



Female veterans: The forgotten and invisible servicewomen of our armed forces

Commentary and recommendations of the
Female Veterans in Wales Workshop

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1 INTRODUCTION TO THE REPORT

This report is a substantial overview of the workshop that took place on 22nd June 2022 which summaries and analyses the data that was collected to ascertain a baseline of 'where we are' regarding the experiences and support of female veterans in Wales. Kindly funded by the Welsh Government fundamentally, the goal of the event was to gain a better understanding of what ex servicewomen from Wales have experienced not only while serving but also while transitioning from the UK Armed Services to the civilian world; to give them a platform to voice their opinions, relay their experiences of life in service and identify what could be done to improve their lives going forward.

First of all; a background to the project is provided, answering questions such as: Why was this workshop needed? And who are the target audience? Then, the report will break down and discuss the six key themes of the workshop (listed below) and establish 3 key points: 1) The personal experiences of the female veterans in attendance, 2) The support that was available, offered and accessible and 3) The effect of the support or lack thereof. In conclusion of each of the workshop summaries, the report will detail actual commentary from personal experiences, the key issues that arose through group discussion and pinpoint recommendations that transpire from the identified gaps in support. To conclude, the report will summarise the fundamental concerns recognised and provide recommendations to move forward in developing existing support or establishing new avenues.

The six key themes of the workshop were as follows:

- Community & relationships
- Employment, education & skills
- Finance & Debt
- Health & wellbeing
- Veterans & Law
- Making a home into civilian society

This research will also comparatively refer to the experiences, statistics and support provided by other countries to put into perspective the status of our female veterans.

Please note The comments made in this report refer to general commentary of the veterans and specialists in attendance and when necessary, will refer to statistics and data, however, the true aim of this report is to raise awareness of the female experience, both during and post-service and therefore statistical use will be kept to a minimum in order to retain the value of the experience and comments shared

1.1 A BRIEF BACKGROUND TO THE PROJECT

The initiators of this research are Lisa Rawlings and Kelly Farr; two female Royal Air Force veterans and co-founders of two Veteran Support Hubs who work predominantly in the Armed Forces sphere within Wales. Through personal experience and their vast network of contacts in both the serving and veteran community, built up through a combined 42 years of service, Lisa and Kelly were first-hand witnesses to the impact life in the armed forces (both negative and positive) had on the veterans in the communities around them.

What became evident was a substantial gap in the support afforded female veterans in comparison to their male counterparts; even where support was available to both genders there was a clear disparity in awareness and support in equity; a product of male biased research. The lack of research tailored towards female veterans was both sizeable and worrisome allowing for those affected to slip through support gaps, resulting in feelings of isolation and abandonment; significantly impacting their mental health. As a result, they endeavoured to establish this workshop as a means of gathering evidence and experience of the female veteran community with the aim of identifying gaps in support and providing an avenue for further research and development for the support of the community.

While many are aware of the outdated and chauvinist term “man-up”, no one has suffered the brunt of its’ abuse as near as much as the female military community. This has an effect that resonates long after they leave service. The term and the behaviour that encompasses it not only has an immediate effect on mental health but serves to discourage female veterans from seeking support even in their civilian life. This mentality, amongst other issues, has caused a disparity in support for female veterans which the UK government have lacked in addressing.

This workshop aimed to identify and address the disparity in support offered to female veterans, highlight issues evident from real experience discussion and provide recommendations on how to improve this support in the future, including providing a basis for further workshops to take place to give a louder voice to those in the community who feel they have been forgotten. As the first of its kind, not only in Wales but also the rest of the UK, the workshop was challenged with the task of gathering a diverse group of female veterans together in a hub for communication and support, in order for them to share their experiences, resulting in gaining a better understanding of their needs, not just within the UK but within Wales specifically.

The workshop itself covered the six key themes from the current Strategy for Veterans. Each theme was facilitated by a female subject matter expert which ensured an open and frank discussion. Males were omitted from the workshop to remove any barrier that may have caused evidence gathering and, to provide a safe and secure environment for the attendees to provide their honest opinion in

a supportive setting. This holistic approach allowed raised awareness and an avenue to identify gaps in support for experiences that may have disproportionately affected women.

The participants were given a platform to express their experiences and issues while in service, the transition into civilian life and any, or lack of, support and, how they have dealt with it. The veterans were being heard, and realised they were not alone in their experiences. The outcomes the workshop will be included in this report with the hope that the appropriate authorities will take heed of their experiences and formulate a plan to offer better support in the future.

As the first workshop that investigates experiences in many other topics other than mental health, it aims to provide a background of experience and commentary data for more research to be carried out in the future that is tailored towards the female experience; a disparity of equity that became desperately apparent as the day proceeded.

1.2 THE STRATEGY FOR OUR VETERANS

While this report focuses primarily on female veterans, in context it is necessary to provide a background to the current UK government strategy for veterans as a whole.

Veterans live throughout the UK and use services that span across governments daily. To reflect this, the government strategy for veterans is a UK-wide document, supported by all United Kingdom governments, including the Scottish and Welsh. By 2028, the aim is that every Veteran feels more valued, supported, and empowered, and, in accordance with the Armed Forces Covenant, will never be disadvantaged as a result of their service.

1.2.1 VETERANS' STRATEGY ACTION PLAN: 2022 TO 2024

The Action Plan outlines the step the government will take to support veterans from 2022 to 2024. It builds on the 2018 strategy. The Plan contains 5 focal points for success:

1. Deliver a step-change in support for veterans and their families
2. Maximise veteran employability as the key to positive life outcomes
3. Listen, learn and address, with compassion, the historic hurt or disadvantage that sections of the veteran community have experienced

4. Manage and review relationships with historic operations, recognising continuing impact on veterans
5. Making sure veterans receive the same high standard of support, across the whole of the UK

1.3 A BRIEF BACKGROUND TO FEMALE VETERANS

Women were first legally allowed to serve in the UK Armed Forces in 1917, with the formation of the Women's Army Auxiliary Corps, the Women's Royal Naval Service and the Women's Royal Air Force during the First World War. Following the Second World War, the Women's Service Act was passed in 1948 which allowed for permanent peacetime roles for women in the UK Armed Forces (HM Government, 1948). Whilst women initially served in the women's corps (the Women's Royal Army Corps, Women's Royal Air Force, Women's Royal Naval Service), integration into mainstream Services activities did not begin until the 1990s with Army in 1992, Royal Navy in 1993 and Royal Air Force in 1994 (The Royal British Legion, 2017).

Therefore, women have served with the Armed forces for over 100 years and, while it is important to recognise their contributions, there is a 'pressing need to analyse the impact the past policies and actions have had' (Godier-McBard, Gillin, Fossey, 2021) on female servicewomen and veterans. The analysis of the past can have a vital impact on the future.

