.4 Are our findings supported by previous research?

There is limited UK research looking at experiences of social support among female veterans. This research has been mixed, with some suggesting high levels of social support in female veterans compared to their male counterparts¹¹¹ and others finding no differences in social network size between male and female veterans¹¹².

In relation to difficulties experienced in developing social support and networks during transition, as with our study, female veterans have previously reported a sense of loss in relation to the military community (social network) and a consequential feeling of isolation in the civilian world¹¹³.

More recently, female veteran workshops held in Wales in 2022¹¹⁴ similarly found that participants encountered difficulties with integrating socially in civilian life. They reported that these experiences were mixed, with some veterans having a positive transition in terms of forming relationships and others finding it more difficult and feeling a sense of loss of belonging and consequent isolation. They similarly found that female veterans who had a serving partner faced additional challenges in fitting in to the military community as a military partner. This was partly due to frequent moves, but also because military partners were 'wary' of female veterans.

A survey of 750 UK female veterans in 2022¹¹⁵ found an association between loneliness post-service and facing challenges (a predetermined list was used) during service, including experiencing gender-related harassment, bullying, and career disadvantage, which many of the female veterans in our study reported. Additionally, the same study reported that 29% of respondents found it difficult to establish a social life outside of the military, giving some indication of the extent of this issue.

In relation to our findings around experiences of spousal relationship difficulties, one UK study¹¹⁶

111 Jones, N., et al., 2019. Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces by Gender, *Psychiatry*, 82:3, 256–271, DOI: 10.1080/00332747.2019.1626200.

112 Burdett, H., 2014. The mental health and social well-being of UK ex-service personnel: the resettlement process. 13 Feb 2014 Student thesis: Doctoral Thesis.

113 Jones, G., 2018. Exploring the psychological health and well-being experiences of female veterans transitioning from military to civilian environments. Student thesis: Doctor of Counselling Psychology.

114 Rawlings, L., & Farr, K., 2022. Commentary and recommendations of the Female Veterans in Wales Workshop, June 2022.

115 Baumann, J., Williamson, C., Murphy, D., 2022. 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), pp. 72–81. <https://doi.org/10.3138/jmvfh-2021-0065>.

116 Dighton, G., et al., 2018. Gambling problems and the impact of family in UK Armed Forces veterans. *Journal of Behavioural Addictions* 7(2), pp. 355–365 (2018) DOI: 10.1556/2006.7.2018.25.

found that female veterans were significantly more likely to be either widowed, divorced, or separated than female civilians. The UK Defence Committee inquiry into women in the military¹¹⁷ also noted relationship problems and breakdowns among female veterans from their survey and submitted evidence. Another study, however, did not find any significant difference in marital instability among female or male veterans when compared to the civilian population¹¹⁸.

Similarly, research around domestic abuse incidence among female veterans is mixed. One UK study¹¹⁹ found that while male veterans are significantly more likely than civilians to experience domestic violence, no difference was found between female veterans vs. female civilians. However, research in the US¹²⁰ suggests female veterans may be at heightened risk for domestic violence compared to civilian women. While it doesn't indicate levels, or offer gender-specific analysis, a recent UK study¹²¹ looking at Intimate Partner Violence and Abuse (IPVA) experiences found there were additional challenges (compared to the general population) in serving and ex-serving personnel, which contributed to delayed or avoidant help-seeking. This mixed evidence indicates the need for more studies exploring this further, given the paucity of research in the UK.

5.4.5 Recommendations

5.4.5.1 Practice

R30. Develop a women's peer support network, which is independent of the statutory sector and is co-designed with female veterans, providing:

- Check-ins during early transition, delivered by veterans to periodically ask if they are experiencing any challenges and direct them to relevant support if needed.
- Mentoring by veterans for female veterans. The areas identified within the present research where more peer support and mentoring would be beneficial include housing, developing general life skills and accessing healthcare, in addition to employment as outlined in [R16](#).

5.4.5.2 Research

R31. Longitudinal research with female veterans

- Longitudinal research with female veterans is needed to understand their experiences and needs throughout the life course and should consider the physical, psychological and social impact of military service. Research should be conducted with female and male veterans, and with female civilians, to enable direct comparisons and to identify any unique needs.

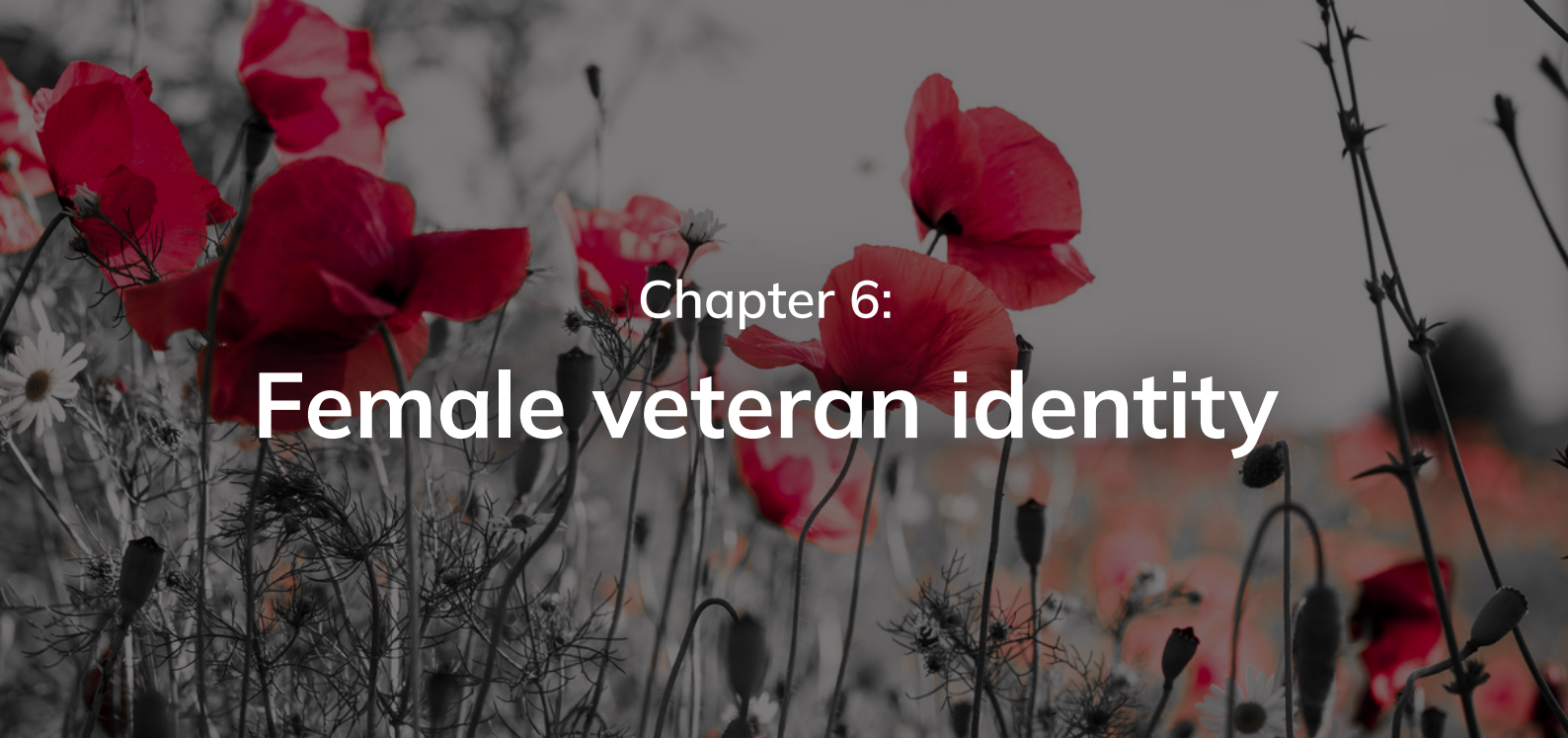
117 House of Commons Defence Committee., 2021. Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life. Gov.UK. P78.

