

**FEMALE VETERANS:  
THE FORGOTTEN AND  
INVISIBLE SERVICEWOMEN  
OF OUR ARMED FORCES**

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Commentary and recommendations  
of the Female Veterans Workshop  
(October 2023)



FEMALE  
VETERANS  
ALLIANCE

October 2023



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## INTRODUCTION

Although women have held active roles in UK military service since 1902, with the first all-female unit formed in 1917, men still make up 88% of serving personnel in the UK armed forces. This overwhelming majority has rendered female servicewomen and veterans as a sub-population of the military. As a result, both military, and post-service, support has developed inequitably, favouring male perspective and experiences. Subsequently, the needs of female veterans have been institutionally overlooked, with criticisms that services are exclusory, inappropriate, or insufficient. The FVA (Female Veterans Alliance), which will be explained in more detail below, was formed to shed light on the myriad of challenges faced by female veterans across the UK, and endeavours to share their stories and experiences with both the government and the wider academic community. These experiences, detailed in the report below, are building upon the material available to researchers seeking to understand the issues faced by female veterans; this foundation can be utilised by the executive and charity sectors to improve existing support services or imagine new avenues for support. We hope to shed light on the experiences of female veterans from their own personal perspectives, as a step towards equity of understanding and levelling of care.

This report does not contain a compilation of statistics, pie-charts, or cold facts. Instead, it presents an organised narrative exploration of the challenges faced by female veterans in the United Kingdom. The workshop, upon which these findings are taken, was designed for participants (all female veterans of different serving lengths and forces) to share their experiences together and identify key transition challenge patterns. We have then gathered those discussions and categorized issues in order to reflect on current support frameworks, the development of transition programmes and any remaining provisional gaps. The varying gaps of service, and date since military departure, mean that participants experiences may have differed significantly in respect to the support available or offered. What we are demonstrating here is the connected web of challenges which should be considered when revising services in light of the female veteran experience, regardless of time of departure.

Our workshop attendees, representing various services and ages, offered invaluable insights into the multifaceted challenges faced by female veterans. This report does not aim to criticize specific services or organizations but rather to underscore the hurdles women encounter in accessing and utilizing support services. It contributes to a growing body of literature focused on story-based narratives of female veteran experiences, challenging existing structures and encouraging a redesign with women in mind.

We (the FVA) believe these experiences should be considered independently to those of male veterans, and focused attention should be given to the female experience, not as a comparative but as a sole indicator of support success. We have seen, and heard, that the existing support services are created for the many (primarily the male population) and therefore the few (the female veteran and serving population) have been overlooked, ignored, and forgotten. If this disparity in support continues, female veterans will continue to face these challenges to a successful civilian life and disparities will only continue to broaden.

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<sup>1</sup> <https://www.britishlegion.org.uk/stories/women-in-the-armed-services>

<sup>2</sup> <https://www.statista.com/statistics/579732/strength-of-uk-armed-forces-by-gender/#:~:text=In%202023%2C%20there%20were%20approximately,United%20Kingdom%2C%20and%2016%2C450%20women.>

<sup>3</sup> Bailey, M., Phillips, R., Morrison, Z., 'Improving access to service charities for female veterans;' <https://rgu-repository.worktribe.com/output/2079145>

## **APPLYING THE COMMENTARY**

As we delve into the narratives, one recurring theme emerges – the existing support infrastructure, while available, is not considerate of unique female needs. Historical remnants, such as the pregnancy ban, exemplify the slow adaptation of the military to modern attitudes. These archaic mindsets have impeded empathy, support and even acknowledgement, for many of the challenges faced by female servicewomen and veterans who are burdened by different responsibilities than their male counterparts. The institutional landscape, designed for men by men, inadvertently perpetuates an environment where female veterans feel continuously suppressed, overlooked, and ignored.

Through case studies and recommendations, we aim to fill an enormous void in the understanding of female veterans' lived experiences. This report is a plea for an unbiased reassessment of the needs of veterans, urging support services to acknowledge women's experiences on their own merit. By focusing on the transition experiences and post-service struggles, we uncover underlying causes that, if overlooked, would perpetuate the challenges faced by female veterans.

This report is also not, by any means, a literature review on the challenges to female veterans. This report enjoys a unique freedom to contribute to the qualitative research surrounding issues facing female veterans from those with first-hand experience of the system. In this way, we take the narrative approach to personify previously labelled challenges and, in doing so, we hope to advance regulatory responses and solutions.

