

CMWR



**“I don't
feel like
that's
for me”**

Overcoming barriers to
mental healthcare for
women veterans

Women veterans' experiences of seeking support for military sexual violence:

**Findings from the 'I don't feel like
that's for me' project**

Dr Lauren Godier-McBard

Associate Professor & Co-Director of the
Centre for Military Women's Research

Anglia Ruskin University

FUNDED BY

NIHR | National Institute for
Health and Care Research

This project is funded by the National Institute for Health and Care Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number NIHR202226). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care

Thank you to Nifty Fox Creative for their design of the project's visual outputs

CMWR


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

The project



***Aim:** To identify the mental health support needs of women veterans and to provide guidance and recommendations for mental healthcare professionals to enhance NHS veteran-specific mental health support for women.*



Abigail Wood,
Research Fellow



Patricia Price,
Veteran Peer
Researcher

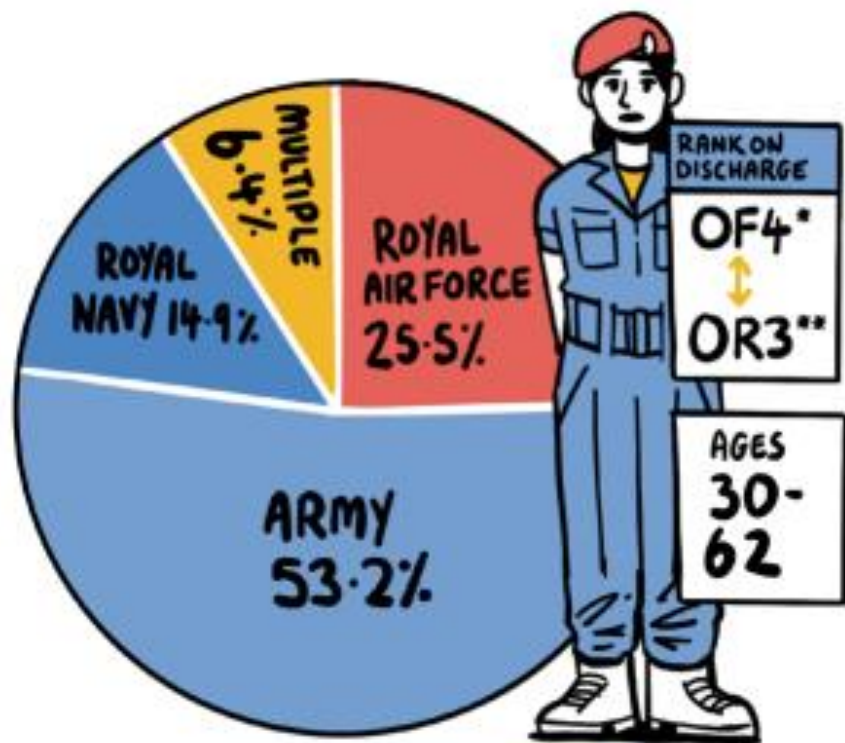


Prof Matt Fossey,
Co-Investigator



Essex Partnership University
NHS Foundation Trust

What we did



RANGE OF LENGTH OF SERVICE



* OF4 - SENIOR COMMISSIONED OFFICER
** OR3 - JUNIOR NON-COMMISSIONED PERSONNEL

- Experience-based co-design approach
- Interviews and focus groups with 48 women veterans and 12 mental healthcare professionals
- Interview data was reflexively thematically analysed (Braun and Clarke, 2022)
- Co-design group of 14 women veterans.
- Developed guidance, recommendations & infographics.
- Guidance evaluated by survey with mental healthcare professionals.

Gender discrimination & sexual violence in service

- Many women reported gender-based discrimination, sexual harassment, and sexual assault during service.
- Derogatory attitudes to women common, across service eras.
- Perception of female weakness.



“[He] sexually harassed me daily and if I didn’t respond to that, he would bully me and the whole platoon and say it was my fault”.

Army Veteran served 1983 to 1985

CMWR

Poor institutional response

- Most did not report for varied reasons:
 - Lack of trust in the reporting system
 - Not wanting to be labelled a troublemaker
 - Not sure who to speak to
 - Fear or retaliation
- Those who did report experienced further poor treatment.