118 Woodhead C., et al., 2011. Mental Health And Health Service Use Among Post-National Service Veterans: Results From The 2007 Adult Psychiatric Morbidity Survey Of England. *Psychological Medicine*. 2011; 41(2), pp. 363–372.

119 Dighton, G., et al., 2018. Gambling problems and the impact of family in UK Armed Forces veterans. *Journal of Behavioural Addictions* 7(2), pp. 355–365 (2018) DOI: 10.1556/2006.7.2018.25.

120 Dichter, M.E., Cerulli, C., Bossarte, R.M., 2011. Intimate Partner Violence Victimization Among Women Veterans and Associated Heart Health Risks. *Women's Health Issues*. Volume 21, Issue 4, Supplement, 2011, Pages S190–S194. <https://doi.org/10.1016/j.whi.2011.04.008>.

121 Lane, R., et al. 2023. Help-seeking for Intimate Partner Violence and Abuse: Experiences of Serving and Ex-serving UK Military Personnel. *J Fam Viol*. <https://doi.org/10.1007/s10896-023-00534-6>.



Chapter 6:

Female veteran identity

6.1 Section overview

Within the interviews, participants were asked about being a veteran, including if they identified with the term veteran and with the veteran and military community after they had left military service. They were also asked how they felt female veterans, and women serving in the military, were perceived by the public.

Many participants identified positively with the term veteran and discussed feeling a great sense of pride in military service. Some reported that they held several identities (i.e. mother, spouse, veteran) that changed depending on the situation they were in, while others reported that it had taken a period of adjustment between leaving the military and subsequently identifying as a veteran.

However, it is important to note that 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’.

It is important to note that, when asked about barriers and challenges to accessing support services (outlined in [Chapter 4](#)), whether participants identified or aligned with the term veteran had a significant impact on their recognition of veteran services as being for them and able to meet their needs. Failure to identify as a veteran and/or with the term veteran presents a significant challenge when designing, delivering, and marketing veteran-specific services.

Participants overwhelmingly responded that they felt the general public did not recognise that women had served in the Armed Forces. If the general public were aware that women served in the military, participants reported stereotypical views of women’s roles, and incidences of being met with surprise from non-military civilians at what the women had done during their military careers. Under-representation, and in many cases complete absence, of military women in the media was thought to have contributed to the public’s misunderstandings.

Such widespread lack of understanding of military women and female veterans is evidenced by almost all participants reporting that they are asked if they are wearing their husband's or father's medals when they attend an event, or if they are there because they are married to someone serving in the military. Participants reported being routinely asked this by non-military civilians and by military personnel, sometimes multiple times at the same event.

There were some participants who felt public perceptions may be shifting slightly, and seemed to have improved among younger people and some who recognised that recent television programmes featuring portrayals of female military personnel were going some way to raise the profile of women serving, and thus their recognition as veterans.

6.2 Self-perception of identity

6.2.1 Positively identifying as a veteran

Many participants identified positively with the term veteran and felt that they were still part of the military community once they had left service. Participants reported feeling a sense of achievement after having worked hard in their military roles, and often expressed great pride in military service. Pride was mentioned in a number of different contexts, including pride in:

- oneself, for having done military service and in having served the country.
- being 'ex-military' or 'veteran', either or both; the word veteran was not as important as what it represents.
- involvement in operational tours.
- achieving extraordinary things and in having been one of the first women to do certain roles.
- wearing the veterans' badge.
- attending remembrance events, wearing the uniform, and keeping a sense of community and belonging.
- telling their children about their military careers.

"I do, I feel really proud ... especially around times like Remembrance Sunday. I feel so proud to have served ... and on the Queen's Jubilee I just felt really proud because ... I'd served in Her Majesty's forces ... it's that pride in I've done my service for the country in whatever shape and form that is." (P11)

"I either call myself a veteran or ex-military, it depends on who I'm talking to. But super proud of both." (P13)

A number reported holding multiple identities, including that of mother, wife, military wife, civilian and a civilian that is a veteran. Some reported that they will say they are a veteran when in certain company but not in others, as people do not always understand the meaning of the term.

"I would say initially I'm a civilian and ... if anyone says what did you do [in the military], I will always talk very proudly of what I did. Sometimes I'm a wife, but that's not featured hugely. But yes, top is a mum." (P16)

Some felt that they were at an 'in between' stage, where they were still adjusting to civilian life after leaving the military and didn't yet identify with being a veteran. Reasons for delayed identification were varied. For women who left a long time ago, they reported that the term 'veteran' had not been widely used so it had taken them a while to see themselves in this way. Others reported that it was when they became involved with veteran organisations, or with veteran-specific activities, that they identified with the term when they had not previously done so. For some there had been a delay if they had left due to difficult circumstances (e.g. if they were gay and had been forced to leave, or if they had left due to being bullied or harassed).