The support systems for veterans have not been designed with female veterans in mind, and as a result many of the challenges predominantly affecting female veterans, such as the provision of day care for children, have been overlooked. Admittedly there has been some progress in addressing the day care issue it is still an issue for many. While these inadequacies exist, we are clinging onto an antiquated attitude. We therefore urge institutional research whereby female servicewomen and veterans are given equal consideration of their experience in service as a female, not just as a soldier. We are therefore aiming to provide much needed personal perspectives on the void of support which their counterparts are receiving. One point which has been made clear, is that support exists, it is just not considerate of women. The recommendations proposed in this report echo the sentiments of female veterans, emphasizing the need for a comprehensive and inclusive support system. We hope to trigger a paradigm shift, advocating for services that truly meet the needs of all veterans, irrespective of gender.

In the pages that follow, we embark on a journey through the narratives of female veterans, aiming to humanize their experiences, identify challenges, and pave the way for a more equitable future.

## AN INTRODUCTION TO THE FVA (FEMALE VETERANS ALLIANCE)

The FVA is a national non-profit organisation that aims to empower and support females who have served in the UK Armed forces. It works to provide advocacy, resources, and a supportive community for female veterans. We recognise the unique challenges faced by females in the military and seeks to address them by promoting gender equity, advocating for policy changes, and fostering a sense of belonging and sisterhood among female veterans. The FVA also raises awareness about the contributions and experiences of women in the military, highlighting their achievements and addressing issues such as military sexual trauma, access to healthcare, and transition to civilian life. This report is detailing the findings of our second Female Veterans workshop in Wales on the back of our first workshop and report "Female veterans: The forgotten and invisible servicewomen of our Armed Forces". These have been organised in response to the growing recognition that female veterans encounter distinct challenges during their transition to civilian life. These challenges can include issues related to healthcare, mental health, employment, housing, and social integration. Female veterans often have unique needs and experiences that require targeted support and resources.

## THE WORKSHOP AND THIS REPORT

The workshop, which was held in October 2023, involved group discussions with a wide range of female veterans of various forces and length of service(s). although held in Wales, the participants were from various locations in the UK. The groups followed the key categories of the UK veteran strategy:

- Community and relationships
- Health and Wellbeing
- Employment, education, and skills
- Finance and debt
- Veterans and law
- Making a home

Each group was guided by a set of discussion points related to their theme, however most discussion was free flowing, and topics varied significantly. In turn, we will discuss each key theme as so:

### 1. Contextual information

- UK Veteran Strategy 2028 outcome goal; circa 2018 Veteran strategy plan
- The UK Veteran Strategy Action Plan 2022-24 statement
- Relevant literature

### 2. Report findings

- Workshop commentary; identification of key issues and challenges
- Case studies; personal experiences of participants in narrative form

### 3. Recommendations

- Recommendations specific to each issue in response to the findings



#### Key terms:

VTN - Veterans trauma network

H4H - Help for Heroes

FWP - Fighting with Pride

NHSE - NHS England

AFCS - Armed Forces Compensation Scheme

RCN - Royal College of Nursing

FVA - Female Veterans Alliance

\*All case studies will be anonymous, with names interchanged from the actual participants in order to protect their identity\*

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## REPORT FINDINGS AND RECOMMENDATIONS



### 1. Health & Well-being

#### 1.1 Contextual information

##### The UK Veteran Strategy statements

##### 2018 Veterans Strategy 2028 outcome

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“All Veterans enjoy a state of positive physical and mental health and wellbeing, enabling them to contribute to wider aspects of society”<sup>4</sup>

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##### Veterans Strategy 2022-24:

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“Ensuring veterans have the right health and wellbeing support is a key priority, and through this Action Plan we will build upon the progress that has already been made in developing bespoke support services for veterans. We will make them easier to access and navigate while also ensuring mainstream services are meeting veterans’ needs.”<sup>5</sup>

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The ambitions detailed here for the support of veterans hold significant promise for the health and wellbeing of female veterans. The overarching vision of “All Veterans enjoying a state of positive physical and mental health and well-being” reflects an inclusive commitment to the holistic welfare of individuals who have serviced in the military. However, the intention to enhance bespoke services tailored to veterans must include an independent needs assessment into the challenges faced by female veterans if they are to benefit them.