Over the years, military roles for women have steadily opened, with progress being made in 2016 which allowed female personnel to participate in Ground Close Combat, and roles across all specialisms open to women by the end of 2018 (Ministry of Defence. A, 2016). This followed from several reviews into the exclusion of women from Ground Close Combat roles by the Ministry of Defence (2010) with the two reviews taken place in 2002 and 2010.

Comparatively, we were late in lifting this exclusionary ban toward women with other countries taking the step this much earlier:

Country	Year ban lifted
Canada	1989
New Zealand	2001
Australia	2011
United States	2013

Data from figure above retrieved from: 1) Canadian Human Rights Commission, 2020, 2) New Zealand Parliament, 2006, 3) Parliament of Australia, 2013, 4) US department of Defense, 2013

Close combat service is not the only area where the UK has been late in its support in equality of female servicewomen and veterans. The report 'We Also Served' produced by Lauren Godier and others highlighted key disparities not only in offered support but also in research. They found only 50 UK research papers that mentioned the female military experience published between 2000 and 2020, compared to the thousands produced for their male counterparts. Most of the work has only been carried out in the past 10 years, evidencing the decades of ignorance of the female military population. Much of this research focused on health outcomes and risk-factors; in oblivion to many of the other key issues that disproportionality affect women. Just a few of the key issues identified were bullying, discrimination, harassment and violence, an unsupported struggle with balancing work and family life, higher unemployment rates and less confidence in skills and achievements. Female veterans were also found to be highly susceptible to risks such as: hazardous drinking, gambling problems and suicidal thoughts and attempts.

While the government claims to provide equal support; our research is a mere fraction on the tens of thousands of papers written by the United States government and researchers, all of which evidence a clear need for further research. International research evidences differing experiences between males and females in service, requiring significantly different support needs and preferences. Moreover, females were less likely to access veteran-specific support as the majority of services were tailored towards the male population, this even extends to the British population where women are proportionally far less likely to be registered as a veteran due to a lack of identification at registration; with the majority not being asked the same questions men do.

As more women join the Armed Forces the female veteran community is set to grow, adding to the large number who served in the past. As with males only the true number will be revealed during the release of the data from the 2021 Census (although this data may still have some flaws). The veteran strategy states that the Government will make sure that female veterans are celebrated and recognise their contribution to the Armed Forces, and to make sure that the services they deliver to female veterans meet their needs, however, it is clear that this has not yet become a priority and this this research is a necessity to ensure the government fulfil their promise in supporting the female veteran community in equity with their male counterparts.

In order to address this disparity of support that the issue of male masculinity within the military causes, Godier-McBard, Gillin & Fossey (2021) recommend that mixed methods research is undertaken to better understand the impact of women's experiences of integration into the masculine military culture, including their experience of peer support and interpersonal relationships in Service, on their transition to civilian life, and post-Service health and well-being. This research should include an intersectional approach, examining experiences across different Service branches and ranks, and different demographic groups.

Women's experience on integration into the UK Armed Forces has resulted from several policy changes over the decades. Women now make up 14% of the UK Armed Forces and veteran population today. The Ministry of Defence had set a target of 15% (Ministry of Defence, 2020A) of female military recruits, however, this target was not met as statistics indicated the UK Regular and Reserves was only 12.2% (Ministry of Defence, 2020B). Not only that, but the overall percentage of women in the UK Armed Forces was relatively lower compared to other countries:

United States: 16.5% (US Government Accountability Office, 2020)

Canada: 16% (Government of Canada, 2020)

Australia: 18.6% (Australian Department of Defence, 2020)

New Zealand: 18% (New Zealand Defence Force, 2019)

2 THE COMMENTARY OF THE SIX WORKSHOPS

As a recap – the six key workshop themes were:

- 1 Community & relationships
- 2 Employment, education & skills
- 3 Finance & Debt
- 4 Health & wellbeing
- 5 Veterans & the law
- 6 Making a home in civilian society

In order to provide a structure to the discussion, all six workshops asked 3 key questions in relation to their topic:

- What was your transition experience leaving the military?
 - Discussion of the positives and negatives of transition
 - What was a success from transition and civilian life that followed?
- Where did you feel support lacked?
 - What areas did you struggle with most? (Family, employment etc.)
 - Was supported offered? Did you take it?
- The result support (or lack of)
 - The experience with support
 - How did this help you?

The Veteran Strategy states that many veterans will need little support in their civilian life, but wherever veterans and their families do need to interact with support services, those services need to be easy to find, access and use. It became apparent throughout the workshop that women are less likely to identify, access or use these services and that when they do, they feel unheard, un-supported and disadvantaged.

Additionally, the UK Government action plan 2022-2024 states that it will ensure they coordinate so veterans face as streamlined an experience as possible; acknowledging the need for the process to be easier for veterans to verify their status to access government services.

An observation of all six workshops is that all that attended felt that they were effectively 'invisible' – the forgotten veterans. Society in general do not recognise them as veterans, often not even asking if they have served or doubting their validity. Public bodies are included in this scope, which means that female veterans are less likely to access veteran specific services and continue to struggle as a result.

2.1 W1: COMMUNITY AND RELATIONSHIPS

The first workshop we will discuss is the support around community and relationships. One of the 2028 outcomes goals is: Veterans are able to build healthy relationships and integrate into their communities. The strategy outlines transition issues around local integration and sense of community centred around tackling loneliness and isolation within the veteran community. This lack of community can impact a female veteran's personal and family life, with them struggling to navigate community events, integrate children back into school and form already established friendships around them. They may struggle to relate to civilians and in-turn fail to establish a sufficient support network upon transitioning. Many female veterans feel not only disconnected from civilian society, but also the veteran community, especially if they experienced discrimination and harassment during their military service. They may feel uncomfortable around male veterans or feel still encumbered with the implications of "man up" and therefore are more reluctant to engage with support and this became evident through group discussion.

Many also reported positive experiences with veteran hubs such as those established by Lisa and Kelly, explaining that they allowed them to meet like-minded people in similar circumstances, however they did feel integrative hubs were few and far between and that they often felt excluded by males in the room. They explained that groups run by veterans were more successful, however this still did not address the barrier with integration into the wider community; many expressing the need for female-only spaces. While some did explain they kept in contact with previous military friends and contacts, they emphasised the difficulties in remaining connected.

IDENTITY AND A COMMON LANGUAGE

Many veterans felt a part of something whilst serving in the armed forces and most attendees expressed a loss of this sense of belonging upon leaving. While this appeared to be more prevalent with the older veterans in the workshop, it was a theme that resonated with nearly all of those in the room. Many expressed concerns of re-integration, making new friends, relating to non-military mothers, and creating a new support network. Some expressed the difficulty in communicating with their new communities, understanding how to relate to those around them and handling a different 'type' of community. They struggled to find others to relate to and felt this also impacted their children's integration as well, mentioning issues around attending events, joining new groups, and felt they hid their veteran status in order to 'fit in', having to make extra effort to integrate they struggled to reach out and often were not approached. This was recently exacerbated by COVID, where people had no avenue to re-integrate.