"I'd say 80% I'm a veteran and the other 20% I'm working on to make me really be a veteran ... there's a few people that were kicked out for being gay that say to me ... I don't want anything to do with the military, you know after what they did to me ... why do you want to be a veteran? Why do you want to be involved in these military charities? And my answer is ... because ... I was proud to serve and I loved my time in the forces, and that's the part I'm trying to remember and connect with. Otherwise, what have I got? I've got this ... nothingness that I wasn't a veteran and ... it's a conflict, but I'm getting there. So yeah, I am a veteran." (P7)

6.2.2 Do not identify as a veteran

A number of participants did not identify with the term 'veteran' for various reasons. For some, the word 'veteran' was considered to be masculine and conjured up images of an older man, a veteran of the First or Second World War, or someone who has been to war (a 'war veteran') and directly involved in fighting or conflict. Many women preferred the term 'ex-military'. One participant noted that the transition process focuses on the transition from military to civilian, not military to veteran. Those who had more negative experiences during military service wanted to leave that world behind so did not use the term veteran. Some reported feeling that they were not worthy of the title of veteran, that they had not served long enough, or that they had not done anything worthwhile during military service. They had not been to war, been deployed nor earned a medal, and saw others as heroes, not themselves.

"... to me a veteran is ... someone who's served fighting. Or been in conflict, which we were never allowed to do, so I don't class myself as a veteran! ... I just say I was in the Army, I'm ex-Army, that's what I say an awful lot, I'm ex-Army." (P22)

"I didn't fight in any wars ... I sometimes feel a slight ... now that loads of people have been injured in Afghanistan and they're veterans. I feel a slight fraud sometimes ... because you sort of get the same credibility [being] called a veteran, when [they've] really given up a lot more." (P59)

Some women were not sure what their identity was, and reported a loss of sense of self when they left the military. This loss began when they removed their military uniform for the last time and left behind their teammates. They went from having a job and a life with a clear purpose to a civilian life where they did not always know who they were or where they fitted in.

"... when I first left the military ... I felt I'd lost ... who I was. I wasn't quite sure who [I] was anymore. Because before [I] was this person who went to work, people salute her, marvellous you know, great, people call me ma'am. I had a responsible job, I was looking after lots of people and writing reports and doing lots of things ... it was wonderful. And you felt that you were responsible for this broader group [of people]. And then when I left ... I just lost who I was, I lost me. For probably two years. I wasn't depressed over it, but I just lost who I was ... maybe I just feel that I've lost my tribe. And I do think it's losing your tribe, after being with that tribe for so many ... years, that suddenly that's it, and you lose who you are." (P11)

6.3 Public and other perceptions of female veteran identity

6.3.1 Lack of recognition and understanding of roles

Participants overwhelmingly responded that they felt the general public did not recognise that women had served in the Armed Forces and therefore did not recognise the existence of female veterans. If members of the general public were aware that women serve in the military, they were reported to hold mostly stereotypical views of women's roles and were often surprised to hear about what the women had done during their military careers. Some participants reported that there was also a lack of understanding among some male serving personnel and male veterans around women's military roles.

"I don't think we're visible at all ... the public perception of veterans isn't brilliant anyway, they're either a hundred and two or they're a twenty year old with a leg missing, and not a lot in between. So they haven't got the most nuanced view of what a veteran is anyway. But in terms of women ... I think we're largely invisible to them, certainly not understood. And certainly not catered for." (P79)

"[People] don't have any idea [of women's military roles] ... they can sort of understand a nurse, but they don't understand about drivers, intelligence operators, chefs ... and clerks, what we did, where we went." (P71)

"Even when I was in the Army, sometimes some of the squaddies that I was looking after would actually genuinely and ignorantly say, but you're not actually in the Army are you? You're not the real Army. And you'd be like, yes! Of course we are!" (P21)

Participants felt that the general public's lack of knowledge of women's roles in the military was also connected to their wider assumptions about what a veteran is. Participants reported that the general public assumes veterans are older men, who had actively engaged in combat, similar to

the female veterans' own associations with the word veteran and often related to the male-centric military branding used by charities (detailed in [Chapter 4](#)).

"When you think of a veteran, I think you still think of an old bloke with medals on. Because that's the perception from the [charity a], that's the perception from [charity b], that's the perception from the [charity c], the big hitters if you like ... I don't think the general public have yet made that sort of advancement that actually a lot of women have done this [to] varying degrees. So yeah, I think people see me as a bit of an oddity." (P1)

6.3.2 Media portrayal of female veterans

The portrayal of veterans by the media was widely thought to have contributed to common misperceptions and misunderstandings of women's roles in the military and of female veterans. Specifically, participants felt that whenever the media addresses military issues, military and veteran representatives were almost always male, and that the media focus was always on men. High profile military women were considered notable by their absence, and female veterans were not represented appropriately.

"[Military women] don't have a high enough profile. Because I think most people, if they talked about a veteran or they see picture of veterans in the newspapers and everything, they're always male. They're always male." (P16)

"... when you see things on the TV ... most of the time the focus is on men. It's nearly always focused on male soldiers ... a lot of the time, they'll say servicemen, fallen servicemen. And I know yes of course the majority are men, but there are still women who have served and died and been injured and hurt. And a lot of the time, they will only mention servicemen." (P21)

6.3.3 Mistaken for female relative of military personnel

Due to such widespread lack of understanding of women's military roles, further confusion was noted around women's wearing of military medals. Many participants reported that if they were at an event wearing their medals, they were often asked if the medals were their husband's, father's or grandfather's, or if they were attending the event because they were married to someone who was serving in the military. These questions appeared to come mostly from non-military civilians but were sometimes reported to have come from (male) military personnel. The participants collectively expressed reluctant acceptance of this; it was seen to be so widespread, that it happened to all of them and their peers sometimes multiple times at the same event. This acceptance was often quickly followed by indignation at the many assumptions inherent in these questions and then the assertion that these are 'my medals' and 'I have earned them'.

"[At] my first ever Remembrance Sunday ... I wore my medals with my suit jacket ... and a bloke in uniform came up to me and kicked off telling me that I'd got my husband's medals on the wrong side. Because obviously if your husband or dad or whatever's dead, you can wear their

medals on the other side. And I was like mate, they're my medals! And he just went what the ... and just walked off." (P4)

"[Veteran charity] put me forward for an event at the Tower of London ... I was sent down as a veteran, an Army officer ... And I still had people [asking] whose medals was I wearing? And it was just constant ... Three times I was asked. I was marching! It wasn't as though I was just standing there, I was marching!" (P107)

6.3.4 Positive perceptions of female veterans

Some participants felt that media and other representations of military women were perhaps changing for the better and reported seeing television programmes or advertisements featuring military women in ways they had not seen previously. Participants also noted that, on an individual level, people mostly responded positively when they told them they had served in the military and what their roles had been.