##### The literature

There is a significant wealth of literature regarding male servicemen and veterans’ mental health issues, with little focus on the female perspective. However, following various female veteran specific research projects, several issues have emerged amongst recent reports and articles.

Some of those issues are presented here:

- Female veterans are disproportionately more susceptible (than male veterans) to experiencing various mental health problems, such as CMD or PTSD.<sup>6</sup>

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<sup>4</sup> ‘The Strategy for our veterans’, Secretary of State for Defence November 2018, [https://assets.publishing.service.gov.uk/media/5bead7d6ed915d6a13d1de79/Strategy\\_for\\_our\\_Veterans\\_FINAL\\_08.11.18\\_WEB.pdf](https://assets.publishing.service.gov.uk/media/5bead7d6ed915d6a13d1de79/Strategy_for_our_Veterans_FINAL_08.11.18_WEB.pdf)

<sup>5</sup> ‘Veterans’ Strategy Action Plan: 2022-2024’, January 2022, CP 598, <https://assets.publishing.service.gov.uk/media/631f08c38fa8f502013c122e/Veterans-Strategy-Action-Plan-2022-2024.pdf>

<sup>6</sup> Improving access to service charities for female veterans, Bailey, Phillips, R. and Morrison, z, <https://rgu-repository.worktribe.com/output/2079145>

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- There is a void of research into female specific health conditions<sup>7</sup>
- Female veterans of working age are significantly more likely to report suffering from depression and anxiety (31%) than male working age veterans (21%)<sup>8</sup>
- A 750 study of UK female veterans found higher rates of mental health difficulties among female veterans compared to non-serving females.<sup>9</sup>
- significant amount of serving female personnel were still (as of 2019) reporting suffering bullying, harassment, and discrimination in the military.<sup>10</sup>
- In collaboration with this research, this report aims to provide further narrative on these topics and personalise some of the key challenges listed above, amongst many others.

## 1.2 Event commentary

The experiences detailed here start to shed light on the myriad of challenges female veterans face in accessing mental health support after leaving the military. These issues are varied and complex, ranging from struggling to access dental care to trauma induced alcoholism. Emotions such as frustration and hopelessness underscored many of the conversations, with an unfortunate solidarity between attendees that they had struggled with similar, or even exactly same issues. By presenting those issues here, we hope to start mapping out those emotions and shedding light on the true effect that the experiences female veterans face has on their lives; in hope that steps can be taken to make change. This change, we believe could not only improve the lives of female veterans, and servicewomen, but also all of those who follow, so that they may not have to face the same struggles.

### Ensuring continuity of treatment

From the practical perspective, many faced issues in ensuring continuity of treatment upon exit. Many participants had mentioned that they faced difficulties securing previously prescribed medicine, and the cost of repeat prescriptions (prescriptions are free in Wales). This had made conditional pain management difficult, adding both financial and practical barriers to continuity of treatment. Further barriers included receiving no information relating to a request for medical history documents (FMED4 documents) upon discharge, despite recent modern advancements to an electronic system. Even though medical documents should be scanned and uploaded, many had gaps in treatment papers, and some were lost entirely. One participant had to request their health records from the MOD and military hospitals, which delayed their current treatment and caused unnecessary suffering. These barriers to the continuity of treatment, many agreed, added anxiety to their daily lives and discouraged them from accessing essential care. These barriers led to feelings of abandonment by the military, many feeling they were “left to fend for themselves”.

Additionally, there were several discussions around the support of existing medical issues, many caused by military service. This included a lack of recognition, or understanding, of hyper-mobility, disc erosion and dislocation, and other significant variations of physical ability and pain. Many felt this contributed to misdiagnosis and permanent damage, with lost trust in medical professionals. The wide and complex array of conditions faced by female veterans are therefore continuing un-identified and un-treated, many feeling hopeless and carrying both physical and emotional pain around daily. Moreover, many felt they were delayed by their inadequate final medical assessment, claiming it was inadequate and a “waste of time”, leading to further delays in procuring treatment.

