

SALUTE HER

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2019

NO MAN'S LAND



**RESEARCH STUDY TO EXPLORE THE
EXPERIENCE & NEEDS OF WOMEN VETERANS
IN THE UK**

Paula Edwards
Tony Wright

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Acknowledgements

The title of this report derives from a quote given by a woman veteran involved in this research. She said:

‘Leaving the military was like stepping into No Man’s Land.’

This ‘grass roots’ research project aims to raise the profile and celebrate the contribution of women in the Armed Forces, past and present. In 2016, the then Prime Minister David Cameron confirmed that women would now be able to serve in close combat roles in operational tours across the globe. Women serving in the British Army are now able to transfer into infantry roles. They have, however, served alongside their male counterparts in a vast array of occupations since World War Two and more recently in Iraq and Afghanistan.

Forward Assist established a gender-specific service for women veterans several years ago as many were returning from Iraq and Afghanistan with diagnosed Post Traumatic Stress Disorder (PTSD). In 2017, we formalised the support provided to women veterans by establishing the ‘Salute Her’ research collaborative. Through consultation and peer-led support groups and activities we have been able to design a service that is both needs-led and person-centered. For the first time, women from all three services have been given a voice so that they no longer remain a hidden population within the military veteran community.

Privileged Access Researchers: Lisa Gordon, Angela Lee, Sarah Church, Justine Torrance, Steph Pringle, Sam Robeson, Sarah Couley, Sue Matthews-Martin. Other researchers requested to remain anonymous.

Hannah Graham (Administrative assistance)

Paula Edwards

‘Salute Her’ Project Lead

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Section One: Background and Methodology

‘War is not only a man’s business. Nevertheless, men always forget, once wars are over, the key role women played in conflict.’

(Women at War 2015)

1.1 Who We Are

Forward Assist is based in the North East of England. The charity offers practical support and guidance to former service personnel of all ages as they adapt to civilian life. Forward Assist promotes community involvement outreach and engagement in ‘civic service’ projects that benefit both the individual and the wider community. The charity offers mental health support, life coaching, employment advice, vocational skills training and volunteering opportunities. All activities are designed to improve mental wellbeing, physical health and reduce social isolation and loneliness. Forward Assist has two full-time staff, two part-time and 30 active volunteers, each of whom brings a wealth of experience to the team.

Forward Assist recognises that women veterans are a hidden population and has campaigned for gender-specific mental health services to address this unmet need. In 2017, the charity was awarded funding by the Department of Media Sport and Culture (DCMS) to develop a specific service for women veterans. ‘Salute Her’ came into being in January 2018 and has, via a series of consultation groups, identified significant gaps in the services available to women veterans. In response, we have endeavoured to fill those gaps.

Paula Edwards is a qualified Mental Health Therapist and ‘Salute Her’ project lead. She has identified and engaged with a core group of 200 women veterans. Through direct consultation with this cohort, we are confident that we are in the early stages of developing a service that is fit for purpose. Over 36 months, we have facilitated numerous women only group activities and one-to-one consultation sessions. These include residential retreats and training in ethnographic research techniques.

There is a paucity of research into the lived experience of women veterans in the UK. The women veterans we interviewed made it very clear that they have different wants and needs to their male counterparts.

This report presents the findings of our research study carried out between January 2018 and March 2019.

1.2 Women Veterans - A Hidden Population.

- Women service personnel make up approximately 11% of the British Armed Forces (iNews 2019).
- Women veterans are a hidden population within the civilian community.
- Historically, they have been neglected by politicians, community support services and the service charity sector. The services that currently exist are specifically designed for men.
- There has never been a national mapping exercise to find out what happens to women veterans after service.
- Between October 2015 and September 2016, a total of 6,115 armed services personnel – 1,188 of them women - received an MOD mental health disorder assessment (this does not include all of those that sought help elsewhere) (Parliament UK 2019).
- Women in the British Army have been found to be up to seven times more likely than men to suffer from musculoskeletal injuries, even if they have 'the same aerobic fitness and strength'. They are ten times more likely than men to suffer from hip and pelvic stress fractures (Criado Perez 2019).
- The 2015 British Army 'Speak Out' report on sexual harassment⁶ found that nearly 4 out of 10 women serving had received unwanted comments or been exposed to material of a sexual nature.
- Between July and December 2015, 1,439 members of the armed forces – 40 of them women - went to prison (Houses of Parliament 2017).
- US studies show that female veterans are 2 to 3 times more likely than the general female population to take their own lives (Hoffmire and Dennison 2018).
- In February 2019, in response to a parliamentary question raised by Emma Lewell-Buck MP regarding what gender-specific support on (a) employment and (b) mental health, women service personnel receive when leaving the Armed Forces, Tobias Ellwood MP, then Secretary of State Defence, stated that no gender-specific support on employment or mental health is provided to female service personnel when they are leaving the Armed Forces.
- In April 2019 the MOD 'Report on Inappropriate Behaviour' was commissioned after allegations surfaced of a sexual assault⁵ against a teenage female soldier. The report made 36 recommendations to stop inappropriate behaviour and recognised the need to improve the complaints system and processes. These have not been wholly implemented.

1.3 Aims and Objectives

The overall aim of this ethnographic study was to obtain detailed information that illustrated the lived experience of women veterans. The women involved were keen to influence the future development of services that could meet the multiple and complex needs of women veterans during and after military service.