“You shouldn’t have been drinking... it was all my fault. And he said, it wouldn’t really be beneficial to proceed with your complaint”.

Army Veteran served 1987 to 2005

“[I] kept quiet about all my sexual harassment, just because you don’t want to be seen as a troublemaker. You’d just be a stupid woman that shouldn’t be there anyway”.

Army Veteran served 1989 to 1996



CMWR

Impact on mental health & help-seeking

- Women reported mental health challenges were often related to gender-related bullying, discrimination, sexual harassment and assault.
- Exacerbated stigma around seeking help for women during and after service.
- Impact led some women to leave service.
- Some reported further sexual harassment and/or assault in civilian life.



“I got diagnosed with PTSD in the end, just due to what’s happened in the Army, really, certain things. But it was the bullying and harassment that really pushed it over the edge for me”.

Army Veteran served 2004 to 2022

CMWR

Barriers to seeking support



Not identifying as a 'veteran'



Not being aware of the support available



Services don't understand women's needs



Stigma associated with asking for help



Support service branding is male and combat focused



Services seen as male dominated, designed for men



Poor previous experience of support

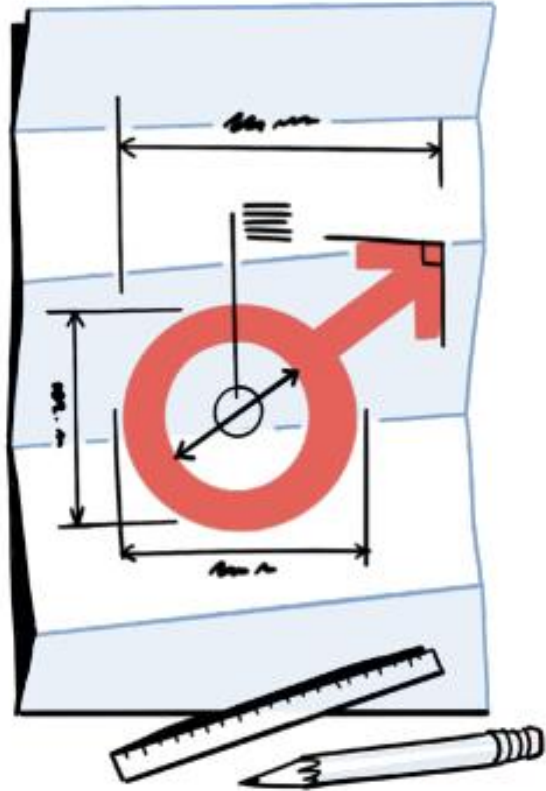


Caring responsibilities

CMWR

Services seen as designed for men

- Veteran services were often described as “male-dominated” spaces, perceived as being predominately accessed by men.
- Experienced replication of negative aspects of military culture, such as a sexist ‘banter’, or feeling judged by male peers.



“They’re laddish, you know, I don’t wanna go to them [...] They’re still in the army in their head but, I went to a photography group and it’s kind of get your kit off love, and I’ll take a picture of you, that sort of thing”.

Army Veteran, served 1983-1985

CMWR

Challenges with branding

- Dominance of men in veteran service branding
- Often loaded military language used in names and branding
 - Questioned their eligibility for support for non-combat trauma
 - Evocations of strength, courage, and heroism may be at odds with their self-perception or perception of help-seeking