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<sup>7</sup> Improving access to service charities for female veterans, Bailey, Phillips, R. and Morrison, z, <https://rgu-repository.worktribe.com/output/2079145>

<sup>8</sup> Improving access to service charities for female veterans, Bailey, Phillips, R. and Morrison, z, <https://rgu-repository.worktribe.com/output/2079145>

<sup>9</sup> Hendrikx, L. J., et al. 2023. Understanding the Mental Health Needs of a Community-Sample of UK Women Veterans. *Illness, Crisis & Loss*, 31(2), 385–402. <https://doi.org/10.1177/10541373211070487>, Hendrikx, L.J., Williamson V., Murphy, D., 2021. Adversity during military service: the impact of military sexual trauma, emotional bullying and physical assault on the mental health and well-being of women veterans *BMJ Mil Health* doi: 10.1136/bmj.military-2021-001948.

<sup>10</sup> Edwards, P., Wright, T., 2019. No Man’s Land. Research study to explore the experiences and needs of women veterans in the UK.



**Dental care**

One issue which was heavily discussed in every group was the difficulties in accessing dental care. None had received any advice on how to access dental care upon leaving, with no warning of the complicated lengthy NHS waiting lists and significant costs. Many felt that there was a postcode lottery for both dental and GP services, with particular complaints on the lack of services in mid-Wales. Some believed their only option was to travel across the border (into England), or seek private care, prioritising securing care for their children over themselves.

**GP care**

The access of GP care is a theme recurring from the previous workshop, with many similar experiences of frustration. Many felt that their veteran status went under the radar, either they were not asked or felt they could not disclose. Many who struggle accepting the title of veteran were reluctant to notify their GP, leading to disparity of treatment and lack of trust or confidence. Some felt this led to a lack of understanding between practitioner and patient, introducing even more barriers to the disclosing of mental health issues. These experiences seem to contradict earlier triumphs in record modernisation and veteran status flagging; evidencing a reiteration of the “postcode lottery” mentioned earlier. Additionally, those who had declared their veteran status to their GP still felt support was lacking, with little knowledge of the definition and understandings of a veteran. They felt GPs were unprepared for discussions on combat stress and PTSD, leading to some believing recent policies for more support are just ‘lip service’ (superficial promises of improvement). Additionally, many reported facing long waiting lists for GP appointments, with limited time to discuss issues. Without the ability to provide context for their injuries and conditions, they were unable to accurately, and fully, convey their situation. Finally, none had received signposting to primary care and, as a result, struggled to find appropriate support services. The result of these culminating issues is that many participants felt misunderstood, unheard, and uncared for, with many slipping through the net of specialised support dedicated to veterans. The majority had detailed negative experiences with accessing support through their GPs and many had claimed this made them more reluctant to seek support in the future.

**Lack of awareness / accessing support**

Several issues arose during discussions of accessing existing support services, with the primary concerns being signposting, no knowledge of existing support, and barriers to access. Many expressed they faced difficulties accessing mental health provisions, some felt their mental health issues were not taken seriously by their GP, while others struggled to access the CMHT (Community Mental Health Team) in their area. There were very few participants who were aware of the veterans NHS Wales Service, or of Op Courage. On the one hand, many participants from Wales were disappointed that Op Courage was limited to England, on the other, those who had utilised Op Courage in England felt it was overburdened, under resourced, and in clear demand. Moreover, those participants who were reservists faced even more barriers to accessing care, with some services being restricted to full time personnel. Even non-reservists were reluctant to access Op Courage and other mental health support services due to apprehensions about labelling and the surrounding stigma of seeking help. Many felt they carried these attitudes with them from service, after repeatedly being told to “suck it up” and “get on with it” they were conscious not to be perceived as ‘weak’ or ‘emotional’ for seeking help. Ultimately, accessing both NHS mental health services and charities alike was considered over-complex, difficult to navigate and discouraging, with many feeling they were “starting from scratch” with their mental health support. Some had complained that Armed Forces Welfare is not adequate or fit for purpose, with the loss of trust in support services affecting their relationship with veteran support services.