The aim is to empower women veterans and give them a voice by which they can share their experiences, whilst generating a meaningful discussion around service improvement. It recommends the implementation of practical solutions to improve health and social care support after military service, system change within the military and a rigorous review of current practice in response to complaints and investigations.

1.4 Research Methodology

The methodology employed in this research was designed specifically to access so-called hidden populations or hard to reach groups (Lambert 1990). Hidden populations is an expression applied to marginalised and excluded groups, such as the homeless, criminal and deviant populations, sex workers and heavy-end drug users.

The interviewees were all women veterans or members of the Salute Her staff team. This approach addresses the best practice guidance on needs assessment in that approaches should include 'consultation with service users and/or experts through experience'. It is also important to note that this method enables users to have a voice and is thereby consistent with the wider governmental approach to personalisation outlined in the publication *Putting People First*. This report emphasised the vital role of individuals in determining needs led, Person centred support and the need to give people greater choice, control and power over the services they receive (DH, 2008).

As the aim of this research was to represent the views and improve awareness of post service lifestyles of women veterans, the source of our information was women veterans. They are, in many ways, a marginalised and disenfranchised subgroup of civilian society. There is little if any academic research in the UK looking into their health and social welfare needs after service.

The American social scientist and early drugs researcher, Howard Becker (1967) coined the expression 'the hierarchy of credibility' to describe the ways in which 'credibility and the right to be heard are differentially distributed through the ranks of the (social) system' (Becker, p.241). It is important that we listen to the views of a highly marginalised group whose voices are almost never heard.

To say this may sound as though the research is partisan in design, however, as Becker suggests one can never avoid taking sides in research. The point is that the experiences, lifestyles and behaviours of a hidden group who sit at the very bottom of our society's social hierarchy and hierarchy of beliefs need to be represented in as accurate and undistorted way as possible.

The beneficiaries of this approach are not only the commissioners or service providers, but more importantly, the users who benefit both from their involvement in the research and any developments it may help shape.

The methodology employed here builds on earlier studies carried out via 'privileged access interviewing' or 'indigenous fieldwork' (Griffiths et al., 1993; Parker and Bottomley, 1996). Interviewers were required to work through social networks, interviewing peers using the survey questionnaire they helped design. The questions vary between closed questions with tick box or 'yes' or 'no' answers that can be easily quantified, and more open-ended ones to elicit qualitative data, dependent on the aims and objectives of the research. Snowball sampling was used during this research and the interviewers continued until they exhausted their contacts (Hendricks, Blanken and Adriaans, 1992, Faugier and Sargeant, 1997, Avico et al, 1998).

There have also been some attempts in studies employing a snowballing technique to increase the reliability by trying to ensure that the sample size is representative of the population in question (Van Meter, 1990). Of course, the appropriate number will vary depending on the population and estimates of the number of women transitioning from military service to civilian life are notoriously difficult estimate. For this study, as is often the case for many studies, the sample size has been somewhat dictated by budget. However, we have generally found across a number of these studies that a sample size of around 100 begins to reach saturation in terms of emergent themes. The overall sample size for this study was 100.

If carefully and sensitively managed, privileged access interviewing is a powerful research tool for studying hidden populations such as women veterans. It allows researchers to access groups whose existence is hidden from official view and, because it relies on members of the population interviewing other members of that population, we believe it offers a way of overcoming the fact that women veterans self-report data can be subject to interviewer bias effects. It can overcome the fact that, as John Davies has demonstrated (1987), drug users will present themselves in markedly different ways to professional interviewers than they will to peer researchers/interviewers. In talking to their peers, it is much harder for users to either exaggerate or minimise their experiences of transition and associated trauma.

1.5 The Process

Forward Assist partnered with Baseline Research and Development Ltd (recognised specialists in the study of hidden populations and hard to reach groups). Together we developed a short 6 session training course designed to help women veteran researchers gain the skills and knowledge needed to be able to take an active and meaningful part in the project. We recruited 10 women veterans interested in taking part in the course and in each session, we discussed their experiences before, during and after military service.

Regular meetings enabled the research group to develop a working tool that incorporated questions to facilitate the semi-structured interview process. Once each veteran was trained in basic interviewing techniques, the group adopted a snowball sampling technique, where the pool of initial participants identified further participants to interview through their social networks. The women veterans agreed to interview ten participants each, taking the sample size to 100 which we believe to be the largest sample of women veterans ever questioned in a study of this type.

Following the collection of the data, statistics were generated, and a thematic analysis conducted on qualitative data. Thematic analysis (TA) is a method of data analysis which identifies themes within literature (Braun and Clarke 2013). The analysis took an inductive method where literature drove the codes and themes rather than pre-defined concepts of researchers. Two researchers coded the emerging themes by annotating the text to avoid bias and improve reliability (Guest, MacQueen and Namey 2012). These enabled researchers to determine similarities between participants' responses and support an accurate representation of the data.