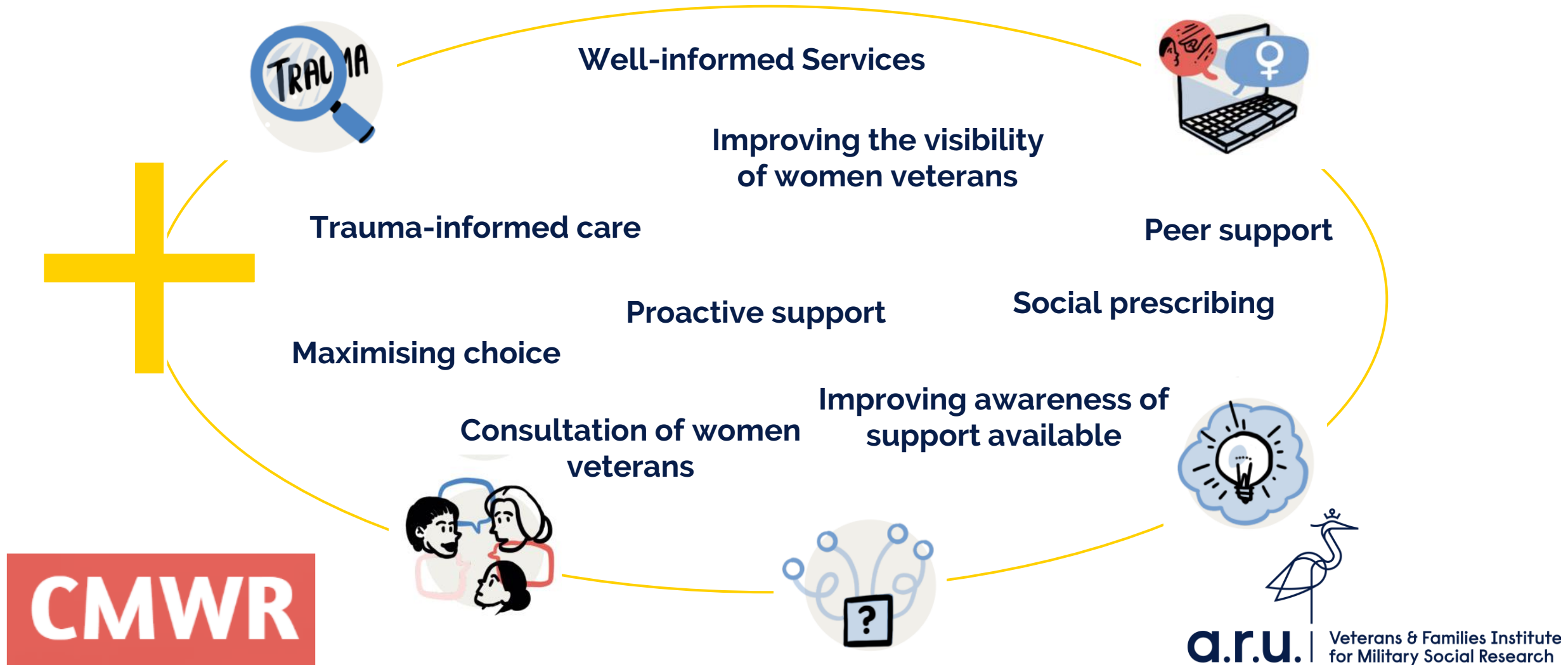


“So really your onus is on supporting men in battle. You’re not going to be able to understand me talking about my sexual assault, sexual harassment, or discrimination. And it would almost feel like that, that organisation as a whole would be rolling their eyes on the end of the phone”.

Army Veteran, served 1999-2022

CMWR

What do women veterans want from mental health support?



CMWR

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

Adapting branding to encourage support

- Improved clarity about what support is offered to overcome the perception that support is offered for combat-related trauma only.
- Increased visibility of women veterans.
- Consultation with women veterans is key.

“Certainly on the website, it does mention about sexual assault and abuse within the military, particularly for females. And I think that just acknowledging that has helped people see that [...] I’m not on my own”.

Mental Healthcare Professional NHS veteran specialist services



CMWR



Choice & inclusive services






- Offer women the option to request the gender and military background of the professional supporting them.
- Upskill staff to ensure a good understanding of women's military experiences.
- Offer opportunities to engage in women-only spaces and groups.




“If they’re not aware of what that scenario is like, it’s gonna be harder for them to actually relate to some of the stuff that women are saying because they won’t understand that, you know, the toxic conversations and everything else which were common, you know there were day-to-day sort of language that was there and everything else”.

Army Veteran served 1979 to 1985

CMWR

Trauma-informed Care

	W	Work together	Work collaboratively with women veterans to overcome barriers, embed user consultation into services, and promote peer support.
	O	Offer a safe space	Provide a safe space to talk openly. Spaces must be comfortable, accessible, and private.
	M	Maximise choice	Involve women veterans in decisions about their care, accommodate their preferences, and be flexible in the provision of support.
	A	Acknowledge	Acknowledge women veterans as credible sources, listen to their stories, and validate their experiences. Review previous clinician notes and be mindful to avoid re-traumatisation.
	N	Understand Needs	Make use of training and resources to support your understanding of women veteran's military experiences and mental health support needs.