"... there was one particular [TV] advert that was showing basically females can do anything in the Navy and the sky's the limit. And I think for young [people], it's good that they're seeing this. You know, that it's there for the taking. So I'd like to think the new generation coming up, it's the norm." (P78)

"There's a series on TV ... and it has a female veteran on there who suffers and it's the first time I've ever seen in the media a representation of a female veteran who's in her thirties or forties who's obviously suffered some sort of mental health issues in Afghanistan. And they document it ... so maybe as we progress, that'll become more common." (P84)

"... you tell [people] oh, I was in the military. And they're like wow! ... it's quite nice to think people are still in awe of what you did ... I'd like to think that we were perceived for being ... a good person to be around and a really good person to employ." (P65)

6.4 Are our findings supported by previous research?

A large scoping review¹²² of UK female veteran experiences identified a number of papers that, in line with our findings, suggest that female veterans experience a range of difficulties in negotiating their identities in civilian life and struggle to align with the term 'veteran'. Workshops for female veterans held in Wales in 2022¹²³ similarly found that female veterans struggled with identity when adjusting to civilian life and reported that many of the female veterans did not consider themselves to be a veteran. Furthermore, as with our study, the female veterans attending these workshops reported unhelpful gender-related comments and attitudes from civilians and male veterans that

122 Godier McBard, L., Gillin, N., Fossey, M. 2021. We Also Served: The Health and Well-Being of Female Veterans in the UK.

123 Rawlings, L., & Farr, K., 2022. Commentary and recommendations of the Female Veterans in Wales Workshop, June 2022, Edwards, P., Wright, T., 2019. No Man's Land. Research study to explore the experiences and needs of women veterans in the UK.

undermined their veteran identity, for example around their right to wear medals, and that these things discouraged them from seeking support post-service. There are, however, no other UK studies that we could find that explore the link between identity perception and uptake of services among female veterans.

While it does not explicitly discuss the topic of identity, other recent UK research highlights the challenges faced by female veterans in terms of recognition, integration into civilian life, and their sense of belonging. The 'No Man's Land' research conducted by Salute Her UK¹²⁴ notes that female veterans often feel unnoticed and undervalued, both within the military and in society as a whole. This lack of recognition can impact their identity as veterans and their overall sense of self-worth, highlighting the challenges and complexities that female veterans may face in shaping and maintaining their identities within and beyond their military service.

A further UK study¹²⁵ which included a small number of female veterans reported not identifying as a veteran as a barrier to seeking help, but it was unclear which of the participants (male or female) this applied to. Similarly, another small UK study¹²⁶ suggested that stakeholders (service providers) felt that there was a significant number of female veterans who did not identify with the term veteran, which alongside other barriers prevented them accessing services, but this study did not look at female veteran experience. US studies¹²⁷ have however found a link, suggesting that where female veterans identified as such, they were significantly more likely to access VA support services.

While there is no research in relation to UK female veterans specifically, feelings of guilt and not being worthy, or not considering themselves a 'hero', have been reported in another UK non-gendered study to impact on identity as a veteran¹²⁸. However, the impact of this on help-seeking was not explored.

In relation to public perceptions and understanding of female veterans in the UK, an IPSOS Mori survey undertaken in the UK found that while most respondents (89%) either supported or were ambivalent about women serving in the UK Armed Forces, most (82%) reported knowing nothing or not very much about female veterans, which is reflected in our study.

Further UK-based female veteran research¹²⁹ also looked at the impact of media representations on veterans' self-identity, reporting that veterans' perceptions of how they are portrayed in the media

124 Edwards, P., Wright, T., 2022. No Man's Land 2. Research study to explore the experiences and needs of women veterans in the UK.

125 Fulton, E., et al, 2019. Transition from service to civvy street: the needs of Armed Forces veterans and their families in the UK. *Perspectives in Public Health* Vol 139 No 1 P49–58.

126 Godier McBard, L., Gillin, N., Fossey, M., 2022. 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 & Social Care in the Community*, 30, e3966– e3976. <https://doi.org/10.1111/hsc.13790>.

127 Di Leone, B. A., et al., 2016. Women's veteran identity and utilization of VA health services. *Psychological Services*, 13(1), 60.

128 Cree A, Caddick N., 2020. Unconquerable heroes: Invictus, redemption, and the cultural politics of narrative. *Journal of War and Culture Studies* 13(3): 258–278.

129 Parry, K., Pitchford-Hyde, J., 2022. 'We may have bad days . . . that doesn't make us killers': How military veterans perceive contemporary British media representations of military and post-military life. *Media, War & Conflict*, 0(0). <https://doi.org/10.1177/17506352221113958>.

130 Parry, K., Pitchford-Hyde, J., 2022. 'We may have bad days . . . that doesn't make us killers': How military veterans perceive contemporary British media representations of military and post-military life. *Media, War & Conflict*, 0(0). <https://doi.org/10.1177/17506352221113958>.

play a crucial role in shaping their self-definition and understanding of their role in society. The same study¹³⁰ reported mixed depictions of serving or veteran women, with negative suggestions that females were under-represented and often depicted in problematic stereotypes, such as being “opinionated” or “hardened”, or as romantic interests for male characters. It noted, however, that there were some high-profile depictions like the show “Our Girl” that challenge these stereotypes and feature female veterans more positively as central characters.

Compounding this issue, the Ipsos Mori survey¹³¹ outlined also found that the places the public suggested they had learned most about women who served was via TV, film, or news. These studies indicate not only the problematic impact the media can have in relation to veteran identity, but also the potential influential role of these outlets in also addressing misconceptions, raising awareness, and improving self-identity.

6.5 Recommendations

6.5.1 Practice

R32. Public awareness campaigns focusing on women in the military and as veterans

- Participants in the present research reported a lack of awareness among the general public of the presence of women in the military and of the jobs that they do. Development of awareness campaigns is therefore recommended to ensure they specifically recognise and represent women. These should be undertaken within the broader remit of general veteran awareness raising, ensuring that women are represented appropriately in a range of roles, and that it is clear that all military roles are open to women.