Section Two: Findings

2.1 Demographics

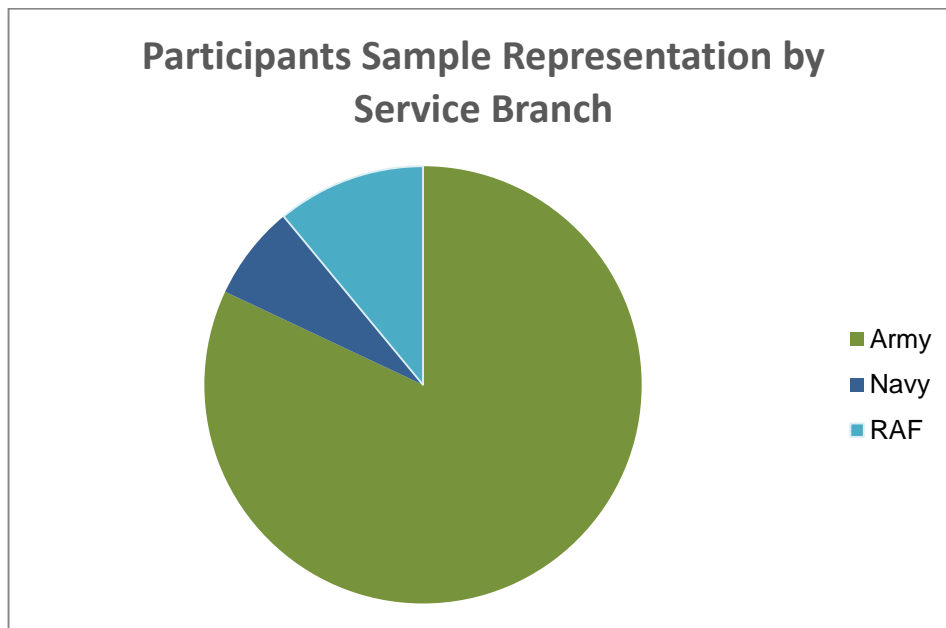
One hundred women veterans were interviewed and asked about their experiences before, during and after military service.

The women interviewed varied in age as can be seen from the figures below with the majority (82%) serving in the British Army:

Table One

Age	%
29 – 40	49
41 – 50	28
51 – 60	16
61 – 72	7

Figure One



- 64 % of the women interviewed had served at least 5 years.
- 42% were married at the time of the interview.
- 37% had children at school.
- 66% of women were in employment at time of interview.

Table Two

Years of service	%
1-3	15%
3-5	21%
5-10	26%
10+	38%

2.2 Before Military Service

As of January 2019, the British Armed Forces had a combined strength of approximately 190,750 UK service personnel. Of those, approximately 11% are female. Very little research has been carried out on why women decide to serve in the military. The 'Salute Her' ethnographic research team were honoured to interview 100 women veterans as part of this enquiry.

'The career appealed to me. I am very sporty and wanted to do something challenging and adventurous'

'My dad's brother had served in the RAF and had fond memories'

'I wanted to travel and see the world'

'Thought I would give the Army a crack- it was better than being unemployed or being like some of my friends and getting pregnant before I even started to live my life'

I was fed up with the direction my life was heading, and I wanted more from life - excitement and to travel'

'I'd just finished university and had no issues'

'Had no job and a friend joined and they liked it so I thought I would give it a try'

The researchers found that 20% of the women interviewed had been in local authority care as children. Others came from a military family, so it was seen as 'rite of passage' to do their duty and serve their country. Over half of the women stated that the main reason they joined the Armed Forces was to escape an abusive home environment.

'I wanted a better life. I lived on a shitty rough council estate and wanted to get away from my mum who smoked cannabis all the time'

'I wanted to leave home due to abuse (sexual). I was being abused by my uncle – no one believed me'

'Parents were separated and going through a messy divorce. I didn't get on with my mum and younger sister'

'Struggled at school, didn't have many friends, and didn't have much money. Other kids took the mickey'

Yet others had a happy and stable upbringing and the chance to join the military was a career choice.

'I lived at home, had a very happy family life. My family were very supportive'

'Lived next door to a woman who had served in the Auxiliary Territorial Service (ATS) who told me amazing stories'

'Family life was OK-we didn't have much money, but I was loved'

'Lived in an area surrounded by Armed Forces'

'I was brought up a 'Pad Brat' and wanted to join up once I was old enough'

2.3 Experience Whilst Serving

The women veterans interviewed reported that they were proud to serve their country. Many described the military community as an extended family, a family that went to the gym together, shared meals together, worked together, laughed together.

'Being in the forces was what I always wanted to do'

'The military is one big family and very supportive at times'

'Loved it, very proud, got to travel, fantastic, hugely empowering'

'I felt like I was making history; great experience'

'I learnt more in the army than I did at school – I learnt to look after myself'

'Made some great friends - like I was part of a team'

This is in stark contrast to other women veterans interviewed who reported feeling undervalued and unappreciated and having to work twice as hard as others just to prove themselves. This group purported that they never felt accepted into a predominantly male-centric world and were often made to feel like outsiders or 'under the microscope' and micro-managed. This not surprisingly, led to many feeling undervalued, lonely, isolated and homesick.

'Second class citizen, had to work harder and prove myself'

'Undervalued and not taken seriously'

'I was homesick and questioned myself if I should leave eventually settled but it took a lot of time and heartache'

'Hard to be accepted until they got to know you' (Reservist)

During service, 85% of those interviewed described being treated differently to their male counterparts.

'It felt like being a woman was holding me back'

'All groups are male dominated and do not accept women'

One woman veteran recalled been told:

'I would rather promote 10 blokes to 1 woman. They just can't do the work'

73% of the women interviewed, reported witnessing and indeed, experiencing sexual discrimination whilst serving. Name calling and verbal harassment from colleagues was frequently minimised and classed as military banter.

