

WRITTEN EVIDENCE SUBMITTED BY DR BEVERLY P BERGMAN OBE MB ChB PhD, INSTITUTE OF HEALTH AND WELLBEING, UNIVERSITY OF GLASGOW

EXECUTIVE SUMMARY

- **Introduction**

This evidence is submitted by Dr Beverly Bergman OBE, who served for some 40 years in the Armed Forces, as a doctor caring for Servicewomen and as a manager of teams which included Servicewomen. Now an academic, she runs the Scottish Veterans Health Research group at the University of Glasgow, conducting research into the long-term health of veterans in Scotland based on a large dataset comprising male and female veterans who served between 1960 and 2017 over a 37-year follow-up period.

- **Do female service personnel face unique and/or additional challenges in the armed forces?**

Female personnel form a diverse group which makes generalisation problematic, but challenges common to all female personnel, in comparison with servicemen, include differences in physical strength and performance, which may have paradoxically impacted adversely on injury risk when more physically demanding roles were opened up to women. In the past there were major inequalities, some of which originated at a policy level, such as attitudes to parenthood, but those have been largely reduced over time.

- **Why do female service personnel choose to leave the armed forces? Are the reasons different to why men leave the armed forces?**

The most important reason for female personnel leaving the Armed Forces, which is different from men, is pregnancy. Women who have only served for a short time (Early Service Leavers) may be more likely to leave for this reason than those who are further on in their careers. Their needs in transition will be different from men who leave as ESL, as they may not be able to progress directly into new employment. Access to a 'delayed' support package for them, to facilitate return to work when appropriate, would be helpful. Other women may leave because of the need to take up a family caring role; they may face an especially challenging transition.

- **How easy is it in practice for female service personnel to complain? What are the issues encouraging or hindering female personnel from complaining?**

In theory there should be no bar to women complaining, and a recent report indicates that they are disproportionately more likely to complain than men, but interpretation of the data is problematic.

- **Do female service personnel face unique and/or additional challenges during transition to civilian life?**

- **What can Government, the MoD and industry do to address these?**

The diversity of ages and career stages at which women leave the Armed Forces means that there is no straightforward answer. The general factors of recognition of prior skills and experience by potential employers, and having a positive attitude towards employment of veterans, are important. However a recent study suggests that they face additional barriers and have lower employment levels than men, and more research is needed to elucidate the reasons for this.

- **What are the issues faced by women veterans once they have left the services?**

Women will face a variety of issues on leaving the circumstances although many will be common to both genders. Childcare and family caring responsibilities may be more likely to affect women veterans, and it is possible that they are more sensitive to common civilian stereotypes and misunderstanding about veterans than are men, which could impact on their willingness to engage with veterans' services.

- **Are the needs of female veterans currently met by the available veteran services?**

There is a paucity of female-specific veterans' services in the UK, unlike the USA where there are many such organisations. That may in part be due to a perception that services should be gender-free and available to all veterans. However many women have a preference for gender-specific services, especially if they have been the victim of sexual or domestic abuse or harassment. It is likely that there is an important gap in service provision for women veterans.

1. Introduction

a. Dr Beverly Bergman, a former military GP and consultant public health physician who worked at the Army Medical Directorate and subsequently as Military Medical Liaison Officer to the Scottish Government, in the rank of Colonel, served in the Armed Forces from October 1970, initially as a reservist but from 1973 as a regular, until her retirement in March 2012. Her experience is personal as a woman with some 40 years' service in the Armed Forces, as a doctor caring for Servicewomen, as a manager of teams which included Servicewomen, and as an academic.

Since her retirement, she has been conducting a study into the long-term health outcomes experienced by veterans, both male and female, in comparison with the general population. The research has been taking place at the Institute of Health and Wellbeing, University of Glasgow, which is one of the seven Research Institutes within the College of Medical, Veterinary and Life Sciences and aims to improve population health and wellbeing and reduce inequalities in health. Her current study, funded by the Forces in Mind Trust, examines the long-term health of veterans born between 1945 and 1995 who served between 1960 and 2017, in comparison with a group of 253,000 people with no record of military service, matched for age, sex and postcode.

This response is submitted in an individual capacity and does not represent an official response on behalf of the University of Glasgow.