Many struggled being in the service environment while their spouse still served but they had left. Being referred to as "wife of" was particularly difficult as they felt they had lost their 'status' and 'worth' within the community. While remaining

within the sphere of the community, they felt exiled and struggled to remain friendships and communication.

Issues of identity extended from their military service into civilian life, many feeling they could not even consider themselves a veteran; placing them in a limbo between the veteran and civilian community they were unable to establish a place of belonging in either. Many experienced unhelpful comments during service 'pulling the girl card' or 'lumpy jumper' to name a few; discouraging them from seeking support both during and long-after service. Both civilians and male veterans have challenged the female veterans on their right to wear their medals, which lead to some of them not wearing them as they felt they didn't deserve them. The 'identity' of a veteran has longstanding been perceived as an 'old white man' and many expressed the need for change.

In regard to language, those who have served understand the 'common language' spoken between the military community and outside of this environment, many reported feeling isolated when attempting to communicate with civilians to build relationships. Whether it is slang words, or just (through shared experiences') an understanding when they converse. The participants stated that those who have tried to integrate into the wider community have had difficulty, indicating that community members who have never served struggle to understand them. There is an instant bond and trust with someone "who gets it".

LACK OF AWARENESS

Many participants stated that a lack of awareness, assistance, and a cold welcome from civilians affected their confidence to seek help. There was a common belief that they were not entitled to any help or support, which in turn, lead them to suffer in silence.

Some veterans have stated they didn't know who to turn to when returning civilian life to help deal with issues such as alcohol dependency and with the stresses of transition to a civilian life made it worse.

Most stated that they were offered no support when leaving, or even pointed in a direction of where to find support, this was expressed by all ages in the room and evidenced a lack of change in recent decades despite research.

SOCIAL ISOLATION

Many participants indicated that Integrating into a community to negate social isolation was difficult. One participant said they consciously had to be the one to reach out. Participants revealed that you had to make an extra effort to integrate, especially the case with military wives who were more wary with female veterans. Other participants commented that their interests and mind-set was vastly different to others when moving into small community.

Some said they had no desire to make friends as postings were frequent, they would be moving every few years and therefore saw little point in the endeavour. These veterans viewed it more as a network when in the military, evidencing the issues of social isolation stem from service itself. Some choose not to engage with civilians' activities, even though they were aware of them. What can be gathered here is the veterans possess many different views on this. Transition is important, integration is not easy if you are introverted and more needs to be done upon exit to ensure a community is built and sustained for support and those leaving are given advice on how to re-integrate successfully.

COVID-19

According to the participants Covid-19 has had a considerable impact on veterans integrating into a community and its services the last two years. For those who transitioned from the military during covid it was particularly difficult especially in terms of integration and accessing public services. One participant who left during maternity leave stated that she felt isolated with no meaningful support available. Nobody checked if she was 'ok'. The Royal Air Force Association in a survey reviewing the impact has had on female veterans reported that this cohort were more likely to be concerned about their physical health instead of their mental health with a 45 vs 29% result. This was particularly more prevalent amongst the older veterans. In addition, 15% of female veterans taking the survey had required some form of support during the pandemic as they struggled with mobility and physical issues. It stated that lockdowns exacerbated the situation as they had stayed in and had reduced mobility. Though this survey did have only have a small number of participants, along with members from the workshop, it does show the impact COVID-19 has had on female veterans.

2.2 W2: EMPLOYMENT, EDUCATION & SKILLS

The aimed Veteran Strategy 2028 outcome states that 'Veterans enter appropriate employment and can continue to enhance their careers throughout their working lives'. Stable, long-term employment opportunities after service are the foundation of positive life outcomes for veterans. As veterans all over the country are leaving service equipped with skills and expertise, that benefit not only themselves but the economy too, they are a vast wealth of skilled labour that cannot be overlooked, however, there are significant difficulties veterans face when attempting to find employment after service. This can be particularly difficult for female veterans who are also faced with balancing family a life, struggling to accept the identity of 'veteran' (and therefore fail to mention this at interviews) and articulating what skills they have gained through service.

THE ROAD TO BECOMING A VETERAN: LEAVING SERVICE

While this report may be primarily focused on the experiences of women as veterans, it cannot be ignored that many women used this avenue to share their experiences of why they had left the military and how that had contributed to various aspects of their life upon exiting.

A study conducted with UK by Parry et al (2019) found that female veterans are facing multiple hurdles when it came to transiting into employment. What was concluded was that majority of servicewomen leave the Armed Forces voluntarily for such reasons as work-life balance, lack of opportunities and family responsibilities. While this may appear voluntary, a shocking majority of those who attended the workshop felt they were 'pushed out' of the military for reasons such as: sexuality, pregnancy, blatant separation from their partner or the enforcement of Out of Area (OOA) deployments. Some had explained that they received derogatory and accusatory comments while pregnant such as "she has done that to get out to get out of deployment" and felt there was a strong sexist stigma attached to pregnancy. Once they had given birth, they felt they were heavily discriminated against compared to male fathers, with one example explaining that despite being a single mother, they were forced OOA on deployment, resulting in their infant child having no one in the area to take care of them. This is a particularly difficult struggle for those who are stationed away from their family of origin and therefore lacking a support network. The military's solution to the lack of childcare was to suggest placing the child in foster care, which would not only disrupt the mental health and well-being of the mother but also significantly impact the child's development and care. This makes it clear that many mothers are faced with raising their children or serving, with little to no support offered in terms of childcare and harsh consequences and attitudes for things as basic as being able to care for their children themselves, forcing female veterans who are also parents under the disproportionately impactful result of leaving the military and their career, spending thousands a month on childcare or 'placing their child into foster care', an option no mother could reasonably be

expected to take for their career. It is noted that the childcare issue has been addressed slightly, but even then, it took until 2022.

THE TRANSITION INTO EMPLOYMENT: FINDING AND SECURING A CAREER

Nearly one in four (22%) of the 154 women surveyed in the above-mentioned Parry report were not employed, however, the majority (68%) of these veterans wished to be working. Employers have expressed desire to recruit service leavers with the benefits perceived to include work ethic, motivation, flexibility, and loyalty to their committed working roles. Some employers also believed they lacked commercial and market experience along with difficulty to adjusting a less organised structure like the Armed Forces; these were common comments throughout the day. What can be taken from this is that it is both the veterans themselves and the employers who require education on what skills and benefits veteran workers can offer, including qualification and skill transferability.

Qualifications

In recent decades there has been a significant improvement on the transferability of qualifications; however, for decades thousands of female veterans have struggled to find further employment due to lack of field-specific qualification with many forced to re-take examinations, seek further qualifications, or start lower down than their experience supported. While this has improved, there is still a gap in military vs. civilian employability and readiness, with younger veterans in attendance expressing the difficulties they faced when seeking to transfer their training to civilian qualifications and find suitable employment.

