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

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Briefing note: Addressing the physical health needs of UK ex-servicewomen

Project overview

1. UK ex-servicewomen are a growing but historically underserved veteran population with distinct physical health needs shaped by gendered occupational exposures and military culture. This brief synthesises key findings and recommendations from a collaborative mixed-methods study, highlighting actions for policymakers to ensure equitable, effective physical healthcare and support for ex-servicewomen.

Project methods

2. The study used a mixed-methods approach to comprehensively assess the physical health needs and healthcare experiences of UK ex-servicewomen. The methods included:
3. **Scoping literature review:** A scoping review of 25 reports and articles published since 2000, focusing on UK ex-servicewomen's physical health, using the Joanna Briggs Institute framework.
4. **Quantitative analyses:** Examination of three UK datasets to identify the physical health outcomes of UK ex-servicewomen: the UK Biobank, and the Defence Medical Welfare Service (DMWS) and Op RESTORE beneficiary databases.
5. **Qualitative interviews:** In-depth, semi-structured interviews with 40 ex-servicewomen with physical health conditions from diverse backgrounds to explore lived experiences, barriers to care, and support needs.
6. **Stakeholder engagement:** Input from a group of ex-servicewomen and a project advisory board with MOD, NHS, OVA, and charity representatives to co-develop study design, interpretation and recommendations.

Key findings: Ex-servicewomen's health needs

7. **Musculoskeletal disorders:** UK Biobank data indicates that ex-servicewomen have higher rates of osteoarthritis than both ex-servicemen (21.1% vs 17.5%) and civilian women (21.1% vs 17.4%).
8. Nearly half (48.9%) of ex-servicewomen supported by the Defence Medical Welfare Service (DMWS) reported musculoskeletal or trauma-related health conditions, compared to 35.4% of men, despite being younger on average.

9. 72.5% of ex-servicewomen interviewed reported musculoskeletal conditions, often resulting in chronic pain, fatigue and reduced mobility.
10. **Chronic and neurological conditions:** UK Biobank data indicates ex-servicewomen are more likely to experience migraines (6.8% vs 2.4%) and thyroid disorders (8.8% vs 2.5%) than ex-servicemen.
11. The risk of chronic obstructive pulmonary disease (COPD) is higher among ex-servicewomen compared to civilian women, even after adjusting for smoking and obesity (adjusted odds ratio [aOR]: 1.79).
12. **Reproductive and gender-specific health:** Scottish cohort studies found a higher prevalence of ovarian cancer among ex-servicewomen born after 1960, and breast cancer among ex-servicewomen who had served between 13-16 years.
13. 85% of ex-servicewomen interviewed reported a history of women's health conditions, including endometriosis, infertility and gynaecological cancers.
14. **Health behaviours:** UK Biobank data indicates obesity (BMI ≥30) is more prevalent in ex-servicewomen than civilian women (29.7% vs 19.3%). Ex-servicewomen also report higher rates of current or former smoking than civilian women (45.6% vs 37.3%).
15. **Functional limitations:** Many of the ex-servicewomen interviewed reported dependence on family members for care, inability to work full-time, and significant financial strain due to health-related costs.
16. **Mental health intersection:** Interviews indicate that physical health issues frequently intersect with mental health challenges, including depression, anxiety and social isolation.

Key findings: Barriers to healthcare access

17. **Transition challenges:** Many of the ex-servicewomen interviewed experienced delays and loss of medical records when transferring from MOD to NHS care, resulting in care gaps.
18. **Primary and secondary care:** Barriers to care include long waiting times, lack of continuity of care, and limited practitioner awareness of military and female-specific health needs.
19. **Veteran-specific services:** NHS 'veteran friendly' accreditation was perceived as symbolic by some, with little practical impact on care. There was limited awareness of and access to veteran-specific healthcare pathways; eligibility confusion; and long waits within veteran-specific services.
20. **Charity and peer support:** Ex-servicewomen reported a lack of awareness of appropriate charitable support, perceived stigma associated with help-seeking, and the male-oriented nature of many services.
21. **Legacy of military cultural factors:** Ex-servicewomen reported that military norms of self-reliance and stigma around 'going sick' delay help-seeking. Pressure to 'prove themselves' physically as women during service leads to overexertion and increased injury risk, and some continued to push physical boundaries post-service. The inability to be physically active because of poor health impacts identity post-service, which in turn affects well-being. Negative in-service experiences of accessing support for physical health lessened some participants' willingness to access healthcare support post-service, including particular challenges related to female-specific health conditions (due to a lack of understanding of women's health, dismissive attitudes, and disjointed defence medical service and NHS care).

Key policy recommendations

Recommendations		Responsibility
Improve awareness and communication	Launch targeted campaigns to increase recognition of ex-servicewomen's needs among the public and healthcare professionals.	OVA, NHS, Third sector
	Ensure all communications and resources use inclusive language (e.g. 'ex-service', 'ex-military') to reach those who may not identify as 'veterans.'	MOD, OVA, NHS, Third sector
	Develop and maintain a central, user-friendly directory of statutory and charitable support, with clear eligibility criteria and gender-specific information.	OVA
Enhance training for healthcare professionals	Mandate and regularly update training for NHS and MOD health workers on ex-servicewomen's physical health needs, including gender-specific risks and referral pathways.	NHS, MOD
	Address stereotypes about veterans and ensure practitioners routinely ask women about military service.	OVA, NHS, Third sector
Support during transition	Urgently improve the transfer of medical records from MOD to NHS, including full digitisation and compatibility between systems.	MOD, NHS
	Provide comprehensive health checks at discharge, with specific attention to female health needs (e.g. menopause, reproductive health).	MOD
	Offer tailored transition support, including education on differences between military and civilian healthcare, and early engagement with NHS services.	MOD
Address specific health risks	Develop protocols for early screening and management of osteoarthritis, obesity, and smoking among ex-servicewomen.	MOD, NHS, OVA
	Implement gender-informed smoking cessation and weight management programmes, with ongoing monitoring and evaluation.	MOD, NHS, Third sector
	Integrate data systems to track long-term health outcomes and inform targeted interventions.	MOD, NHS
Evaluate and improve services	Independently evaluate veteran-focused NHS initiatives (e.g. Veteran-friendly GPs) for their effectiveness in meeting ex-servicewomen's needs.	NHS
	Review and standardise protocols for identifying and recording veteran status across all healthcare settings.	NHS
	Assess and adapt physiotherapy, art, and sport-based programmes to ensure they are accessible and effective for ex-servicewomen.	NHS, Third sector
Advance research and data collection	Prioritise longitudinal research on the long-term health outcomes of ex-servicewomen, including reproductive health and the intersection of gender, race and ethnicity, and service role.	MOD, OVA, NHS, Academia
	Ensure sufficient representation of women in all veteran health research and data collection.	MOD, OVA, NHS, Academia

Conclusion

UK ex-servicewomen face unique, complex health challenges that require targeted, gender-sensitive policy and service responses. By implementing these recommendations, MOD, OVA, NHS and third sector policymakers can ensure that ex-servicewomen receive equitable, high-quality healthcare and support, closing longstanding gaps and improving outcomes for this underserved population.

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