2. Do female service personnel face unique and/or additional challenges in the armed forces?

a. As with many other subgroups, female Service personnel are a diverse and heterogeneous group encompassing a range from those who cope well with all the challenges, to those who struggle. Those challenges range from generally having lower physical strength than men and slower run speeds, impacting on fitness tests in a world which aims to be gender-free (although now increasingly gender-fair), to physiological challenges such as coping with menstruation on exercise or operations where privacy and facilities may be problematic.

b. The challenges have changed over time, as policy, employment and the expectations of women have changed. In the 1970s and 1980s there were single-sex corps, although there was much discrimination against women, even at a policy level. For example, if married to a serving spouse and living accompanied overseas, they were not entitled to Local Overseas Allowance; a 'great advance' was considered to be the restoration of 85% of the single rate, rather than the married rate to which they should have been entitled. Diagnosis of pregnancy meant automatic discharge, although many understandably opted for termination of the pregnancy. An unmarried officer who became pregnant could find herself court-martialled for 'conduct unbecoming', or at the very least dismissed the service. Over time, those anachronisms were resolved, but not without creating other discrepancies. Substantial compensation for loss of career was subsequently paid to those who were required to leave on pregnancy, but those who made the difficult choice to give up motherhood in order to have a career were never compensated; by contrast, legal advice was that they had no case. It was not until the early 1990s that pregnancy was no longer a bar to continued service, and a cohort of older career women veterans now face a childless middle and old age.

c. The 'wider employment of women', which from the early 1990s eliminated the women-only corps and allowed women to join any cap-badge apart from the infantry, opened up many opportunities, but also brought new problems, especially in the form of increased injury rates in women as they struggled to pass the new gender-free fitness tests and adapt to new and sometimes physically demanding roles. Women loaders in the Royal Artillery, for example, were required to repeatedly lift the heavy AS90 shells. An 'injury epidemic' of musculoskeletal injuries in women ensued, resulting in many medical discharges before it was brought under control by policy change.

d. I am unable to comment on BAME personnel or reservists, as the Scottish veterans dataset does not distinguish between ethnicities, and does not include reservists. There were few women from the BAME communities serving when I worked as a military GP, and my own reserve service in the early 1970s is too long ago to have applicability.

3. Why do female service personnel choose to leave the armed forces? Are the reasons different to why men leave the armed forces?

a. My research on Scottish veterans has highlighted that a high risk group are the Early Service Leavers (ESL), whose long-term health is generally poorer than the health of those who serve for longer. An exception to this observation is seen among women ESL, where in two important areas, breast cancer and ovarian cancer, their risk is lower than for longer-serving women. As age at first pregnancy is an important determinant of risk of these diseases (with risk being lower in those who are younger at first pregnancy), it suggests that a substantial number of women ESL have left on pregnancy, rather than the disciplinary and other reasons which are more common in male ESL. Therefore the risk of the adverse mental health outcomes associated with leaving for disciplinary or substance-related reasons may be reduced in women, although our studies on mental health outcomes in women remain in progress. Whilst it has been possible to continue to serve during and after pregnancy for almost 30 years, women who are at a very early stage in their military career may be less likely to opt to do so, especially if the pregnancy was unexpected, than women whose military careers are more established and who are better able to envisage combining a military career with maternal responsibilities.

b. The implications for transition for women who leave on pregnancy are different in many important respects from the factors which impact on men in transition. Whilst both need to have access to suitable housing, women who leave on pregnancy will generally not be immediately concerned with employment or further education. The introduction of a delayed package of training and/or support may be helpful, to be taken up once the child is old enough to enter nursery. A seamless handover of their medical care is crucial, and in this respect their needs are similar to those leaving on medical discharge.

4. How easy is it in practice for female service personnel to complain? What are the issues encouraging or hindering female personnel from complaining?

a. In theory there should be no difference in the ease with which women can make a complaint. However there are recognised gender differences in complaint behaviour.¹ These include risk aversion, reduced assertiveness and a reluctance to confront people by women, together with concerns that they may not be believed. Nonetheless, data from the Service Complaints Ombudsman² shows that female personnel (and BAME) were over-represented in comparison with their representation in the Armed Forces. Interpretation of these overarching data on complaints is problematic however, without knowledge of the prevalence of the underlying issues giving rise to the complaint. Societal trends such as #Me Too may encourage people to complain who previously felt that they did not have a voice, but by contrast there may be reluctance to lodge a complaint in the close-knit environment of a military unit, notwithstanding the existence of a well-publicised complaints procedure.