Skills

In regard to transferable skills, there is miscommunication and misunderstanding in what distinguishes between technical skills, 'hard skills' and 'soft skills' which makes it both difficult for employers and employees to come to a mutual understanding on suitable roles for female veterans. Many in attendance explained that while they were able to explain their experience in technical detail at interview, they were unable to translate this into transferable skills and struggled to explain how these skills could benefit an employee. Research taken by Jones (2018) and Parry et al (2019) found that what may be understood as 'soft skills' were recognised as positive 'attributes and qualities' which could result in veterans 'selling themselves short' to potential employers and miss out on career opportunities.

The Career Transition Partnership

Only a small number of attendees had mentioned that they were aware of the Career Transition Partnership (CTP), a programme dedicated to aiding in advising on career-related issues such as 'CV writing', showing that these programmes have little presence, and most are unaware that this support exists. This programme is also not gender-specific and holds no presence in Wales, most bookable workshops are only held in various military sites across England. While

these workshops remain to unspecific as to gender, they may tailor more towards the majority and therefore focus on male-dominated skill sets. Parry et al (2019) found that in comparison to males, female veterans are more likely to possess high levels of administrative and organisational skills, forward planning, preparation, and the ability to coherently gather and collate evidence. In contrast, employers did claim that female veterans were more likely than their counterparts to lack commercial experience, find highly flexible environments uncomfortable and struggle with workplace diplomacy. This evidences the need for more female-specific workshops, tailored towards female skill sets and encouraging confidence in female veterans to transition to another career.

Education

While not discussed extensively at the workshop it is worth noting that only two veterans who attended the workshop had sought further education upon leaving the military, with many unaware that this was an option and were shocked to find out that there were financing options available for those who had not undertaken further education previously. This highlights an extreme disparity of support information offered to those who are leaving the military, support that could be vital in providing further education and employment opportunities to female veterans.

The Military Women's Programme

The Military Women's programme (a programme tailored towards advising and support female veterans) received mixed reviews by attendees. Many were unaware of the existence of the programme and how they could utilise it for support. Some had commented that the programme was in fact useful for them, but they would prefer rather than speaking specifically to a female worker, that a local SME in the field they were interested in would be more useful.

2.3 W3: FINANCE AND DEBT

The Veteran action plan states that 'Veterans should leave the Armed Forces with sufficient financial education, awareness and skills to be financially self-supporting and resilient.' Although many join the Armed Forces at a particularly young age with little to no experience of managing their own finances. Budgeting skills are scarcely necessary whilst serving as most bills (rent, food, utilities) are taken out at source and before you get your wage. Many who rely on the steady income security that the military provides are unable to effectively manage money once they leave; this can be particularly difficult for female veterans who are providers for children or other family members.

SETTING UP AFTER EXIT: ACCOMODATION AND ITS' COSTS

One of the most significant life expenses for anyone is buying or renting a property; an expense most in the military will not have to worry about facing until they leave. Unfortunately, as house prices continue to rise, this is an expense that is crippling the veteran community, with female veterans at an extreme risk of homelessness. The homeless veteran stereotype is overwhelmingly male (as all veteran stereotypes are) with no meaningful research to ascertain the numbers of female veterans in this situation. There is also the additional issue associated with the vulnerabilities women face around homelessness, including landlord relationships which adds to the pressure they may face.

International research suggests that female veterans have poorer financial prospects compared to male veterans and are more likely to be homeless as a result. With most completely unprepared for the financial implications and responsibilities of civilian life they are unaware of financial requirements such as credit scores; impacting their ability to apply for mortgages or successfully find suitable rental properties. The jump from military to civilian accommodation includes an unawareness of how to find suitable accommodation and what to look for (or out for) when signing property contracts, how renting or buying a property works, or where to seek advice on credit or credit services.

The implications of this lack of knowledge will be discussed further in the 'making a home section' where examples will be given of two female veterans in attendance whose lack of financial knowledge and support resulted in homelessness. This evidences the lack of resettlement support offered to female veterans, with most entirely unaware of where to go and how to find advice, they are forced into rash decisions that may have long term impacts as dire as bankruptcy. While some are able to utilise the settlement fee received upon exiting the military to purchase a property or supply a deposit, not all are so fortunate and may need the money to pay off debts incurred while serving, those that do are left with no money to cushion the fall into civilian life.

BUDGETING AND ITS' IMPLICATIONS

Budgeting is an essential skill that all adults will need to learn in their lifetime in order to financially survive. Without this knowledge there are potentially catastrophic implications that could result in bankruptcy, homelessness and much more. While most adults will inherently learn this skill in their early 20s through renting, managing a home and consequently paying individual bills, due to lack of autonomy of their own bills most veterans will evade this knowledge until entering the civilian world; for some this may be their late 30s and 40s. This will not only impact the veterans initial set up in their new life but will continue to affect their financial security and stability for months and possibly years. While this may affect all veterans, none are more at risk than female veterans, who are twice as likely than males to experience homelessness and have dependants under their care. Without sufficient financial advice or support, those in attendance confirmed they struggled with an overwhelming abundance of issues as a result – with lack of knowledge in vital key areas such as:

- Prioritisation of bills
- Supporting dependants
- Savings: Creation and management
- Tax: How to pay, organise and manage
- National insurance
- Benefits
- Pensions
- Utilities
- Direct debits

Many of those in attendance had reported they encountered a plurality of these issues with dire effects: those who lacked knowledge of establishing and continuing direct debits had found themselves in mounting debts, others, without the knowledge of correct taxation, had lost their businesses, struggled with becoming self-employed or some had even been forced to declare bankruptcy. Regarding benefits, many had reported that they lacked confidence in applying for benefits, had felt they were not deserving of or eligible for support or lacked the knowledge of how and where to apply. Many were unaware of how to find and access their pensions, were unsure of the function of their pension funds and as a result struggled to support themselves and their families. Very few had stated they had created a savings prior to exiting the military and therefore struggled to establish themselves securely or had to use their existing savings in order to pay for a deposit or purchase furniture for newly bought homes. Many felt that if they had received financial advice in regard to any of these vital topics they would not have struggled, with one reporting they believed they became homeless as a result along with their two children.

2.4 W4: HEALTH AND WELL-BEING

The health and well-being of veterans appears to be at the heart of the Veterans Strategy Action Plan, with the UK Government planning on continuing to build bespoke support services for veterans. The plans aim to increase accessibility of existing services, making them easier to navigate and streamline identification processes in order to support veteran needs. In the current system, NHS England commissions additional services for veterans with service-related injuries and veterans are encouraged to seek support where needed with £18m promised over the next three years to develop more veteran health services including specific points of contact, improved access to Sexual Assault Referral Centres (SARCs) for serving and veteran members and improving support to veterans in the criminal justice system.