'Needed to be one of the lads in the Mess'

'Being with other women helped me adapt to the culture'

'Men would make jokes about us all the time, asking if we were on our 'blob''

'Felt like an outsider not equal'

'Got jip for being a woman but it was mainly banter'

'In the early days I was bullied and sexually harassed'

We know that veterans and military personnel can experience higher rates of trauma exposure in comparison to the general population. There is increasing evidence that those with multiple adverse childhood experiences are more susceptible to the impact of traumatic events in adult life. A lack of emotional resilience to overcome significant life events can lead some to experience significant difficulties during their transition back to civilian life.

'I was broken before I joined - this just broke me in a different way'

Samele (2013) reported that only 13% of UK military personnel access mental health support whilst serving.

'I didn't get the help I needed, when I needed it most, I now struggle to trust anyone'

Women veterans involved in this study reported that they were reluctant to complain about harassment, bullying and inappropriate behaviour during service as they were fearful that they would not be believed, blamed or feared the ramifications for their careers and friendships.

'Didn't think I would be believed'

'I was not believed when I reported emotional physical and sexual assault'

'In the USA, it is estimated that there were nearly 15,000 cases of sexual violence in the military during 2016 and over half of those who reported these incidents experienced retaliation.'

(Hendricks Thomas and Hunter 2019)

'If you reported anything your life would be made a misery: instructors and officers would side with each other'

'People I worked with didn't want to upset the status quo'

'Speaking out makes matters worse'

'Fear of not being promoted'

'Blanket punishments meted out – women instructors were very harsh'

'I always witnessed instructors brutally picking on recruits. It's not fair when you already feel damaged'

'Deepcut was a brutal, horrible nightmare that lasted a long time'

Of the women interviewed, 26% reported being physically assaulted whilst serving.

- A further 52% of those interviewed reported they had been sexually assaulted whilst serving in the military.
- Nearly half, 49%, reported they had suffered emotional trauma.
- Two thirds, 66%, reported that they had personal experience of being bullied whilst serving.
- Despite over three quarters of the sample claiming to have experienced or witnessed the traumas referenced in figure 2, only 25 individuals reported this at the time. Only 11 of the interviewees felt that although safeguarding procedures were in place they were not adhered to and did not promote the interests of the victim.

'Bullying is part of the Army'

'Often scared when the men got drunk'

'I just took all the bullying on the chin it's all I could do'

'Told to buck my ideas up or I would be gone'

'No one stops what is happening... if reported / evidence disappeared'

'Placed on watch list and posted elsewhere after domestic violence'

'Sexual Assault reported: RMP said not enough evidence to pursue'

'Wasn't offered help/support to deal with relevant trauma'

'Seen as a weak character to request help for rape⁴ and combat trauma'

'Physical, emotional, bullying trauma: reported and told not to report it'

'Could talk to other women we kept each other safe'

'Women always helped each other'

'Complaint passed up chain of command and person bullying was reprimanded and left me alone'

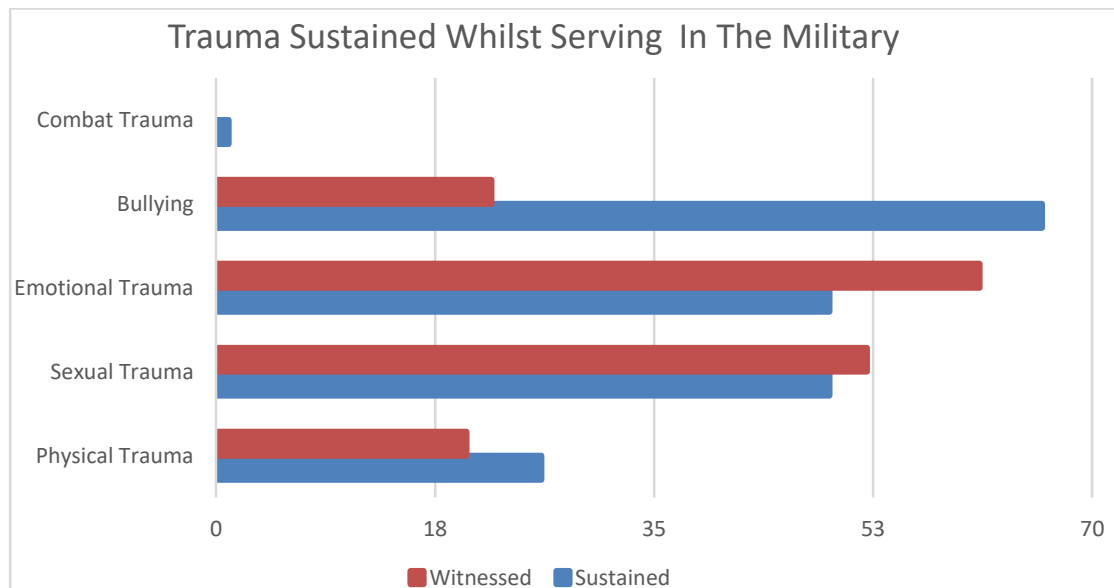
'Work colleagues and friends had my back'

Perpetrator was charged - outcome prison sentence - offered help and support'

'I would stand up for those who were too scared to stand up for themselves'

'I suffered a miscarriage and needed surgery. My husband was on tour. It was not deemed urgent enough'

Figure Two



'No such thing as safeguarding, you kept your mouth shut. You were never told who you could talk to or who would speak to you'

'I have been raped on several occasions, I have tried to end my life and when I reported it. It was their word against mine, the case was dismissed'

'The Military Police got involved, carried out an investigation. I had been sexually assaulted and told to drop the case'

2.5 Military Sexual Trauma (MST)

Military sexual trauma (MST) has been defined as sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator'.