### **The mental impact of previous experiences**

In each discussion there were many stories shared of past experiences and traumatic events which had impacted participants' mental health and physical well-being. While more in-depth stories will be discussed as individual case studies, there are several which are worth mentioning here. An alarming number of participants had shared they experienced some form of sexual harassment during their military service, with several instances of military sexual trauma (MST). On the one hand, those who came forward with accusations during service felt dismissed, ignored, or accused of exaggerating or inflating the situation. On the other hand, those who didn't come forward were discouraged from doing so by those around them, and the general attitude towards coming forward. This perpetual cycle of discouragement had instilled a deep reluctance to seek support for their experiences long into their civilian lives. Many claimed that the normalcy of harassment slowly "whittled them down" into accepting inappropriate behaviour, with those who came forward experiencing alienation. These issues contribute to significant barriers to seeking support once they leave service, many seeing veteran support services as extensions of the military and therefore extensions of challenging attitudes and processes. Moreover, this is exacerbated by the 'image' of a veteran which is portrayed by many military charities, which female veterans feel are tailored towards their male counterparts, and therefore excluding support for them. Many believe that while MST is not taken seriously in the military, it will continue to be ignored by services charities, with little support for affected female veterans. Ultimately, many feel that accessing services, whether tailored towards female veterans or not, has been difficult, out of reach, and reminiscent of past experiences.

Finally, many carry with them previous experiences of mistreatment in the military which had damaged their self-esteem and empowerment, leading to many agreeing they had lost their feminine identity. First, many had stated that the pregnancy ban had discouraged them to start a family early in their career, with several sharing they felt forced to seek an abortion for fear of losing their livelihood. One participant was pushed out of service for not wanting to leave their children for long tours, carrying an expectation of transferring parental rights to deploy. Therefore, many felt unsupported, disadvantaged, and the carriers of the burdens of family life; many having to choose between their family or their career. One participant heavily struggled while working during pregnancy, working right up to the birth and subjected to several dismissive comments such as "what are you still doing here?". Experiences such as these dampen their confidence with their own femininity, many feeling like they need to suppress the effects of emotional and physical trauma in order to "not make a fuss" to "just get on with it".

When participants were asked how they currently manage their mental health and wellbeing, several had relayed positive actions such as going to the gym, practicing mindfulness, and swimming. However, many had also disclosed they had developed an alcohol dependency, have abused / misused substances or merely suffered in silence; several agreeing they had developed "put up shut up syndrome". There were only a few who had turned to accessing veteran support services for their mental health and wellbeing.

### 1.3 Individual stories

#### Stephanie



Stephanie's journey tells a harrowing tale of the challenges she faced after becoming a victim of sexual assault, compounded by the tragic loss of a friend to suicide. Despite enduring such trauma, she found herself discharged from the military under the label of being 'temperamental,' a term that offered no recognition or understanding of the deep emotional wounds she carried.

Her attempts to secure her pension were met with refusal, as her discharge was not deemed medical. Left to navigate the aftermath on her own, Stephanie sought solace in counselling but found little assistance. Sent home with the promise of paperwork to follow, the military provided no acknowledgment or accountability for their role in exacerbating her mental health struggles.

The assailant faced no repercussions, completing training and returning without consequence. In a distressing turn of events, Stephanie was discovered with him, leading to her isolation at the medical centre for days without support. This traumatic experience left her grappling with depression, anxiety, and alcohol dependency.

While the NHS referred her for mental health services, there was a notable absence of veteran- or female-specific support. The 'mental' label attached to her discharge cast a shadow over her future career choices, limiting opportunities and perpetuating the stigma surrounding mental health.

Unaware of available services and reluctant to identify as a veteran, Stephanie shied away from seeking support specific to her experiences. Her story highlights the urgent need for comprehensive mental health services tailored to the unique challenges faced by female veterans, acknowledging the systemic failures that have contributed to her ongoing struggles.

#### Mandy



Mandy's journey has been marked by the persistent impact of post-traumatic stress disorder (PTSD) stemming from her military service. Weekly dreams and nightmares, all service-related, underscore the profound toll her experiences have taken on her mental well-being. Despite receiving a diagnosis, Mandy admits to struggling with a comprehensive understanding of what PTSD truly entails.

In her quest for support, Mandy found a lifeline outside traditional mental health charities through organizations like Fighting with Pride. These avenues have played a crucial role in reinstating her sense of home and connection, offering a space where she can reclaim a semblance of peace.

However, her path to healing has not been without obstacles. Mandy faced the disappointment of being prevented from attending a remembrance service, a poignant reminder of the challenges female veterans encounter within the broader military culture. This culture ingrains in women the expectation to harbour their struggles silently, a phenomenon especially prevalent among those with parents who served. The prevailing 'put up and shut up' syndrome perpetuates the perception that voicing one's struggles is synonymous with weakness, fostering an environment where, maintaining a 'stiff upper lip', and pushing through difficulties is encouraged, even if it means risking personal well-being.