R33. The term ‘veteran’ is introduced and discussed during MoD transition in relation to accessing services

- It was noted during the present research that transition support focuses on personnel moving from ‘military’ to ‘civilian’, and not ‘military’ to ‘veteran’. The language used at transition is important; if we need personnel to identify as veterans when they leave the military to access veteran-specific services and support and be part of wider veteran communities, it is important that terms are discussed. This should also include discussion of what veteran support organisations can offer female veterans and eligibility for accessing these services.

6.5.2 Research

R34. Further understanding of veteran identity in male and female veterans

- Further research is needed to identify any differences between how male and female veterans view their own veteran identity. This is important when considering veteran-specific service design and promotion, and for any communications and/or messaging, as it is possible that male and female veterans may require different approaches.

¹³¹ Godier McBard et al., 2022. Public attitudes towards women who have served in the UK Armed Forces: Findings from a household survey.



Chapter 7:

Where do female veterans get their information from?

7.1 Section overview

As outlined in [Chapter 4](#), a barrier to accessing veteran-specific services for female veterans was the lack of awareness of what was available, what services did and their eligibility. Many research participants suggested they would access services if they knew what was out there.

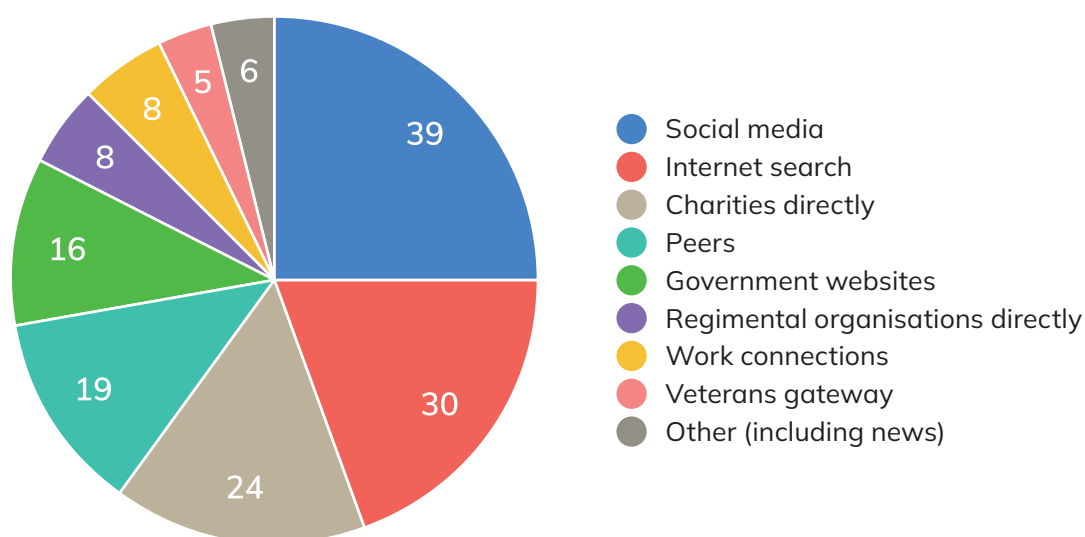
Better identification and signposting of what is available for female veterans is needed, and it is important for statutory and charity service providers to consider where best to target this information, the benefits and challenges of different approaches, and platforms for information sharing. To aid distribution and take-up of information, it is also important to understand whether there is a difference in the ways in which male and female veterans seek or prefer to receive this information.

To better understand potential ways of improving access to information, participants were asked where they currently get this information from. Unsurprisingly, many suggested they got this from a variety of sources, with the overwhelming majority finding out about services, events or opportunities online (social media platforms, internet searches, charity, or government websites). Some participants did find out about services from peers directly and by attending in-person events, or via charities which facilitated access to others, but this was less common.

7.2 Sources of information

While this question was 'scoping' in nature and as such did not lend itself to determining preference in terms of source, we were able to ascertain types of information source used and the frequency with which they were talked about. Figure 1 represents the spread of accessing different sources of information. The numbers are the frequency (in numbers of those who used the information source type) with which the source type was mentioned.

Figure 1, Sources of Female Veteran Information (frequency mentioned)



7.2.1 Social media

Because of the difficulties in knowing where to access information and what is available, most information around female veteran support services or general veteran updates came from social media, either directly from peers (individual messaging, closed groups, etc.), informal peer network groups (for example Sandhurst Sisterhood), or from regimental organisations’ social media accounts. This was predominantly on the Facebook platform. Many of the examples given were of Facebook groups focused on female veterans, which may be of importance for services trying to reach female veterans, especially as in the UK women use Facebook more than men¹³².

“I find a lot of stuff ... through the informal Facebook networks, there’s a lot of Facebook networks now for women which is brilliant.” (P1)

Many participants suggested that knowing who to go to for information and updates was reliant on peers signposting them, either through direct contact or via social media groups.

“it’s only ... only through social media that I was finding out you know entitlements that you know the veterans’ card and things like that you know ... it’s only because obviously there’s some really tenacious people out there that have found out all this information and good old social media has passed it onto the likes of me!” (P18)

While Facebook was the most commonly used platform among our participants, some mentioned in particular following key individuals or groups on Twitter as a way to get updates and information about what was going on.

“... the one person really that I follow quite actively is [name]. And he’s quite open about where there are issues and what’s being done about them. I think there’s just so much out there. But unless you’re being specific about what it is you’re looking for, I think that ... there’s just so much

132 Distribution of Facebook users in the UK as of April 23, by gender.

to digest. So for me that would probably be my only media outlet ... in terms of veterans' issues."
(P45)

LinkedIn was also mentioned by a couple of veterans who preferred a more formal approach to getting information.

"LinkedIn would probably be my first port of call ... it's more about just giving you the information. Rather than a whole host of opinions which you can find on Facebook ...!" (P13)

Social media did not appeal to everyone though, and for various reasons some suggested that while they knew there would be information on social media, they did not access it themselves.

"... because I'm old, when Facebook first started, everyone in the military was told that you couldn't be on it. Because nobody knew how big it was going to go, do you know what I mean?"
(P4)

7.2.2 Internet searching

In most cases participants, like the civilian population, obtained information via internet searches. This, however, required active pursuit by the individual and a certain amount of existing knowledge, thus information was not always easily accessible for all. In essence, participants "didn't know what they didn't know", and so frequently could only search based on what they either already knew about, or that someone else (a peer) had told them about. One participant summed this issue up.

