

## Written evidence submitted by Anglia Ruskin University (ARU) & the Cobseo Female Veterans Cluster.

### Women in the Armed Forces: From Recruitment to Civilian Life

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#### Introduction

##### 1. The Veterans and Families Institute for Military Social Research (VFI), ARU

- The VFI is a research institute within ARU that focuses on research, policy development and consultation on the impact of military service on veterans and their families.
- The VFI's mission, from its conception, has been to deliver high quality social research with military veterans and their families that is meaningful and has impact.
- The VFI has a specific research stream focused on how the experiences of women in service impact their health, well-being and help-seeking post-service.

##### 2. Cobseo Female Veteran Cluster

- In 2009 Cobseo, the Confederation of Service Charities, created a number of subject-specific Cluster Groups, with the aim of enhancing collaborative working, and to provide and action solutions to issues raised in the military, veteran and family sector. The Female Veterans Cluster Group was formed in 2019 and joins the nine established Cluster Groups (Employment; Foreign and Non-UK; Welfare, Health and Wellbeing; Housing; Research; Care; Serving Personnel; Membership; Veterans In the Criminal Justice System).
- The Cobseo Female Veterans Cluster comprises representatives from 24 different charitable organisations together with representatives from the MoD and NHS. Current participants include: ABF The Soldiers Charity, ASDIC, Blind Veterans, Cobseo Secretariat, Combat Stress, DMWS, Forward Assist, King Edward VII Hospital, Military Wives Choir, MoD - Armed Forces Covenant Team, MS Mutual Support, Naval Families Federation, NHS(E), OVA, RAFA, RBL, RBLI, RAF Families Federation, RFEA, RN Association, SSAFA, The Poppy Factory, The Warrior Programme, WRAC Association, WRNS Benevolent Trust, X-Forces.
- The needs of female veterans differ from their male counterparts as a result of: serving under different and constantly evolving and broadening terms and conditions; serving within a majority-male organisation; and physiological and psychological differences. Of particular note are the restrictions which were imposed on the continuation of service after marriage or pregnancy or on grounds of sexuality with concomitant impact on financial wellbeing, pension provision and longevity of career. In addition, terms and conditions and levels of inclusion were very different across the three Services. The RAF for example opened all roles to women in 1994 whereas the Army did not achieve full integration until 2018.

##### 3. Female veterans scoping project

- In June 2020, the Cobseo Female Veterans Cluster commissioned the VFI to undertake a scoping study into the needs of female veterans, led by Dr Lauren Godier-McBard. The study aims to

identify what we know about female veterans in the UK, identify research gaps utilising international research and prioritise activities with female veterans in the UK going forward. Funded by NHS England, there is a significant focus on health and wellbeing.

- The study has completed a systematic scoping review of the available UK research, interviews with 14 subject matter experts (SMEs) and workshops with representative groups and individuals. Findings are due to be published in a report for Cobseo in February 2021, although emerging themes and issues are outlined below.

## **Project findings**

### **4. Overview**

- The following is a summary of the findings of this project, organised into the following sections:
  - Pre-service factors
  - In-service experiences
  - Post-service outcomes

### **5. Pre-service factors**

- Very little research is available in the UK looking at the impact of pre-service factors on outcomes post-service.
- *Adverse Childhood Experiences (ACEs)* are reported to be common in a qualitative sample of 100 female veterans accessing mental health support<sup>1</sup>. ACEs are associated with leaving the military early, and with poor mental and physical health outcomes post-service<sup>2</sup>. However, gender differences in these outcomes are unclear from UK and international research.