As a coping mechanism, Mandy found herself entangled in alcohol dependency, further highlighting the complex interplay between military culture, mental health challenges, and the crucial need for support systems that not only acknowledge but also address the unique struggles faced by female veterans like Mandy.

## 1.4 Recommendations



The recommendations for improving mental health and well-being support services extending from this workshop commentary has highlighted four key areas for improvement:

1. Healthcare awareness and access
2. Support awareness and access
3. Menopause and maternity support
4. MST awareness and support

### Healthcare awareness and access:

- Improve awareness of healthcare services for female veterans.
- More structured but consolidated signposting which is easy to locate and communicated to those applicable
- Notify GPs of veteran status; national flagging system
- Provide intel on health and well-being expectations alongside career guidance.
- Establish services for self-esteem and mental health support.
- Provide health and well-being information on exit.
- Extend Op Courage services to additional regions or explain the options in the devolved nations (e.g Veterans NHS Wales).
- Consider gender-specific GPs with veteran experience or specialization.
- Dedicated presentations on Health and Well-being at CTP workshops or transition events
- Structural breakdown of NHS services and pathways to access
- Information on accessing GP and Dental Care post service, does not have to be location specific

### Support awareness and access:

- More education on the Armed Forces Covenant, its' purpose and support
- Facilitate access to support services from charities.
- Implement gender-specific confidentiality signposting.
- Develop residential courses for trauma recovery.
- More awareness training of what to expect as a civilian when leaving the military e.g. Health, employers, housing and finance
- Signposting to specific services upon exit
- Extension of Op Courage level of support to devolved nations (e.g TILs)

### Menopause and Maternity Support:

- Consideration for pregnancy and new mothers.
- Better access to maternity services and signposting of support
- Longer transition periods back to work post-maternity leave.
- Confidence-building return-to-work programs.
- Development of specific support services for menopause and pregnancy in Female Veterans
- A check in from the service when on maternity leave off base
- Further structural research into the support offered for female servicewomen and veterans on menopause, maternity and motherhood.

### **Military Sexual Trauma (MST) Awareness and Support:**

- Increase awareness of MST.
- Provide access to advocacy services, victim support, and secure whistleblowing processes.
- Include MST presentations during service and civilian transition workshops to highlight experiences and key issues.
- ‘Don’t be a bystander’ training



## **2. Finance & Debt**

### **2.1 Contextual information**

#### **The UK Veteran Strategy statements**

##### **2018 Veterans Strategy 2028 outcome**

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“Veterans leave the Armed Forces with sufficient financial education, awareness and skills to be financially self-supporting and resilient”

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##### **Veterans Strategy 2022-24:**

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“(By the end of 2022 we commit to) The development of life skills training and support to service personnel to aid transition, with a pilot within 2022”

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While this outcome, and commitment, signify a step towards ensuring female veterans are empowered with financial self-sufficiency, they do not detail any active plans to improve the services offered to current veterans. Recommendations will be detailed below which could be implemented now for the benefit of all current and future veterans.

#### **Literature**

There is a significant gap in the research on the socio-economic and financial issues facing female veterans. With only a few issues which have been identified in the literature:

- Financial issues are a significant risk factor in mental health problems amongst female veterans <sup>11</sup>
- Female veterans have objectively worse financial prospects compared to male veterans <sup>12</sup>

We are hoping the experiences shared here will pave the way for further research into improving financial advice and support for female veterans.

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<sup>11</sup> Improving access to service charities for female veterans, Bailey, Phillips, R. and Morrison, z, <https://rgu-repository.worktribe.com/output/2079145>

<sup>12</sup> MacLean, MB, Van Til L, Poirier A, McKinnon K, Veterans Affairs Canada, Research Directorate. Pre- and Post-Release Income of Regular Force Veterans: Life After Service Studies (2016); 2018a., Lauren Godier-McBard, Nicola Gillin and Matt Fossey, ‘We Also Served: The Health and Well-being of Female Veterans in the UK’, May 2021