"... You have to kind of know somebody who knows somebody who knows somebody who did something." (P46)

7.2.3 Charities, regimental organisations, and newsletters

Some participants reported that they accessed information about services and updates directly from regimental organisations and charities, when they were aware of the charity and its work. This was in the main via the internet, but also included in-person events and by attending the charity's offices. Participants tended to be more familiar with, and thus approach, larger charities or organisations linked to their service branch. As outlined in [Chapter 4](#), participants stated that once they had successfully accessed one service (for example, through their work connections within veteran or military charities), this facilitated their access to information from others.

"... our chairman, she gets loads of information. Like she'll tell me when they're doing a veterans' breakfast [locally] ..." (P28)

Those participants who accessed charities and/or regimental organisations for information and support spoke of the benefits of receiving regular updates on events, services and so on. They also reported receiving information about what was going on via a newsletter sent with their, or their partner's, pension.

"I do get some updates through [partner]'s pension newsletters. So I do get some information." (P65)

In relation to charity websites, most agreed that once they had accessed the charity, navigation to information on available support and local events was quite straightforward, however the number of charities offering similar things made knowing which one to pick overwhelming.

"I think the problem there is ... there's just too many to differentiate between ... You know they're all ... a lot of them are offering the same thing and you just kind of think well I ... I don't know which one to choose. So I can see why some people probably just give up because there's just too much on offer." (P78)

7.2.4 Peers

Peer networks were reportedly a valuable source of information on services and updates, although one participant noted that this meant that information was not always accurate.

"I've got loads of contacts who are like you know looking after veterans and in different charities or whatever and ... probably reach out to them and ask." (P13)

"[If] information gets out to people ... by word-of-mouth ... the message can be garbled like Chinese whispers." (P2)

7.2.5 Government websites

A number of participants sought information from government websites, most commonly Veterans UK. Not all participants were aware that these existed, and some found them challenging to navigate.

"There's a lot of stuff on the government website I think. The government website is actually quite good ... But you need to know it's there." (P17)

"Not Vets UK ... they put on signposts, but everything just seems to go round in a circle. You never actually end up anywhere." (P101)

7.2.6 Veterans' Gateway

Five participants mentioned Veterans' Gateway as a platform to access a variety of veteran-related information and services, but in the main did not comment on the quality of the information, or if they had personally used it. One, however, reported the 'clunkiness' of many websites, including Veterans' Gateway.

"Sometimes I just think it's a bit ... sometimes there's too much, you know and like the ... the [Gateway], that website is just horrific. It's ... they're all quite clunky aren't they ..." (P4)

7.3 Are our findings supported by previous research?

We could find no UK research that looks exclusively at where female veterans access information about support services, or what their preferences might be.

7.4 Recommendations

7.4.1 Practice

R35. Improve internet visibility and marketing approaches among veteran services

- All service providers should consider improving their internet visibility, particularly with popular search engines. Improved marketing of services specifically for female veterans should be considered.

R36. Ensure the Veterans' Gateway references and reflects the needs of female veterans

- This should involve a review of the role and function of the Veterans' Gateway portal in providing an appropriate, welcoming, and informative resource for female veterans.

R37. Development of a veterans' updates newsletter

- We also recommend the development of a veterans' updates newsletter which outlines and advertises new services (and the directory link) to all veterans, distributed across different channels including Veterans UK and the war pensions service. This could also contain updates on opportunities, activities and research projects (recruiting, underway and completed).

7.4.2 Research

R38. Further understanding of how veterans access information

- Participants reported that they were not always aware of services available to them, thus further research is needed to understand more about how veterans access information. This should include male and female veterans to identify any differences, vital for ensuring targeted advertising and marketing of services for all.



Chapter 8:

Summary and conclusions

8.1 Summary of research

This research was commissioned by OVA and aimed to understand UK female veterans' experiences of accessing statutory and charitable services and the key challenges they face in civilian life. An exploratory descriptive qualitative (EDQ) approach was employed to gather in-depth insights and understand the 'why' behind the experiences and attitudes of UK female veterans. Semi-structured interviews were conducted with 85 women who had served in the UK Armed Forces, from across the service branches and devolved nations of the UK.

Most female veterans reported the positive impact that military service had on their personal growth, employment and educational opportunities, and the development of long-term beneficial relationships. However, many female veterans also highlighted negative long-term impacts on their physical and/or mental health, including those related to the male-dominated and hypermasculine military environment that they served in (i.e. uniforms and equipment designed for men; discrimination, sexual harassment, and sexual assault). Importantly, these gender-related consequences of service were reported by both those who served many decades ago and those who served in recent years.

Female veterans reported a number of barriers to accessing statutory and charitable services in the civilian world. While some have previously been reported by male veterans (i.e. stigma and shame associated with help-seeking, previous negative experiences, and lack of awareness or difficulty navigating services), gender-related barriers were evident. These related to the male dominance and lack of visibility of women in veteran support services and the accessibility issues that women often face as caregivers. Facilitators of positive engagement with statutory and charitable services included service providers that understood their unique needs as female veterans, peer support embedded within services, and female-specific initiatives. However, while many participants felt female-specific services provided much-needed 'safe spaces' for women to discuss gender-related issues, not all agreed these were necessary for every issue, and felt women's needs could be met within mixed veteran services.

Female veterans reported several challenges in civilian life. While again a number of these paralleled those previously reported by male veterans, some challenges were specific to women. In relation to employment, female veterans reported that transition support was rank and male-centric and didn't meet their needs. Additionally, participants reported struggling to fit into gendered civilian workplace norms and struggling to connect with civilian women in general. For those female veterans who had partners still serving, some reported difficulties fitting in with the military spouse community, and challenges associated with frequent relocations. Female veterans who were single mothers reported challenges associated with finding suitable housing, managing their finances and getting out in order to develop new social networks after service. In relation to healthcare support, female veterans highlighted the need for healthcare professionals to be aware of female veteran needs in gendered areas of care, such as the perinatal period, menopause, and infertility. Some also reported a preference for female clinicians. Most female veterans got their information about veteran services and organisations in the civilian world from social media, particularly Facebook, and internet search engines such as Google. However, peer networks (for example, the Sandhurst Sisterhood) were particularly well used.

Many female veterans reported not identifying with the term 'veteran' when they left service, and feeling unrecognised and under-represented in the veteran community. Reasons for not identifying with this term included the view that it was a masculine term or associating it with combat experience and feeling unworthy of the title. This was identified as a barrier for these women in accessing veteran organisations and engaging with the veteran community. Participants also felt that the public did not acknowledge the existence of military women and held stereotypical views of what a veteran is (i.e. older male combat veterans).