In Wales the Welsh Government will continue to support the Veterans NHS Wales specialist mental healthcare service and Veterans Trauma Network (VTN) Wales service for veterans with complex physical injuries and will review and publish a new Armed Forces Covenant, Healthcare Priority for Veterans Guidance, subject to UK developments including the Armed Forces Bill. Finally, The Welsh Government will work with Armed Forces Liaison Officers (AFLOs) and partners including regional suicide and self-harm prevention coordinators to promote mental health first aid training.

While the discussion of this topic was broad, varied and uncovered a mass of underlying health and well-being issues, it is necessary to categorize these comments into several key areas as best as possible:

- Transitioning from military doctors to civilian GPs
- PTSD, sexual assault, and their implications
- Medical discharge

While many of the issues overlap several of the topics, they are all individual problems in their own right which must be separately respected and addressed, however, they may also share the same solution. Attention must be drawn to the aforementioned 'man-up' stigma that is forced upon women in both the military and veteran communities, a term which has a significant impact of female mental health. Not only does this term discourage women from seeking support they desperately need, it also isolates them, making them feel unseen, unheard and alone. Physical health takes a backseat, and they learn to not respect their own needs, something that follows them long into veteran life. This, along with the inability to recognise or identify themselves as veterans, contributes to a support void where most fly under the radar

THE TRANSITION FROM MILITARY DOCTORS TO CIVILIAN GPs

One of the transitional issues that many female veterans reported to struggle with was the transition from military to civilian healthcare. Civilian GPs lack the knowledge and experience in most cases when handling veterans and their

problems and without educational help this problem will continue to impact the physical and mental health of female veterans. When registering to GPs, female veterans are much less likely to identify themselves as veterans than their male counterparts and therefore slip through the net of specialised support. Many attendees reported that they struggled communicating their problems to their doctors, felt misunderstood, unheard and were not asked whether they had served or not. This, coupled with the general GP lack of awareness of support services, has furthered to widen the gap between female veterans and tackling their mental health. Some in attendance mentioned that hospital waiting lists and lack of shared knowledge created uncertainty, discouraging their confidence to seek help. They felt as though there was no continuation of care from the military to the civilian world, and that they had been abandoned by the military– a theme common among all of the workshops. Some had reported their medical records were lost during transfer and in turn their treatment was significantly delayed and, in some cases, denied, something that could easily be tackled with digitalisation of records in the military. This is an issue that doesn't only impact the veterans themselves, but the family members around them, the dependants who rely on them for care and their support circles, as mothers, sisters, daughters, etc. who are often seen as the backbones for their families.

Hearing loss

This lack of support or trust relationship with a GP can mean suffering goes unnoticed and undiagnosed. Unwin et al (2002) concluded through research on personnel who served in the Gulf War, the Bosnian War or were not deployed that female personnel were more likely than men personnel to report issues such as: headaches, fatigue, constipating, stomach cramps and fainting. These were issues reported by serving women, however, these issues carry over into veteran life and many never dissipate; one veteran attendee reported they still suffered hearing loss long after they left service. Veteran hearing loss is something widely researched in the US, Danan et al (2017) reported that female veterans had suffered from not only significant hearing loss due to military service but also repeating hearing infections. The Royal British Legion (2014) found that an estimated 300,000 ex-armed forces personnel in the UK suffered from noise-induced hearing loss and tinnitus, an issue that will disproportionately affect female veterans with smaller and more sensitive eardrums, more likely to go untreated and brushed under the carpet due to aforementioned broken relationships with medical professionals and female veterans. This issue is a result from negligence of the Ministry of Defence in providing suitable hearing equipment when dealing with gun and artillery fire, mortars and explosions, pyrotechnics, aircraft and vehicle engine noise (Office for Veterans' Affairs, 2022).

Musculoskeletal problems

One participant in the workshop commented on the continuing suffering they endured from musculoskeletal issues, but they weren't sure on where to access support, worried that regular GPs and medical professionals would not have the same level of understanding as military doctors. The 'we also served' report

found that female veterans had a dangerously high occurrence of musculoskeletal problems as a result of the physical demands on women's bodies during their service. International research in this area confirmed that the musculoskeletal issues reported by servicewomen and female veterans are disproportionate to men, with them more likely to report more severe issues in comparison with similar work duties and training. This is a result of, among other things, a lack of adequate equipment for service women, a venture of equality that has overlooked the importance of equity. This alteration of equity support may be seen as disadvantageous if they are seen being given 'different' treatment from the males, a fear that stems from the 'man up' stigma that will leave an unfortunate physical legacy as long as it survives, it is not so much that the treatment need to be 'different', but it needs to be proportionate, suitable, and serve those who use it rather than hamper them. Several in attendance reported that this 'fear' of appearing to be treated differently discouraged them from seeking support where needed, asking for suitable alterations to duties or requesting sufficient equipment.

MENTAL HEALTH, PTSD, SEXUAL ASSAULT AND THEIR IMPLICATIONS

Mental health

A common comment during workshop discussions was the prevalence of mental health struggles both during and after service for female veterans. Discussions centred around anxiety, depression, PTSD, sexual assault and the effects on daily life and relationships. The UK research (four surveys carried out composed of currently serving personnel and veterans) concluded that servicewomen and female veterans were more probable than men to suffer with common mental disorders (Jones et al 2020). From the samples taken of 2,049 Bosnian War veterans, using the King's Centre for Military Health Research Cohort Data found that servicewomen were over and one and a half times more likely to suffer with mental health, in comparison to servicemen with the gender difference appearing to be significant (Hotopt et al, 2003). The research shows that proportionately, women are more susceptible to disorders commonly caused by traumatic experiences, more likely to suffer in silence and carry the weight of these disorders long after they leave service, however, this must be taken relatively as there is also data recorded by SNHS that claims there is no gender difference found in the risk of mental disorders amongst veterans.

Post-Traumatic Stress Disorder

PTSD is a sensitive topic that carries a significant weight in the serving and veteran communities. Many attendees expressed the difficulties they have faced in being diagnosed, being understood and/or being treated for the disorder, exclaiming that literature, research and identification of PTSD is mainly focused on males, meaning many women suffer under the radar. The lack of research of PTSD in women has resulted in misguided treatment, or no treatment at all, misunderstood

by medical professionals and sufferers alike, attendees felt they were unsupported and stigmatised out of seeking a diagnosis. Those who suffer with PTSD are more likely to isolate themselves, avoiding large social groups like veteran hubs and struggle with usual social interaction. Many felt their gender excluded them from being taken seriously, feeling like they had to explain their PTSD or advocate for its' significance, many sought private therapy in order to cope with their disorder. When seeking diagnosis, many felt they were ignored and brushed under the carpet, forced to relive experiences in order to justify the help they were seeking. While the research continues to focus on PTSD in male servicemen and veterans, women will continue to struggle to be recognised, find suitable help, and feel supported, a problem exacerbated by the seemingly isolated literature, painting PTSD as an image of male service, an image desperate for inclusivity.