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## 2.2 Event commentary

### **Pensions**

Under the umbrella of pensions, a myriad of challenges arose which participants have faced in accessing their pensions. These included restricted eligibility requirements, complex application procedures and difficult collection processes. For some groups that voiced their problems around finance and debt, it appeared to be the biggest concern. Several expressed dissatisfactions that you must serve 2 years in the military to be eligible for a pension, and even if that prerequisite is met, complications still may arise. Moreover, for those wishing to receive their pension straight upon exit, they must start the process 9 months before, several complained this left them without income. Another concern that was thoroughly discussed, is the changes brought to the pension scheme as a result of the so called 'McCloud judgment'. This judgement significantly impacts a vast number of participants, mostly those who are younger, and therefore causes notable worries to these individuals. Many are confused as to the impact of this judgment and the complex changes to the pensions structure which followed. This issue was said to heavily contribute to participants' financial stress and a feeling of uncertainty, due to a lack of guidance on changes and situational conditions.

There were also concerns about the lack of support in place to help participants guide their way through complex pension system. The only organization that was referred to was the Forces Pension Society, an organization that provided such help on a membership basis, costing roughly 43 pounds per annum. While their efforts were appreciated, multiple participants complained of long waiting times and lengthy procedures to secure necessary documents; this only contributed to financial stress and uncertainty. Members of the Society are required to collect all information needed by themselves, as the Society is not able to directly receive data from the pension scheme itself. As members are still left to fulfil a large portion of the process by themselves, they feel unsupported. The changing regulations and no guidance on how it affect military personnel only exacerbated access issues, some were caught out of allowance changes and were prevented from topping up. There was also a disparity in support offered by differing military services, where the Navy gave advice on how to handle a medical pension lump sum, whereas the Army had not. Many felt they would benefit from female specific advice and support services who could better understand their individual situation.

### **Tax**

In the experience of the participants, an often-overlooked problem arose around the management of taxes. While in the military, the serving personnel does not have to submit a tax return. Given the young ages some participants joined the military, they may have never filed a tax return in their adult lives. This appeared to cause major troubles for some as they were lost and confused by the complex process. Many felt there was no support offered in understanding the tax system and handling claims procedures leading to significant financial stress and fear of severe consequences from the HMRC. Some participants admitted they have yet to file their first tax return correctly - even multiple years after leaving service.

### Personal finances

The theme of “living in a bubble” resonated with many groups, reflecting the isolated military lifestyle where financial responsibilities were minimal. Upon exit, many felt they were entirely unprepared for more financial freedom and were left confused and anxious. Many contended that training was male-centric, overlooked support for wives, and focused too heavily on employment, neglecting the crucial aspect of financial literacy. One participant reported that herself and her partner were turned down for a mortgage as neither had built a credit history during service. The debt they had accrued during service was discouraged and penalised and they were therefore left without an avenue to prove trustworthiness. Moreover, many participants felt that during service there was no avenue for financial discussions, with food stamps being the only avenue for discovering someone may be experiencing financial difficulties, only arising after the ‘pay as you dine scheme’ was introduced. There was an overall frustration amongst participants that they felt unsupported and left to ‘fend for themselves’, claiming that the military has a moral responsibility to provide financial education to serving members, especially to those which may have started in their late teens and would have therefore never experienced financial independence or responsibilities. Many feel this could be fulfilled by regular financial training workshops which could be signposted to those interested, even if this service was national. Ultimately, those who had moved straight from home into the military had never experienced a sense of financial independence, with bills and expenses taken directly from pay, they had never been able to develop positive financial habits or manage monthly expenses, resulting in bad habits of ‘blowing the pay in one day’ as they had no other financial commitments. These habits unfortunately followed many into civilian life, with financial stress becoming an emotional burden, pushing many into a hole they struggled to get out of years later. Some brought it to attention that the situation was much harsher for those who were forced to leave without full pension support, resulting in a stark drop in income and no support from the military. Moreover, many expenses they had not needed to consider while in services were all new demanding expenses, such as clothes, bills, travelling, dental, medical and food etc.