### **6. In-service experiences**

- *Difficulty integrating into the military culture:* The limited qualitative research available in the UK<sup>1 3</sup>, MOD surveys<sup>4 5 6</sup> and SME interviews indicate that servicewomen feel they need to work twice as hard to fit into the male-dominated military environment and experience repeated male ‘banter’ directed at them due to their gender.
  - International studies reinforce the negative impact of exclusion from the male-dominated military environment and there was widespread inability to challenge sexism and discrimination when encountered.
  - Whilst such a culture exists across all services, SMEs felt it was/is far more pronounced in the Army. Additionally, it was felt that women who served prior to the 2000’s had a particularly poor experience.
- *Inadequate equipment for women:* SMEs highlighted the potential impact of ill-fitting uniform and equipment on women’s long term health outcomes, although there is no publicly available research to quantify this.
- *Deployment:* Deployment is associated with poor mental health outcomes in women<sup>7</sup>. However, the impact of exposure to traumatic experiences during deployment appears similar across the genders<sup>8</sup>.
  - There is no UK research on the reproductive health of women on deployment, and inconclusive evidence regarding the impact of occupational exposures during deployment.
  - Women do not feel recognised by society for their contribution on return from deployment<sup>9</sup>.
- *Unit cohesion:* Women report lower unit cohesion than men<sup>10</sup>, which are associated with mental and physical health problems following deployment<sup>11</sup>.

- *Leadership*: Women occupy just 5% of senior leadership roles in the UK Armed Forces<sup>12</sup>.
  - Women report being undermined or ignored by male colleagues<sup>9 11</sup>.
  - SMEs highlighted a lack of female role models in the UK Armed Forces.
- *Sexual harassment and assault*: There is a significant lack of independent research focused on the prevalence and impact of military sexual harassment and abuse in the UK Armed Forces.
  - Prevalence estimates based on MOD surveys<sup>4 5 6</sup> suggest the following:
    - Over 90% of personnel report experiencing sexualised behaviours (i.e., sexual stories, jokes, language) in the past 12 months. Servicewomen are more likely to report being offended by these behaviours.
    - Servicewomen are more likely to report targeted sexual behaviours (i.e., directed sexual comments, unwanted sexual touching) in the past 12 months than men (approx. a third of women vs. a fifth of male respondents).
    - Similar proportions of servicemen and women (1-2%) report sexual assault in the past 12 months.
    - Over a third of service personnel report depression, anxiety and/or physical health problems following an upsetting experience. This data is not split by gender.
  - There is a significant lack of trust reported in the service complaints system, leading to underreporting of these experiences. Women fear repercussions on their career and work environment. Reporting issues through the criminal justice system may also present challenges.
  - No data is available on sexual harassment/assault prevalence in female veterans. However, qualitative research suggests a prevalence of over 50% in help-seeking female veterans<sup>1</sup>, and SMEs highlighted the impact on women's mental health post-service.
  - A significant evidence-base on the impact of Military Sexual Trauma on female veterans' health and well-being exists in the United States.
- *Work/life balance*: Women report difficulties in balancing their role in the military with their family life, and anxiety during separation from children<sup>11</sup>. There is insufficient research on the impact of having a family during service on the well-being of female veterans in the UK.
  - International research and SMEs suggest increased difficulties for servicewomen (compared to men) as the main caregivers, and long-term impacts on health and well-being.
  - Single women and women in dual-serving partnerships suggested that they experienced additional challenges associated with childcare responsibilities.
  - The most common reason for women leaving the UK Armed Forces earlier than planned is due to having children or the intention to have children<sup>11 13 14 15</sup>.
- *Historic terms of service*: The negative impact of being a minority within a minority was noted, for example for those in the LGBTQ+ community during the homosexuality ban (pre-2000)<sup>11</sup>.
  - Poorer mental health<sup>17</sup> (including increased suicide rates)<sup>16</sup> is found in older women veterans who had experienced discriminatory legislation either prior to 1992 (discharge on pregnancy) or 2000 (lifting of homosexuality ban).
  - The impact of careers being cut short and unfair treatment during historic discriminatory policies in the UK has not been researched; SMEs discussed the need for compensation.

## 7. Post-service outcomes

- *Physical health*: Most research indicated similar gender differences in physical health as seen in the civilian population. However, differences in physical health conditions in UK female veterans include the following:
  - Increased risk of any cancer in women born after 1960, and breast cancer in those who have served for longer<sup>17</sup>.