Although sexual assault in any environment can be associated with detrimental effects, one can hypothesize that the consequences of MST may differ from non-military sexual assault in some important ways, resulting in more severe physical and mental health consequences. The female veteran may be required to continue working with his or her perpetrator, which is less likely to occur in many civilian situations. Although today's military is an all-volunteer force, military personnel are not considered to be volunteers in the usual sense of the word. They are unable to leave their duty stations without permission and they are subject to disciplinary action, including court-martial, if they attempt to leave. Consequently, military personnel who are sexually assaulted are unable to transfer to another duty station easily or quit their jobs. Because of this, they are often forced to have repeated contact with their perpetrator. This is not the case in the civilian work environment. The unit cohesion that usually provides a protective barrier in the military setting may not be available to a military person who has been assaulted by another member of the unit. It has been hypothesized that such unique aspects of the military system might intensify the severity of symptoms seen after sexual assault, especially given that military personnel may be under conditions of chronic stress and have less time to seek treatment and/or social support.

(Frayne et al. 1999)

2.6 Transitional Support

There are many reasons individuals decide to leave the Armed Forces. Some are discharged on medical grounds. Some leave as a result of dishonourable conduct or because they want to settle down, start a family or pursue another career. Whatever the reason, many women veterans reported that the transition service that is currently in place is not, in their opinion, 'fit for purpose'.

'I was lucky I had a good resettlement package and already owned my own home'

'Had enough; wasn't enjoying it anymore so left'

'Formal resettlement; little help as didn't map future pathway'

'Got nothing but a travel warrant and my Red Book'

Over 60% of the interviewees felt that they had received little support or preparation for life as a civilian. The advice that was available on employment, applying for housing, managing finances, accessing healthcare and adjusting to life after service was inadequate.

'Careers office interview was ineffective and lacked focus: all aimed at soldiers with rank and just a website of job opportunities'

'Got more help after I left from 'civvies', family and friends'

'Some resettlement advice offered: not adequate'

'I was offered help but refused it' (discharged due to mental health)

The women veterans stated that the resettlement courses offered by the Career Transition Partnership (CTP) were male-centric by design with too much emphasis on vocations such as construction or security work and did not take into consideration the needs of single women with childcare responsibilities.

'Offered vocational courses; bricklaying, tiling, painting and decorating'

'They don't care about employment opportunities for wives or husbands of serving soldiers'

'I had very little effective support; it was all geared towards men. The Army made no effort to contact future employers, the help was non-existent'

They reported that exit interviews were focused predominantly on the reason given for wanting to leave the Armed Forces and not on the difficulties they may face around adjustment, employment and assimilation. Many felt unprepared for the transition to civilian life. The women veterans reported feeling abandoned by the military and having to figure everything out in isolation.

'The formal resettlement pathway did little to assist me it offered no help whatsoever'

'I was too ill to take advantage of courses and it is all aimed at people who want to work full-time: I can't but have no desire to be on benefits.'

'I was just dumped when I was at my weakest'

'Left with little money and personal belongings and had to arrange own transport'

Many of the women interviewed struggled to find employment after military service. Many stated that poor mental health impacted on their ability to stay in continuous employment.

'Hated my life; nothing to do, locked myself away... isolated ...left behind'

58% of respondents reported that they would have benefited from accessing mental health support during service.

'I got no help; they did not help me one bit'

'Shit... I wish I'd never joined up'

The stigma associated with poor mental health appeared to be a barrier for the women veterans seeking help. Many of the interviewees stated that they would try to manage their problems on their own until they got 'so bad' they had no other choice but to seek help or where referred by concerned partners.

Wood, Cotterill and Cronin-Davis (2017) argue that the very ethos and culture of the Armed Forces is often a barrier to veterans seeking help as it is dismissive of emotion and feeling.

'For many the transition back to civilian life is a challenging and sometimes lengthy process. Those who have deployed overseas or spent a substantial amount of time in the military may even deal with 'reverse culture shock' – that is, upon return, their home culture can feel distant and disorienting'

(Shay et al. 2012)

One of the veterans described her experience of returning to 'Civvy Street' as traumatic. She found the combination of trying to cope with unresolved trauma whilst adjusting to life as a civilian too much to deal with.

'I felt like I had been abducted by the civilian world'

Women veterans involved in this research expressed little understanding of or awareness of the limited mental health services available to them to address trauma and in many instances did not understand the terminology used by mental health professionals when they did see them. Many wanted to access 'talking therapies' and counselling for symptoms such as depression or anxiety but were routinely told that anti-depressant medication was the only option available to them.

Women veterans felt that they were at a socio-economic disadvantage compared to their male counterparts when it came to seeking mental health support as they are

more likely to be unemployed, underemployed or restricted from accessing residential type support from service charities due to childcare commitments or lack of recognition.

44% reported being unemployed for long periods of time.

Trauma relating to combat situations is not the only trauma sustained in the military. Alongside the bullying behaviours that are brushed off as 'banter', veterans have reported experiencing and witnessing sexual discrimination, domestic violence, sexual assault within the ranks, insulting sexual comments and the stress of having to deal with unwanted sexual advances.

Some women reported that they were offered the choice of leaving the service or terminating the pregnancy upon disclosure. Others stated that, in the past, their sexuality was a reason for discharge.