Sexual assault

As well as the risk of exposure to combat-related trauma, servicewomen can face additional adversities during deployment that can have a serious and long-lasting impact on their mental health and wellbeing. While all types of adversity were significantly associated with probable PTSD, sexual harassment was significantly associated with physical somatization (where the mental distress causes physical symptoms such as pain or fatigue), sexual assault with alcohol difficulties, and emotional bullying with common mental health difficulties, low social support, and loneliness (Kimberling, 2010).

There are mountains of research that discuss sexual assault within the military, assault that contributes to the growing number of female servicewomen and veterans with PTSD. A study by Hendrix, Williamson & Murphy (2021) found that former servicewomen in the British military has revealed that those who experienced sexual trauma while serving are twice as likely to develop post-traumatic stress disorder, with those partaking reporting striking figures such as: 22.5% had experienced sexual harassment, 5.1% sexual assault, 22.7% emotional bullying and 3.3% physical assault. These are just reported numbers, many in attendance confirmed that they were discouraged from reporting instances of sexual harassment or assault either by direct or indirect means. Directly, several had reported they were told to be 'wary' of the consequences of 'snitching', and that they would not be taken seriously. The male dominated hierarchical structure discouraged single females from taking a stance, not wanting to disrupt the 'men's club', they were unable to trust the system would be on their side. One veteran in attendance had reported when they had tried to report an experience of continued sexual harassment, she was treated poorly throughout the process, claimed that it took a long time to find support, no one would take the claim and she encountered a psychological and legal minefield just to discuss the issue. She reiterated that the clique stigma around the 'men's club' enforced that this behaviour was acceptable, and they were quick to try and brush her claim under the carpet and turn a blind eye. Many felt that they had encountered similar problems when seeking help or sharing their experiences, some claiming they had been subjected to this behaviour from the start of training and were told to 'put up

with it'. This would carry through into their personal relationships, research in the US showing that 33% of women veterans experienced intimate partner violence compared to 24% of non-veteran woman, a stark disparity.

One attendee highlighted that the process is stunted and ill-favoured from the beginning, with several claiming that in the military, sexual assault cannot take on that name due to the stigma it would create and the blame it would press on the military. This is an issue that stems from the core of military power, with the Ministry of Defence or the Office for Veteran Affairs in the UK refusing to accept the term 'Military Sexual Trauma'(MST), completely silencing or disregarding thousands of those who have or will experience it. This is an uncomfortable contrast to the respect afforded to the term in the USA, a term used to refer to experiences of sexual assault or repeated, threatening harassment that a veteran experienced during his or her military service (Salute Her UK, 2021). This is accompanied by a screening programme where every veteran is questioned if they have experienced MST during their service; in turn this data provides understanding on MST statistics and commonality for both serving members and veterans. National data from this programme reveal that about 1 in 3 women and 1 in 50 men respond "yes" when asked, evidencing the significant disparity in gender focused treatment in the military, regardless of the comparative numbers serving. The impact of MST, as a factual experience (not a diagnosis or medical condition) can continue to impact those affected for many years after service, contributing to: common mental disorders such as anxiety and depression, an increase in alcohol abuse and gambling and significant difficulties in creating and maintaining trusting relationships.

MEDICAL DISCHARGE

Medical discharge one of the most controversial routes into the veteran community, a route that many fear due to its' stigma and implications. The topic evoked much emotion at the workshop, and several veterans shared their stories and issues with medical discharge. Here are their comments:

- Some are medically discharged due to illnesses that do not affect their military service
- The appeal process is not well advertised – many are unaware of how to instigate it
- There is a compensatory route, but it is 'brutal' and not investigated – It is in need of review
- The loss of pay and pension from medical discharge is entirely unfair and insulting
 - Why are they not given an option and allowed to keep the pension they have earned?
- Lack of communication confirms that the military is a one-sided relationship
 - Several felt they had thrown a lot of passion into the forces just to be thrown aside

- Following medical discharge, no support –
 - No information or advice given on claiming War Disablement pension or Armed Forces Compensation
 - Nothing about accessing adaptations to homes if necessary
 - No information on accessing healthcare
 - No continuation of medical care – No referral to a GP: left to fend for themselves
- Some felt they were forced to leave on medical grounds from either impact on physical or mental health conditions
- Several reported they were pushed out on medical discharge during pregnancy (complicated or uncomplicated) and were isolated as a result

2.5 W5: VETERANS AND THE LAW

When this topic was initially introduced to the tables at the workshop it took on several different forms, conversations developed from the criminal inclinations and their causes of female veterans to injury claims and their systematic difficulties to the experience and identification of female veterans in the prison system.

FEMALE VETERANS AND THE CRIMINAL JUSTICE SYSTEM

While media often string emotional stories about veterans committing crime, the destruction they bring or discipline they lack, the statistics of the veteran population show there are very little numbers of veterans in prison. Despite this, veteran prisoners are more likely to be publicised and villainised for their crimes, no matter their gravity, none more so than female veterans. The research in this area is limited, lacking and often exclusive of the female veteran population; it is male centred and focuses on result rather than causation. What the little research statistic do show is that for female veterans, the offences are more likely to be risk taking related, such as alcoholism, drugs, and gambling. This may be due to several factors already discussed in this report such as mental health disorders, financial issues, or isolation, several had agreed that it can be easy to fall into this behaviour without the rigid structure of the military and lack of support in the civilian world.

INJURY CLAIMS AND THEIR DIFFICULTIES

Injury claims from military service can arise from numerous different situations: trauma related injury during deployment; workplace accidents during work duties and even medical negligence from military doctors. The severity of these injuries can be life changing, with both physical and mental implications that follow veterans long after service. There are several difficulties both serving and veteran members face regarding claiming for injuries incurred during service:

- Many claimed a lack of support for women submitting claims or awareness of how to engage
- Most reported they were unaware of the claims process and have now passed the time limit
- Huge disparity on how men and women were advised – men were more likely to be advised on claiming as soon as possible and that their claims would be successful whereas women were discouraged
- Less funding across the board means less legal aid and pro bono could be provided for those in need
- “Man up” stigma – many felt they would be disadvantaged or seen as a ‘complaining sensitive woman’ if they reported so kept quiet
- Many wrongly advised ‘not to bother claiming’ by superiors because of the time limit on offences of 3 years

- A new law was recently introduced for international injuries which increases the time limit to 6 years, but this has not been correctly understood or advertised
- Proportionately – men are more likely to claim earlier and more often
- Many unaware they can claim due to military medical negligence from treatment or operations
- Several reported that the strong loyalty they feel toward the military prevented them from claiming

The issues are not solitary or singular, they are mounting, a huge barrier to many who seek compensation or reconciliation for their injuries.