5. Do female service personnel face unique and/or additional challenges during transition to civilian life?

- What can Government, the MoD and industry do to address these?

a. Much depends on the reasons for leaving the Armed Forces, and the stage of career at which the individual leaves. The ESL woman leaving the Armed Forces at age 19 will have a very different experience from my own, leaving after a full career and going into academia. Some women (perhaps more than men) will be leaving because they have caring responsibilities, eg for a sick or ageing parent, or a family member with mental health problems. They may face particular mental strain in going from a successful and active life to one which is much more constrained. For those who are leaving and going into employment, the issues are probably similar to men – recognition of prior skills and experience by potential employers, and having a positive attitude towards employment of veterans. However a recent study³ suggests that they face additional barriers and have lower employment levels than men, and more research is needed to elucidate the reasons for this.

¹ Koban-Röß, Eva, and MBA Ing Heike Sturm. *Gender Differences in Complaint Behaviour and Implications for the Complaint Management Process*. 2013.

² Service Complaints Ombudsman for the Armed Forces: Annual Report 2019.

³ Parry E, Battista V, Williams M, Robinson D, Takala H. *Female Service Leavers and Employment*. 2019.

b. For those who seek support from the Service charities, there is a perception that those organisations are more orientated towards male veterans; certainly data from Veterans First Point in Scotland supports that view with only 6% of clients being female, compared with 10% of regular Armed Forces.⁴ However overall, there is evidence that female serving and ex-Service personnel are more likely than men to seek help.^{5,6} Research is currently in progress to explore whether this reflects a genuine increase in need, or whether it can be explained by the known overall greater tendency of women to consult healthcare providers,⁷ and therefore having a lower level of hidden or unmet need than men.

6. What are the issues faced by women veterans once they have left the services?

a. Women will face a variety of issues on leaving the Services, although many will be common to both genders. Childcare and family caring responsibilities may be more likely to affect women veterans. No doubt every woman veteran will have a different story to tell. From my own experience, initially I faced suspicion from a few civilians – “You’ve been in the Army, you’ll always be shouting at us and giving orders”. That required gentle education and example. Later, I have occasionally met an attitude of incredulity – “That’s unusual, being in the Army”, followed by a few more specific questions. Again it has been an opportunity for an ‘educational’ approach, which continues to this day. I see it as a positive, and enjoy the opportunity, as I know that it reflects the reduced number of veterans in the community now, the lack of familiarity with veterans, and the emergence of inaccurate and unhelpful stereotypes. Furthermore, my work in researching veterans’ health is in part aimed at addressing myths and misconceptions about veterans and I welcome this

⁴ Fitzpatrick, LI, Prior S, Forsyth K. An evaluation of V1P centres across Scotland. 2018.

⁵ Stevelink, Sharon AM, et al. "Do serving and ex-serving personnel of the UK armed forces seek help for perceived stress, emotional or mental health problems?." *European journal of psychotraumatology* 10.1 (2019): 1556552.

⁶UK Armed Forces Mental Health:Annual Summary & Trends Over Time, 2007/08-2019/20

⁷ Wang, Yingying, et al. "Do men consult less than women? An analysis of routinely collected UK general practice data." *BMJ open* 3.8 (2013)

opportunity to contribute. It is possible that women are more sensitive to common civilian misunderstanding about veterans than are men, which in turn could impact on their willingness to admit to being a veteran and engage with veterans' services.

7. Are the needs of female veterans currently met by the available veteran services?

a. This question is in part addressed by Serials 5b and 6 above. Whilst the veterans' services welcome women just as much as men, the relative under-utilisation of their services by women suggests that this view is not shared by the veterans themselves. There are numerous organisations aimed at women veterans in the USA, for example the Center for Women Veterans (part of the Veterans Administration), National Women Veterans of America and WomenVetsUSA. The latter organisation lists around 100 organisations in the USA specifically supporting women veterans.⁸ Although there are a small number of organisations supporting women veterans in the UK such as the WRAC Association and the Military Women Programme of the Regular Forces Employment Association (RFEA), specific support for female veterans does not enjoy a high profile in the UK. That may in part be due to a perception that services should be gender-free and available to all veterans. Although that is true, it ignores the preference of many women for gender-specific services, especially if they have been the victim of sexual or domestic abuse or harassment. It is likely therefore that there is an important gap in service provision for women veterans.

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⁸ <https://www.womenvetsusa.org/benefits-services/organizations/women-veterans.php>