'Discharged for being gay: made to feel dirty, embarrassed and ruined dream of having a great career'

'Pregnant; told 'get rid or get out'... abortion and felt guilty'

'Forced into abortion: told I would be discharged if not'

'Discharged due to sexual orientation'

Experiencing such trauma can lead to the development of poor coping mechanisms such as self-harm, substance misuse and other risk-taking behaviours (Cogan 2014).

'I have tried to take my life on many occasions due to what happened to me'

Section 3: Conclusion and Recommendations

This study has provided a good insight into the lived experience of women veterans. Services currently on offer are male-centric in nature and do not take into consideration gender-specific differences or needs. The British Armed Forces have traditionally recruited from areas of multiple deprivation and many of those recruits may already have personal childhood experience of neglect and/or physical and emotional abuse.

Many of the women veterans interviewed acknowledged that they have continued to suffer from poor mental health after leaving the services and direct experience of abuse and neglect in their childhood. Many reported being re-traumatised as a direct result of their experiences during military service and the lack of recognition of their service and sacrifice.

'Women who served aren't seen as veterans'

In the USA, research into both male and females with prior history of 'unwanted sexual contact' (Sexual Assault) prior to entering the military, revealed that they were 3-5 times more likely to be sexual assault victims when serving. Approximately 85% of sexual assaults in the US among female service members occur in the first two years of military service. It is no surprise therefore; that the trauma of sexual assaults that occurred while the service member was in the military interferes with a successful transition back to civilian life.

(Castro 2018)

Alarming, over half the sample reported that they had experienced Military Sexual Trauma whilst serving.

There is currently no gender-specific support on employment or mental health provided to female service personnel when they are leaving the Armed Forces, other than that provided by Regimental Associations.

The Armed Forces Covenant (Ministry of Defence 2016) defines a relationship between the Government, Nation and Armed Forces. It stipulates that military personnel and their families receive timely, effective and consistent access to support services during and post-military service.

This study's findings suggest that this is not the case for women veterans. The Forces in Mind Trust (2019) Impact Report called for more effective promotion of the benefits of signing the Armed Forces Covenant in order to rectify the deficit and provide access to support through public and voluntary sector support.

The Transition from War Report (2019) calls for outreach programs to address social exclusion in the veteran community. No action has yet been taken to meet these recommendations. However, the NHS Long Term Plan (NHS 2019) has promised to provide more integrated primary care within the next five years through the generation of a Veteran's Accreditation Scheme in partnership with the Royal College of GPs, and to expand access to specialist complex treatment services by 2023-24.

The women veterans involved in this research project made the point that in some circumstances, it is not appropriate to have men providing services to women as it can be intimidating and re-traumatising - more so for those that had previous experience of abuse and trauma.

- All of the women veterans taking part in this research acknowledged the need for a gender-specific service.
- 75% of the women veterans taking part in this research said they would like to see a support service that provided advocacy, information, advice and guidance to meet lifelong need.

3.1 Observations and Recommendations

We offer the following 5 observations and 17 recommendations for service providers and commissioners of Military Service charities:

1. Although women veterans dislike the term veteran, we use it here for the sake of convenience. However, a new, more acceptable expression should be sought.
2. Create a Women Veterans' Department in the newly established Office for Veterans' Affairs (OFV).
3. Women veterans need a single point of contact in the OFV to champion and promote their needs and provide them with cross-party political support so that their service and contribution can be both recognised and celebrated.
4. The development of a national tri-service peer-support network for women veterans could help reduce social isolation and address the hidden population phenomenon.
5. OFV should assist in the design of gender specific services for women veterans and help identify women veterans living in the community, whilst proactively targeting them with information on specialist support services, entitlements, employment opportunities, health information and benefits.
6. Women veterans report that they do not seek services as soon as they are needed. Conversely when they do need support, they need to access services immediately.
7. Women's unique experiences transitioning from the military to civilian life are different to those of men. This fact must be recognised in order to design services that are fit for purpose.
8. The civilian community has difficulty recognising women as veterans. This often leads to women veterans becoming depressed, isolated, disconnected from services and angry that their personal service goes unrecognised.
9. Few services, if any, are available specifically for women veterans, especially

those with children.

10. Military Sexual Trauma (MST) should be acknowledged and screened for and specialist services and guidelines designed and made available to those in need of support.
11. Adopt and roll out a version of the US Army's Sexual Harassment/Assault Response and Prevention programme (SHARP) which was designed to prevent sexual harassment and sexual assaults before they occur; by changing the culture and offering thorough investigation, prosecution, protection for the victim and victim care support.
12. The military has a legal and moral responsibility to create a culture in which women are treated as equals and service personnel treat one another with respect. Regular training programmes that endeavour to empower the 'bystander' to intervene and encourage reporting, would work well if delivered at the same time as training designed to address sexual harassment both on and off-duty.
13. Greater understanding and awareness of the impact MST can have on the mental health and wellbeing of both male and female veterans during and after service.
14. The military can currently decide whether to have military or civilian police deal with cases of sexual assault, exposure or voyeurism; rape is not included in the definition of 'very serious crime' which must be automatically referred to civilian authorities for investigation. (Bolt, Burdon and Kemp 2019) This needs to change.
15. The introduction of an independent and robust reporting system for women veterans who wish to report historical abuse.
16. Collaborative investigations between civilian and military police forces should be actively encouraged.
17. Create a single point of contact within the Criminal Justice System to identify women veterans subject to community-based Court Orders and those in custody.
18. Action all the 36 recommendations in 2019 MOD 'Inappropriate Behaviour Report' with immediate effect.
19. The introduction of an individualised needs assessment at point of transition for women leaving the military, including how and where to access confidential person-centred support and trauma-informed therapy in the civilian community.
20. Design and deliver specialist 'appropriate behaviour' training for military charities, veterans and serving service personnel on the specific issues affecting women veterans.
21. The development of a gender-specific Healthcare and Wellbeing Centre of Excellence.
22. The MOD should offer in-depth psychological screening for individuals prior to joining and when leaving the Armed Forces, especially those that may have Adverse Childhood Experiences (ACE).