VETERANS AND THE PRISON SYSTEM

While the research suggests that the number of female veterans in the prison system is low, in reality the numbers could be very different. One attendee detailed how they lead a female veteran focused prison service, the service struggles for support, finds difficulty gaining advertisement and struggles to identify the female veterans that it is aiming to support. Not only are most women not asked whether they are a veteran during prison registration, but some often feel too ashamed to reveal their veteran status. Due to this invisibility, many go unsupported during their time in prison, and aren't signposted to necessary services. Several prisons throughout the UK have specific veteran wings (there is one currently existing in Parc prison) which place veteran inmates in a separate environment, together. The men in these facilities are more likely to receive support and partake in more social interaction, many attend veteran support groups. They are provided with a rigid structure, much alike the military structure, and in-turn have lower re-offending rates (both during and after their prison sentence). These facilities, while providing key support, are still scarcely advertised and struggle to find participating members, despite the higher number of male veterans. The positive outcome of these programmes prove that an effort should be made to extend this service to the female prison population.

When their sentences are complete, many female veterans will re-offend and begin the prison cycle. Some attendees, while only one had described prison experience, all explained that the structure of prison would make them feel more secure and supported, less able to engage in self-destructive behaviour such as alcoholism, drugs and gambling, they are once again supported with a daily timetable to which they can adhere to.

2.6 W6: MAKING A HOME

Ensuring that every veteran has a secure place to live following service is one of the key elements of a successful transition to a fulfilling civilian life. The government has already delivered important changes in this area by changing the law to improve veterans access to social. In their Action Plan, the government plans to go further still and commit to ending veteran rough sleeping by the end of this parliament through improved pathways of support. Despite this, making a home in the civilian world is still an overwhelming worry for many female veterans. Often, as they are more likely to be sole providers for dependants, they are under unsurmountable pressure to establish a successful and well-connected family life upon leaving.

FAMILY LIFE

Family life has an enormous impact on female servicewomen and veterans' lives, the burden often falls on women in general to pick up the slack with family responsibilities and more often than not single serving parents are females. The family life of a service member can have a significant impact on their career choices, with one attendee explaining she refused a posting that she had wanted for many years because there was a lack of support for the resettlement for her 8-year-old child. An overwhelming number of attendees had been a single parent through and after service, emphasising that the lack of childcare funding or support can make upholding military duties extremely difficult as they are often based far away from their family of origin they are without a support system. Many also commented that this lack of support extended to maternity duration, where they were fighting for recognition of their condition and accordingly adjusted workloads. It was felt there were double standards when a husband or man who had children and had perhaps separated or were divorced from their partner were put on shore duties and offered help with childcare whereas a woman was forced to leave and not given that option. This was the same for sabbaticals; women felt pushed out and that there was no other option for them when they had children as their husband or partner may have been posted in one country and they were posted in another country but the fact they could access a sabbatical to be with their husband or partner for 3 years was deliberately kept from them. There was a concurrent understanding that all felt mistreated; spoken to in completely different ways than male single parents and were viewed as less deserving of support for 'putting themselves in that situation'.

HOUSING AND RESETTLEMENT

When most leave the armed forces, their biggest worry is homelessness, re-establishing a civilian life, finding a new job, and supporting their families. As discussed previously, many will not have an understanding on how to rent or buy a home, how to manage finances or apply for credit; all are reliant on

resettlement advice. Many attendees had claimed that resettlement was largely a hit and miss on success, that the current resettlement scheme (where they are provided a designated officer to advise and support resettlement) is not successful, and entirely dependent on the officer assigned. While one had mentioned they were advised by their officer of 'help to buy' schemes and being able to utilise time spent in Armed Forces quarters towards this scheme, many had not received any advice at all on housing, some had filled out a sheet of paper and were sent on their way. Only two attendees had positive experience when trying to access housing with their local authorities, with one veteran saying that one local authority had offered a good level of support in terms of housing and had even offered her husband a job, however, there was no support offered in terms of what they were entitled to, no signposting to offers in the locality and what they were liable for (bills, council tax, etc.). Most had expressed frustration with their negative experiences with a few agreeing that no one had checked they 'even had a place to go or knew how to find somewhere'.

Many commented that the exemption for serving personnel or veterans from proving a local connection to an area was a good thing, however, most in attendance were unaware that the exemption exists, and for the most part this only exists in England. The majority of veterans did not think to approach their local authority for help and advice on housing for a variety of reasons: some were unaware the council could help and give advice; some didn't think they would be entitled to social housing, and most didn't realise they would be classed as homeless upon discharge and would be given priority status for social housing. Many were forced to use the lump sum they received upon discharge in order to secure housing, but then would struggle for essentials such as furniture and household bills. One attendee had shared that she had to live with her parents and borrow money from them in order to find housing, putting a big pressure on the family situation, one she thought could have been avoided if the council had provided more support.

Another veteran had shared her experience:

I had enlisted in the Army at 16, so once I left, I had no knowledge or experience on what bills need to be paid, what forms to be signed or how to even manage money. Prior to leaving (the military) I was involved in a relationship with an abusive partner, so when I left, I paid what I thought I should have to find a home, but I ended up having to having my home repossessed, was made homeless and had to petition for bankruptcy to resolve my debt problem. I felt so much shame doing this, but I feel that if I had been given appropriate financial advice, I would have been spared the ordeal, for me and my family.

3 ACCESSING EXISTING SUPPORT – WHAT ARE THE BARRIERS?

While this was not a direct discussion from the workshop itself, this is a discussion that is necessary for the advancement of providing support for female veterans. While increasing the number of existing services available, increasing signposting efforts for those services, and establishing trust and confidence within the female veteran community may provide a strong basis for support, it may not address the core barriers facing those who need to access that support. From the discussions at the workshop, this section will highlight and summarise what could be perceived as the barriers in accessing the support so essentially needed.

BARRIER 1: 'MAN UP'

As discussed previously, the stigma and connotations of this term will impact a veteran long after they leave service; mostly impacting their confidence and trust to ask for help when needed. Many attendees commented that due to this stigma and social pressure of being a woman in the military meant they were more inclined to 'plough through' and not seek urgent help when needed. Several had recalled being ridiculed for seeking support or accessing medical services, receiving comments such as 'sick bay ranger' and felt they had to suppress emotion and pain in order to survive the environment. When they were vocal or open about problems they were experiencing, many would try and belittle them and shun them away from support. Due to the male domination of the military, most felt they had to change their beliefs, attitudes, persona, and behaviour in order to 'fit in', and felt disadvantaged by their gender, rather than respected for it. This not only discouraged them from seeking support while in service, but this impacted their ability to identify as a veteran and feel entitled to support.