8.2 How do our findings progress UK research with female veterans?

There has historically been a significant lack of UK research focused specifically on the experiences and needs of female veterans. Indeed, in 2021 the 'We Also Served' report¹³³ found just 50 pieces of research published in the UK that provided evidence of female veterans' health and well-being. That research was heavily quantitative, and many papers focused on gender differences in veteran health outcomes. As such, this report recommended that an in-depth exploration of the issues that female veterans face in the civilian world was required.

The UK research that was identified as focusing specifically on female veterans indicated that women may be reluctant to access veteran-specific support services, which were seen to reflect the male dominance and masculine nature of the military. Since 2021, a further study has been published, providing survey data that supports this claim in a sample of 750 UK female veterans of the Women's Royal Army Corps (WRAC)¹³⁴. Furthermore, an analysis of qualitative responses

133 Godier McBard, L., Gillin, N., Fossey, M. 2021. *We Also Served: The Health and Well-Being of Female Veterans in the UK*.

134 Baumann, J., Williamson, C., Murphy, D., 2022. 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), pp. 72–81. <https://doi.org/10.3138/jmvfh-2021-0065>.

within this same survey¹³⁵ reported similar gender-related barriers to those identified in this report, including the male dominance and male-orientated targeting of veteran support services, and a lack of understanding of female veterans' unique needs. However, the current study represents the first time that a large-scale qualitative study has been conducted with tri-service female veterans. We provide evidence of gender-related barriers to accessing veteran support services for women who have served across the service branches and service eras. Additionally, this research confirms previous suggestions from service providers¹³⁶ that female veterans tend not to identify with the term 'veteran', relating it to stereotypical perceptions of veterans as older male combat veterans, acting as a further barrier to veteran services. These findings should be utilised by veteran support services in the design, development, and marketing of their services to female veterans.

Additionally, 'We Also Served' highlighted a lack of research focused on the impact of military service on female veterans' civilian lives, and the socioeconomic issues they face after transition. Again, this report has provided in-depth qualitative evidence to fill this knowledge gap. Our findings also highlight the additional challenges that female veterans may face regarding finances, housing, and social support, as a result of their gender (i.e., due to caregiving responsibilities during and after service, and other gender-based societal norms in the civilian world). Furthermore, we have identified how gender-related experiences during service (i.e. discrimination, sexual harassment, and sexual assault) can impact female veterans' physical and mental health post-service. These findings are again supported by survey research conducted with veterans of the WRAC, which found that there were higher rates of mental health difficulties among female veterans compared to women who had not served and related this to military adversity in this group (including sexual harassment, sexual assault, emotional bullying, and physical assault)^{137 138}.

These findings provide the first in-depth overview of the experiences and needs of female veterans in the UK. As such, they should be considered during the development of the upcoming OVA Women Veterans' Strategy¹³⁹ to ensure female veterans are provided with adequately tailored support and services to meet their needs **(R41)**.

8.3 Strengths and limitations of the research

This project employed an exploratory qualitative approach, acknowledging that little is currently known about the experiences and needs of UK female veterans. We spoke to female veterans from across the service branches and ranks, of varied service length (ranging from 1 to 30 years) and era (from those who served in the 1960s to the early 2020s) and included veterans from across the

135 Graham, K., Murphy, D., & Hendriks, L. J., 2022. Exploring Barriers to Mental Health Treatment in the Female Veteran Population: A Qualitative Study. *Journal of Veterans Studies*, 8(3), pp. 151–164. DOI: <https://doi.org/10.21061/jvs.v8i3.323>.

136 Godier McBard, L., Gillin, N., Fossey, M., 2022. '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 & Social Care in the Community*, 00, 1–11. <https://doi.org/10.1111/hsc.13790>.

137 Hendriks, L. J., et al. 2023. Understanding the Mental Health Needs of a Community-Sample of UK Women Veterans. *Illness, Crisis & Loss*, 31(2), 385–402. <https://doi.org/10.1177/10541373211070487>.

138 Hendriks, L.J., Williamson V., Murphy, D., 2021. Adversity during military service: the impact of military sexual trauma, emotional bullying and physical assault on the mental health and well-being of women veterans *BMJ Mil Health* doi: 10.1136/bmjilitary-2021-001948.

139 Office for Veteran Affairs, 2023. Press Release – New Women Veterans Strategy.

four devolved nations. This was to ensure that the experiences recorded represented the diversity of experiences and needs within the current UK female veteran population.

Whilst we have generated significant and novel insights into female veterans' experiences in this study, we were not seeking to directly compare the experiences of female veterans with that of male veterans and civilian women. As such, further UK research is needed to confirm that the experiences and needs of female veterans identified in this study are unique to this population. Furthermore, while our sample size would be considered large for a qualitative study, it is not the purpose of qualitative research to be generalisable to the wider population. Rather, we conducted a robust and comprehensive analysis of the 85 interviews included in this study, from which we have identified a number of common themes. We recommend that further research is conducted to ascertain whether these findings are generalisable beyond the current sample to the wider female veteran population **(R39)**.

The inclusion of female veterans from across the devolved nations is a strength of the current study. However, the small numbers that participated from Scotland, Wales and Northern Ireland meant that we were unable to conduct a meaningful comparative analysis. Additionally, region-specific nuances from participants residing in Northern Ireland linked to political unrest meant we were unable to include certain quotes in order to ensure participant anonymity. As such, further research is needed to analyse any cross-national differences in female veteran needs and experiences **(R40)**.

8.4 Conclusions

This is the first piece of research in the UK to qualitatively explore the experiences and needs of tri-service female veterans in the civilian world. While many female veterans reported a positive experience during service, many also experienced challenges related to discrimination, sexual harassment and sexual assault, which continued to impact their lives following discharge. Our findings emphasise the importance of addressing physical and mental health issues resulting from experiences in service, gendered barriers to accessing statutory and charitable veteran support services, challenges in navigating transition and civilian life, and the need for recognition and awareness of female veterans in broader society. As suggested in our report title and throughout the report, female veterans are frequently not recognised, nor represented in the veteran community and organisations. This report underscores the need for targeted gender-sensitive support services, improved signposting, and increased awareness among service providers to enhance the well-being of female veterans. We provide a total of 41 recommendations throughout this report, and from this, 30 key recommendations (summarised in the [Executive Summary](#)) to guide policy makers, practitioners and researchers to action our findings.

Appendix A: Support Information

The report contains references to the lived experience of female veterans in the UK, some of whom report domestic abuse, sexual assault and harassment.

If at any time before, during or after reading this report you feel you need to access support, we encourage you to contact your GP or call NHS 111.