Section 4: Appendix

4.1 Case Study

The case study participant is a veteran in her late thirties, using the pseudonym M. She is a widow and lives alone in privately rented accommodation. M has been employed for short periods of time with long breaks in-between. At present M feels extremely unhappy with the way her life is going and often feels suicidal. She has self-harmed and has been diagnosed with Post Traumatic Stress Disorder (PTSD). M describes having been passed from pillar to post by various mental health services. On one occasion she had to wait two years before she received any help and has been unable to find anything that has helped her with her issues.

M joined the military one year after leaving Sixth Form College; she had left the education system with above average grades in GCSEs. She served five years in the Royal Navy as a Medical Assistant.

'My Dad had served in the Army; it was something I always wanted to do. My Dad advised me early on to join the RAF or the Navy as it was a better life. I wanted to get away from home, I was bullied at school and home by my sister. If I tried to defend myself, I would get a battering from my parents, my sister had them wrapped around her little finger'

M found that she could adapt to the military culture easily due to her upbringing. She was surprised that so many women came from broken homes.

'I fitted in easily with others; I was surprised at how many had come from a tough childhood. Maybe that's why we all got on so well'

M described how women were treated whilst serving.

'Women are treated like second class citizens. You get grief because you are women and you don't get given the same opportunities that men get. We are not good enough and get a really tough time because of our gender. We are still not welcome'

Whilst in basic training M reports that she was raped by a male counterpart. She confided in a friend who suggested going to see the chaplain who escalated it up the chain of command. M was then sent to a military medical centre for a full rape examination.

'I eventually dropped the case. I was getting too much grief. I felt like everyone thought I was making it up. I felt judged and worse, that I was the criminal not my assailant'

While M was in service, she needed welfare support.

'I needed a mental health nurse. I was referred by a military doctor after being raped. I was dealing with work and everything else - it was too much. I was given one week's compassionate leave when the incident occurred. It was not enough'

After few months M realised, she was pregnant as a result of the rape.

'I was offered pre-voluntary discharge due to pregnancy. I found out I was pregnant, had a meeting on the Monday and was discharged by the Wednesday. Just like that...gone without so much as a goodbye, thank you for your service. All that time gone with no help. I left broken'

M made the point that women veterans don't identify with the term 'veteran' and that, because of this, women are often forgotten about and not given the same respect accorded their male counterparts. M would like more emphasis placed on women veterans and recognition for their service.

'There needs to be better preparation for all veterans regardless of why they left. I don't want to attend mixed groups - being next to men scares me and induces panic. I want to feel empowered as a woman, not weak or a victim. I think a service ran by women for women would give vulnerable women a choice. For those of us who have been raped, having choice is extremely important'

4.2 Thematic Analysis

Theme	Sub-theme	Description
Personal history	Poor job prospects	Coming from areas where there were not many job options.
	Deprived area	An area which is mainly working class, many people are on low income or benefits.
	Escape abuse	Joining the Armed Forces to stop or escape abuse from family members or close family friends.
	Military family	Being a member of a family where predecessors have been in the military and it is expected they join as well.
	Travel and adventure	Wanting to move away from home, travel the world and experience excitement and adventure.
Military Service Experience	Lonely and homesick	Feeling unable to socialise or make friends easily leading to loneliness and feeling homesick.
	Man's world	Feeling they had to prove they were capable or working twice as hard as male counterparts simply because of their gender.
	'Banter'	Derogatory terms used to describe female service personnel was just banter
	Undervalued	Work put in by women service personnel not taken seriously.

	Feeling like an outsider	Male-centric culture that does not accept women easily – not one of the lads.
	Vital part of the military	'Felt like I was making history – a great experience'.
Trauma	Bullying 'banter'	Being verbally bullied for being a woman and having it brushed off as banter.
	Sexual harassment	Expecting sexual favours in return for promotion/keeping quiet. Unwanted sexual advances. Slapping, pinching, grabbing bottom etc.
	Domestic Violence	Physical, psychological or financial abuse from military spouse or partner.
	Rape	Intentionally penetrates a vagina, mouth or anus with a penis without consent.
	Miscarriage / abortion	Unexpected end to a pregnancy. / Termination of pregnancy.
	Sexual discrimination	Being passed over for an opportunity or promotion due to gender.
	Forced Medical Treatment	Requiring women to take the contraceptive pill in order to be in the Armed Forces. Lack of sanitary products provided on military exercises.
	Combat	Experiencing combat situations which are difficult to process.
	Manipulation	Being coerced into doing or not doing something with the promise of something the individual wants – i.e. promotion.