BARRIER 2: LACK OF AWARENESS

Lack of awareness of support is a barrier itself, with many throughout the day hearing for the first time of essential support services they may have needed years, or even decades, ago. The perception of 'what is a veteran' often relays imagery of older gentlemen, often disabled or wearing multiple medals, which made many of those in attendance feel excluded from support, many believing they were not eligible or thought it was not 'meant for them' or that the 'doors were closed' for females. There is an astounding lack of awareness of the legal support available, many suffering with unclaimed injuries or facing financial difficulties. This lack of awareness extends to transition services, workshops and advice established to aid the transition from military to civilian life. Most claimed that they signed a piece of paper confirming that they were leaving and that was it, as stated before some claimed it was luck whether they received a good transition officer or not.

The awareness of support services also extends to how the support is advertised. Many will use publications such as magazines and leaflets which are shared at military or veteran events, only found by those who attend those events. Some organisations will use social media or other internet publications, which exclude many of the older generation who may not be able to access the internet. Those services who mainly receive clients from word of mouth and the sharing of confidence can often mean that female veterans miss out on these services because they are less likely to be involved in the veteran community.

BARRIER 3: LACK OF FEMALE SPECIFIC SUPPORT

What became clear at the workshop is that due to the experience they had faced with the male military population, they were far less likely to attend social support hubs. They felt the atmosphere was similar to what they faced in the military, that they did not feel respected and were still being subjected to sexist or misogynistic comments, questioned or hounded about their military service and being spoken down to. They felt that these hubs were, without intending to be, 'mens clubs' and that they were not welcome by those who attended. Many felt they could not be honest about their experiences and would have to take on the same persona they did while serving, discouraging them from attending. Instead of 'standing up to the group' for themselves, they would rather stay quiet to not upset the wider group population; behaviour they inherited from their military service. In terms of mental health support there are no dedicated female peer mentors, therefore leading to a barrier to accessing the service, with many not wanting to explain issues to a male (which for some were the source of their concerns).

BARRIER 4: EMOTIONAL BARRIERS

Many attendees had expressed they were embarrassed to seek or access support, feeling the shame of failure for needing help, resulting in struggling alone. This can be impacted by the loyalty they feel to the military and the pride in their service, feeling as though they have failed their unit or shamed their service if they seek help or initiate claims. Those who do access services, often struggle to communicate effectively with the civilians who are running them and would find it much more useful and effective to speak to another veteran; suggesting a solution could be found in the recruitment of veterans or veteran run services. They feel that civilians are difficult to relate to, or do not have the same understanding of their issues that other military personnel or veterans have.

4 MOVING FORWARD: THE RECOMMENDATIONS

The aim of this report is not only to recount and summarise the personal experiences of the female veteran attendees but to also provide recommendations to solve or move towards solving their problems. While some may not be solved entirely, it is clear there is a significant amount of work to be completed if we are to support these women in the way they supported the country with their service, rather than leaving them to fend for themselves and become as invisible in civilian life as they were during service.

There are five key recommendations that can cover a wide variety of topics covered in this report:

1. Peer-to-peer support
2. Transition services and resettlement
3. Medical services
4. Financial and employment support
5. 'Life skills' workshops

1 – Peer to peer support

- A buddy scheme for those in transition into civilian life – could include:
 - A buddy for each locality or local authority area could support a veteran for up to a year into transition – (This for those who fall outside of the support offered by the Defence Transition Service to the most vulnerable)
 - A trusted hub for signposting of services
 - Aid in the identification of veterans in the locality
 - A point-of-contact for multiple services
 - A connector to the creation of a community
 - Could be recruited voluntarily by existing veterans in the area or an assigned support post
 - Weekly or monthly 'check-ins' for veterans to have a 'friendly face' so-to-speak
- Increasing of support for veteran run services
 - Providing further financial support for services run by veterans
 - Providing further publication or awareness of those services
 - Creation of female run veteran services that are tasked with aiding female veterans
- Female only therapy groups
 - Peer run female therapy groups for veterans
 - The exclusion of male involvement
 - Female veteran 'safe space' to discuss issues
 - Creation of a female veteran community to support those who feel isolated and outcast

2 – Improvement of transition services and resettlement

- Review of dedicated transition officers to ensure equality of support
- Improvement of awareness of transition workshops and presence in Wales
- County specific transition officers which can aid in relocation, career services and necessary signposting
- Point of contact between support officers and local authorities and housing associations
- Increased recruitment of veterans to run services, ease them into civilian life and engage in their new community
- Retro-active resettlement services and advice for those who had left years before
- Ministry of Defence to allow briefs by outside organisations to service leavers (Are Unit Welfare Officers best placed to offer advice when no experience of civilian life themselves?)
- Temporary childcare support for those without family assistance in order to attend to interviews or appointments for suitable housing

3 – Medical services

- A trained Female Mental Health Peer mentor
- GP training to increase information and awareness
- GP access to military medical notes (digitalisation for ease of access)
- GP awareness of services available to veterans
- Increased identification of veterans
- Local referral process and advice upon transition
- Increased training and research of PTSD in female veterans
- Recording of veterans upon registration (specific question in registration forms)

4 – Financial and employment support

- Financial support and advice specific to veteran support for signposting
- Financial credit advice for those starting fresh in the civilian world
- Support fund for those in need of financial aid of deposits for a house
- Government funded credit service for those who have no credit history
- Increased employment opportunities for veterans linked through government contractors
- Opportunities for veterans to participate in shadowing of different industries
- Increased employer education of:
 - Veteran experience and workplace adjustment
 - Transferability of veteran skills
 - Military work-ethics and positive skills/features
- Childcare advertised support for working mothers

5 – 'Life skills' workshops

- Childcare and time-management

- Transferability of skills and confidence
- Career options and field-specific advice
- Mentoring, shadowing, and experience
- CV writing skills
- Civilian workplace adjustment
- Further education opportunities and finance advice
- Financial advice on tax, pensions and credit

5 CONCLUSION

This report is just a snippet into the lives of female veterans and the struggles they have faced and continue to do so. While it may contribute to much needed research, it is a practical report which hopes to evoke change and bring attention to the plea of female veterans. Their experiences, while all individual and worthy of recompense in their own right, are collective and connected. This was a small part of the female population of veterans in Wales; there are many more stories to tell which would take up far more than this report could cover. What the concluding remarks of this report make clear are that: more research is necessary to understand and improve the lives of female veterans after service, that there are many voices that have gone unheard and will continue to do so until they are asked otherwise, and finally, that while they have served this country far more than this country has served them. While it was their choice and consequently their duty to do so, it is our choice and our duty to support them in the lives they choose to live thereafter. They may feel invisible and forgotten, but this report, and those who sanctioned its undertaking, will never forget; the final hope is that their voices are heard, and services remembered, that we can support them in the way they have supported us; dutifully and respectfully.

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