- Increased risk of Multiple Sclerosis and fatigue; decreased risk of heart attacks, skin cancer, COPD, diabetes, alcohol and substance misuse compared to male veterans<sup>18 19 20</sup>.
- Increased risk of hazardous drinking compared to female civilians<sup>21</sup>.
- *Mental health*: Few gender differences have been identified in veteran's mental health. Research suggests the following:
  - Female veterans are less likely to have suicidal thoughts or attempts than male veterans but are 2.5x more likely to attempt suicide or have suicidal thoughts than female civilians<sup>18</sup>.
  - Female veterans self-report higher mental health symptoms than male veterans<sup>22</sup>, but this is not reflected in mental health diagnoses<sup>23 24</sup>.
  - Female veterans are 2.5x more likely to have probable PTSD than female civilians<sup>21</sup>.
- *Finances & Housing*: There is a significant lack of research focused on these issues with the UK female veteran population
  - One available study suggests no differences in female veterans compared to civilians in terms of financial management<sup>25</sup>. Yet SMEs indicated that women from different service eras, particularly those who joined pre-1992, experienced increased difficulties in managing their finances.
  - SMEs felt that female veterans who experienced discriminatory legislation and left the services early, were more likely to experience poor financial outcomes.
  - International research suggests that female veterans have poorer financial prospects compared to male veterans and are more likely to be homeless as a result.
- *Employment*: Female veterans are more likely to be unemployed than male veterans<sup>26</sup> but are 25% less likely to claim unemployment benefits<sup>27</sup>.
  - Qualitative research suggests that resettlement packages are heavily focused on male-dominated occupations and are not sufficiently tailored to meet women's needs<sup>28</sup>.
  - Women report feeling they are underemployed (i.e., work is not commensurate with their skills and expertise, or the hours/salary are not what they would like)<sup>28</sup>.
  - Transferability of skills, the ability to recognise and articulate these, and the confidence to 'sell' them to civilian employment contexts were identified within UK literature<sup>9 28</sup> and SME interviews as affecting the employment prospects of female veterans.
- *Social relationships*: Female veterans are significantly more likely to be separated, divorced or widowed than female civilians<sup>29</sup>. Pressure of parenting, fitting in to the civilian world and a lack of social support were cited as supporting factors.
  - International studies highlight increased intimate partner and domestic violence in military populations as risk factors. There is a lack of research focused on this in the UK veterans.
- *Veteran identity*: Female veterans are less likely (than men) to identify with the veteran label<sup>15</sup>. This is viewed as suiting the older generation of male veterans and women prefer 'ex-military' or 'ex-service'<sup>9</sup>.
  - Limited UK research and international research suggests that some women struggle to negotiate their identity following transition, particularly when what they perceived as feminine qualities, had been suppressed during service.
  - Women feel that their military service is largely unrecognised by society.
  - SMEs cautioned against treating women as one homogenous group and emphasised the importance of considering intersectionality within the female veteran population (i.e., such as comparisons by service branch and rank, LGBTQ+ and BAME status, and parenthood).
- *Help-seeking*: UK research suggests service and ex-servicewomen are more likely to seek formal medical support than males<sup>10 30</sup>.

- However, there is preliminary evidence that women are more likely to access mainstream civilian services compared to veteran-specific support<sup>31</sup>.
- This is supported by international research and suggestion from SMEs that women feel uncomfortable in male-dominated veteran support services, which do not meet their needs.

## 8. Conclusions and priorities going forward

- Most of the research in the UK is focused on health-related outcomes in two large survey cohorts; UK research is lacking focus on women's in-service experiences and socio-economic outcomes. Furthermore, the majority of research in the UK is quantitative in nature, with in-depth qualitative studies lacking across all research topics.
- The following priorities for research and support were developed with stakeholders:
  - The impact of discriminatory historic terms on mental health and socio-economic status needs to be recognised and investigated.
  - Female voices must be heard at all levels, but particularly at the most senior levels of command.
  - Structural solutions must be accompanied by attitudinal and cultural change within the UK Armed Forces. Independent research examining sexism, sexual harassment and violence in the military is urgently needed.
  - Areas of best practice in support for female veterans should be identified and championed.
  - Female veterans' transferrable skills should be identified and evaluated.
  - Better signposting to appropriate services and increased awareness of female veterans' specific needs is required.

### Next steps

The full report of our findings will be finalised in February 2021, and we will be happy to forward this to the Committee when available. The VFI is also willing to provide oral evidence to the Inquiry should it be deemed necessary.

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