Barriers to seeking help	Scared of ramifications	Not wanting to get in trouble, be kicked out of the forces or cause breakdown in camaraderie with peers.
	Feeling inadequate	Not feeling worthy of support or wanting to prove that support is not required to avoid feeling like less of a soldier.
	Didn't think I would be believed	Expecting report of trauma to be dismissed.
	Lack of trust	Not trusting that the reporting of trauma would be investigated or acted upon.
	Dismissive solutions	Being advised to drop an allegation/opposed to investigating it.
	Don't want to damage career prospects	Do not want to risk being passed over for a promotion by reporting trauma.
	Being blamed	Being told something traumatic which happened is the individual's fault.
Examples of good practice	Peer support	Having other women veterans to turn to for support and advice.
	Policies and procedures followed	A report of trauma being taken seriously and the policies and procedures being in place to ensure a just outcome.

	Disciplinary action	Perpetrators being met with appropriate disciplinary action – i.e. loss of rank or criminal charges brought against them.
	Sign posting	Relevant information given about Health and Social Care services and charities which can help the individual.
	Compassionate leave	Being allowed leave to process unexpected situations.
	Person centred support	Reasonable adjustments, allowances and adaptations offered, and tailor-made for each individual.
Transition and Adjustment to civilian life	Discharge reason	Reason for discharge – i.e. dishonourable conduct, medical discharge, sexuality frowned upon , starting a family, bereavement etc.
	Not fit for purpose	Many women veterans reported that the current transition services are not fit for purpose as they do not meet their needs.
	Starting a family	No support and the impression that you cannot start a family whilst in service. Pregnancy as a result of rape swept under the carpet and forced to leave the service. No family support in place to help women parent in a positive way.
	Resettlement courses	Courses offered by CTP are generic and focused on male vocations – i.e. brick laying, painting and decorating, plumbing, woodwork etc.

	Lack of advice	Poor or no advice on applying for housing, managing finances, accessing healthcare, adjusting to living with family.
	Exit interviews	Exit interviews are focused on why the individual wants to leave the Armed Forces or how they are unable to stay in the forces (medical discharge) rather than preparation for civilian life.
	Feeling abandoned and unprepared	Feeling like after their service the Armed Forces do not care about them, like they are left to do everything themselves and they are no longer a part of the military family.
Service improvement and recommendations	A placed dedicated to women veterans	A physical safe place providing a service that is gender specific
	Equal opportunities and entitlements	Pension entitlements and other service-related benefits to be equal across the genders.
	Better reporting systems	A safe, trusted and objective person to report to. In some instances this should be gender specific.
	Better communication	Hearing the outcomes from any complaints, reports or investigations.
	Mental Health Support	Better assessments and the ability to access person centred holistic care relevant to their needs.

	Information Advice and Guidance	Lifelong information, advice and guidance
	Awareness raising of women veteran's issues	Giving women a voice and enabling them to feel recognised as veterans.
	Women centric transition support	Transitional courses that meet the needs of women
	LGBTQ+ acceptance	Acceptance and recognition of sexuality
	Out of hours support	Ability to conduct both leisure and therapy session on a weekend/evening
	Veterans ID card	An ID card for veterans that acts as a portal to receiving information/rewards/vouchers.
	Daily living and family support	Family support to be made available along with support to live independently.

4.3 Definitions

⁴Rape is when a person uses their penis without consent to penetrate the vagina, mouth, or anus of another person. Legally, a person without a penis cannot commit rape, but a female may be guilty of rape if they assist a male perpetrator in an attack (CPSGovUK 2019).

⁵Sexual Assault is when a person is coerced or physically forced to engage against their will, or when a person, male or female, touches another person sexually without their consent. Touching can be done with any part of the body or with an object. Sexual penetration is when a person (male or female) penetrates the vagina or anus of another person with any part of their body or an object without that person's consent (CPSGovUK 2019).

⁶Sexual Harassment may be defined as 'unwanted verbal, non-verbal or physical conduct of a sexual nature which has the purpose or effect of violating the recipient's dignity, or of creating an intimidating, hostile, degrading, humiliating or offensive environment for the recipient'. People will differ in their opinions about what types of behaviour constitute sexual harassment; to reduce the potential for subjective variations in what behaviours constitute sexual harassment, participants in this study were asked about their experiences of specific sexualised behaviours rather than 'sexual harassment' as a specific issue. This enabled an estimate of prevalence based on personal experience, rather than a pre-defined definition. Sexualised behaviours were categorised as generalised or targeted: generalised behaviours relate to the culture and working environment, whilst targeted behaviours were aimed at, and specific to, an individual (Markson and Harvey 2018).

⁷Moral injury (MI) is a term that refers to the inner conflict a military service member feels when his or her sense of moral rightness is violated during war. A person may experience this inner conflict as a result of participating in or witnessing certain horrific acts, such as war atrocities. A service member may also experience moral injury if he or she is betrayed by a fellow service member (Koenig, Youssef and Pearce, 2019).

⁸Survivor's Guilt, also called survivor syndrome, is the condition of feeling guilty after surviving a situation in which others died or were harmed. Importantly, survivor's guilt often affects individuals who were themselves traumatized by the situation, and who did nothing wrong. The term was first introduced in 1961 as a way of describing the experiences of Holocaust survivors (Lim 2019).

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Contact Details

Paula Edwards

Mental Health Therapist & 'Salute Her' Project Lead

Email: paula@forward-assist.com

Mobile: 07876 787 238

Landline: 0191 2504877

Tony Wright

Registered Social Worker & CEO Forward Assist

Email: tony@forward-assist.com

Mobile: 07738 373 590

Landline: 0191 250 4877

C/O The John Willie Sams Centre

Market Street

Dudley

Northumberland

NE237HS

Stuart Honor

Director of Baseline Research & Development Ltd

Email: stuarthonor@hotmail.com

Mobile: 07780702612