Alternatively, you can contact the following veteran organisations. You can do this by contacting them yourself using the details below:

Salute Her: A mental health support charity with services specifically for female veterans:

- Call on 01912 504877 or email paula@forward-assist.com

England – NHS Veterans Mental Health Services (Op Courage)

Contact your regional Op Courage services using the details below:

- **North of England:**
Call 0800 652 2867 or email VTILS@cntw.nhs.uk
- **The Midlands:**
Call 0300 323 0137 or email mevs.mhm@nhs.net
- **The East of England:**
Call 0300 323 0137 or email mevs.mhm@nhs.net
- **London:**
Call 020 3317 6818 or email cim-tr.veteranstilservice-lse@nhs.net
- **Sussex, Surrey or Kent:**
call 020 3317 6818 or email cim-tr.veteranstilservice-lse@nhs.net
- **Hampshire, the Isle of Wight, Berkshire, Oxfordshire or Buckinghamshire:**
Call 0300 365 2000 or email gateway@berkshire.nhs.uk
- **Southwest England:**
Call 0300 365 2000 or email gateway@berkshire.nhs.uk

Appendix B: Semi-Structured Interview Topic Guide

The interviews comprised eight areas, with further questions within these designed to elicit more detail:

1. **Perceived impact of military service** on physical and mental health.
2. **Experience of accessing NHS care** for physical and mental health conditions.
3. **Quality of civilian life:**
 - a. Housing and finance
 - b. Employment
 - c. Social support
 - d. Health and well-being
4. **Engagement with military/veteran organisations** and wider military/veteran community.
5. **Specific services to support female veterans:** is there a perceived need for these?
6. **Veteran identity:** self identity, public perception of veterans in general and female veterans specifically.
7. **Suggested improvements** to support for veterans in general and female veterans specifically.
8. **Engagement with the military/veteran world:** how female veterans obtain information about services, events, networks and so on.

Appendix C: Stakeholder Groups

1. Experts by experience group (female veterans), who also attended a recommendations workshop. Consisted of:

- Ten female military veterans
- Two Royal Air Force, two Royal Navy and six Army
- The timespan of their service covered the period 1984 to 2021

2. Advisory board (Governance Group)

Consisted of seven members in addition to the project team:

- Sam Tillotson (Office for Veteran Affairs)
- Rose Ricciardelli (Memorial University Newfoundland)
- Christina Dodds (Northumbria University)
- Deidre Mills (COBSEO female veteran cluster)
- Shehan Hettiaratchy (Armed Forces clinical reference group, NHS England)
- Lisa Horder (Ministry of Defence)
- Patricia Price (Lived experience representative)

3. Stakeholder and Service Provider Recommendations Workshop 1

The following attended our first stakeholder and service provider recommendations workshop:

- Ellen Martin (NHS England)
- Sarah Dolan and Tom Verney (Office for Veteran Affairs)
- Paula Rodger (WRAC and COBSEO female veterans cluster)
- Lisa Rawlings (Armed Forces Liaison officer, Wales)
- Alister Smith, Karen McQuade and Gill Rogers (Ministry of Defence)

4. Service Provider Recommendations Workshop 2

The following attended our second service provider recommendations workshop:

- Ann Griffiths (Royal British Legion)
- Brian Chenier (Blesma)

Appendix D: Participant, Service Branch and Years of Military Service

Participant Number	Service Branch	Year Joined	Year Discharged
1	Army	1984	2010
2	Army	2001	2012
3	Royal Air Force	2016	2021
4	Army	1991	2014
5	Army	2001	2012
6	Army	1988	2000
7	Army	1977	1981
8	Army	1992	2014
9	Royal Air Force	1986	2007
10	Army	1984	1994
11	Army	1998	2016
12	Army	1977	1989
13	Royal Air Force	1998	2021
14	Army	1989	1992
15	Royal Air Force	1993	2019
16	Royal Air Force	1990	2019
17	Royal Air Force	2014	2021
18	Royal Air Force	1986	2000
19	Army	1928	1990
20	Royal Air Force	1987	2000
21	Army	1982	1988

Participant Number	Service Branch	Year Joined	Year Discharged
22	Army	1974	1981
23	Royal Air Force	2003	2012
24	Royal Air Force	1984	1989
28	Army	1991	2013
29	Army	1986	1997
30	Royal Air Force	1986	1990
31	Army	1991	1999
32	Royal Air Force	1998	2007
37	Army	2002	2012
41	Royal Navy	1980	1988
42	Army	2004	2017
43	Army	1990	1995
44	Army	1986	1992
45	Army	2000	2014
46	Royal Air Force	1990	2006
48	Royal Air Force	2016	2022
49	Royal Navy	1983	1995
50	Army	1985	1996
52	Army	1974	1975
53	Army	1988	1997

Participant Number	Service Branch	Year Joined	Year Discharged
55	Royal Air Force	1991	1998
59	Royal Air Force	1984	1990
61	Army	1987	1994
62	Royal Air Force	1999	2022
63	Army	2005	2011
64	Royal Air Force	1987	2017
65	Army	1981	1994
66	Navy	2000	2004
67	Royal Air Force	1989	2012
71	Army	1985	2002
72	Royal Navy	1988	2011
74	Royal Navy	1980	1987
76	Royal Navy	1990	2000
77	Royal Navy	1989	1998
78	Royal Navy	1996	2022
79	Army	1994	2014
81	Army		
80	Royal Navy	1987	1995
84	Royal Navy	2001	2017
85	Royal Navy	2006	2018
86	Army	1998	2022
89	Royal Air Force	1987	2007

Participant Number	Service Branch	Year Joined	Year Discharged
90	Army	1990	1994
95	Army	1988	1998
96	Royal Navy	2005	2009
98	Royal Navy	2014	2020
99	Navy	1990	2008
101	Army	1985	1994
102	Army	1991	2001
103	Royal Air Force	1966	1970
104	Army		2001
105	Army	2001	2018
106	Army	2007	2014
107	Army	1997	2018
108	Army	1991	1995
109	Royal Air Force	1992	2013
110	Army	1985	1998
111	Army	2000	2008
112	Royal Navy	1984–2010	
113	Royal Navy	2014	2022
114	Royal Air Force	1989	1998
115	Royal Navy	2002	2008
116	Army	1989	2014



‘Where are all the women?’

**Recognition and representation –
UK female veterans’ experiences of support in civilian life**

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The Centre for Military Women’s Research (CMWR)