	V	Veteran identity	Remember that a veteran can be anyone, not just the stereotypical perception e.g., older, male, and serving in certain conflicts, such as World War 2, Iraq, or Afghanistan.
	E	Empower	Empower women veterans and staff to play an active role in shaping and improving services.
	T	Trust	Previous negative experiences may impact trust in support services. Be clear about therapeutic boundaries and take time to build relationships.

CMWR

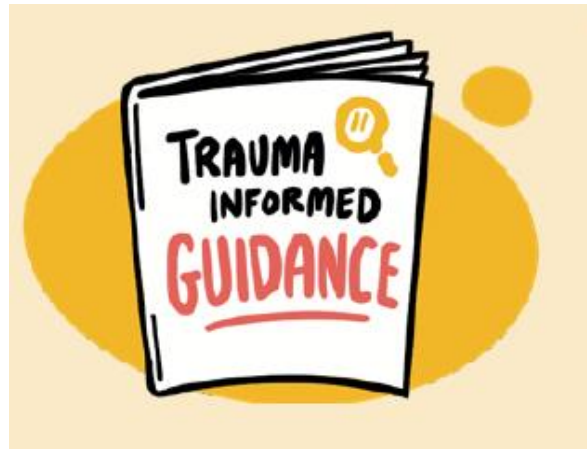


“She listened to me. She didn’t judge me as the Army did, she didn’t judge me like “well he was drunk, what do you expect?”.

Army Veteran served 1987 to 2005

Conclusions

- Not a historic issue
- Experiences reported across service eras (1970's to 2022)
- Women veterans are still living with the impact
- Women veterans want trauma-informed support.

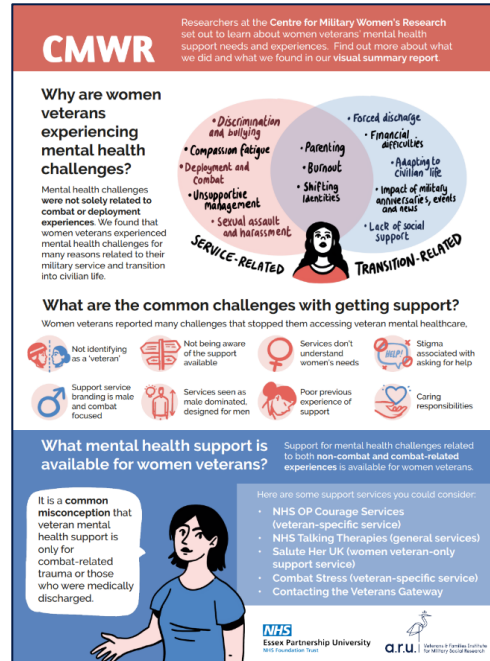


Project launched today!

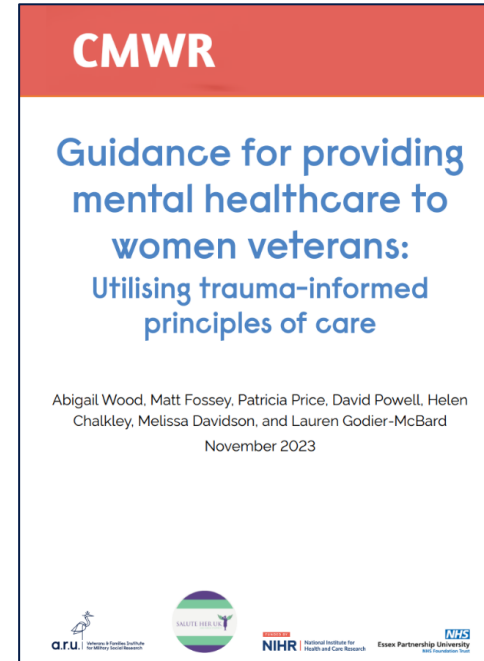
Summary Report



Infographics



Guidance



- Two dissemination workshops (bookable via link on website ^):
1. Guidance for healthcare professionals – 2nd February 2024
 2. Knowledge exchange – 6th February 2024