For some participants, their low financial literacy manifested itself in gambling habits, with their previously ‘cushioned lifestyle’ resulting in no sense of financial responsibility. Several had shared stories of dramatic consequences to their financial obliviousness, with one participant saying she “will never be out of debt and never own a home”. She had shared that she joined the army at 16 and had never made any financial decisions, even down to not choosing a bank account which was opened for her. As a result, she suffered heavily in civilian life, having to ‘put out constant financial fires’ and always feeling like she was on the back foot. Financial stability, once provided by the military, many felt fostered a careless attitude towards money, leading to debt accumulation post-service. Identity issues compound the struggle, as veterans grapple with their lost sense of community and financial security. The transition becomes a journey from stability to uncertainty, and the shift from a military-centric to a money-centric worldview proves challenging. Many were unaware that they could ask anyone for help, some saying “it never occurred to me to ask anyone”; many feeling out of their depths. Some were even shocked upon receiving their first salary, exclaiming “financial training should be available from day one”. All agreed they would have appreciated a financial advisor with an understanding of military life. This lack of preparation led to further disadvantages, such as “I didn’t know I could negotiate my pay. I was always told what things will be and I never questioned it”. Those who were ‘kicked out’ without pension, such as those who suffered the LGBTQ+ ban, felt robbed of both their professional and financial security.

## Family life

Family responsibilities added another layer of complexity, with female veterans feeling a heightened need for financial independence. The shock of transitioning from a secure military lifestyle to an uncertain civilian one becomes more pronounced when family and children are involved. A lot shared their struggle of caring for both themselves and their children financially, burdened by the added financial pressure of managing their household. Several felt it was more of their responsibility than their male counterparts, having to prioritise immediate expenses such as school uniforms and supplies alongside other new financial responsibilities; although it was having children that many felt was the turning point when they realised they needed to learn about money and financial independence.

## Seeking help

Financial difficulties are faced in silence, with asking for help seen as a sign of weakness. Many consider the welfare system is something which is shameful to use, one saying “it is not for us”. This was a common theme, with more comments such as “I’m not good with help”, “It goes against the grain”, and “I would get it for my kids but not for myself”. Many find applying for financial help humiliating and they feel scrutinised and exposed, with more comments such as “be resourceful and crack on”, “asking for financial help is an independence struggle”, “feeling like a financial failure” and “I don’t see the funding as being for me, it’s for other people”. There is clearly a heavy demand for these services as female-veteran friendly, with an emphasis on gaining trust and confidence and reducing the stigma of shame when accessing financial help. Even with veteran specific services, so many struggle to identify themselves as veterans and are therefore reluctant to use veteran support services, one saying “Veteran resources & charities are not the first port of call – I forget I am a veteran”. Many struggled to find any targeted resources for female veterans, and were reluctant to access usual channels. Several participants described asking for help as “humiliating and exposing” as organisations ask for considerably sensitive information, many do not want to go through this scrutiny.

In summary, the financial challenges faced by female veteran’s post-military service are diverse and multi-faceted. From pension complexities to tax issues and the broader management of money, these narratives underscore the urgent need for targeted support systems that address the unique financial struggles of women who have served their countries.

## 2.4 Recommendations



### 1. Pensions:

- **Informative Workshops:** Conduct regular financial literacy workshops specifically tailored to female veterans. Cover topics such as eligibility, application procedures, and changes in pension schemes.
- **Female-Specific Advisors:** Establish a support network with financial advisors who understand the unique challenges faced by female veterans. These advisors should provide personalized guidance on pension-related matters and be better placed to understanding the intricate complexities of leaving military service as a female.
- **Streamlined Processes:** Advocate for simplified pension processes, including faster application procedures and direct data sharing between pension schemes and support organizations to reduce waiting times. A roadmap should be created
- **McCloud Judgment Guidance:** Offer clear and concise information on the implications of the ‘McCloud judgment’ and provide support to navigate the changes it brings to the pension structure.
- **Service Equality:** Ensure uniform support across different military services, addressing disparities in advice and assistance. Develop female-specific advice services to cater to the specific needs of women veterans.



## **2. Tax:**

- **Tax Return Assistance:** Provide accessible resources and workshops to help female veterans understand and complete their tax returns. Offer step-by-step guidance to alleviate confusion around tax processes.
- **HMRC Support:** Establish partnerships with tax authorities to provide direct support to female veterans in handling tax-related queries and claims, reducing the fear of severe consequences.
- **Post-Service Financial Education:** Include comprehensive financial education in the transition process, covering topics like tax management and financial responsibilities post-service.

## **3. Personal Finances:**

- **Financial Education Programs:** Integrate financial literacy programs into military training, with a focus on female-specific financial challenges. Include topics such as credit history building, budgeting, and managing monthly expenses. Financial support training for officers who can better support their teams.
- **Transition Support (female specific):** Develop support systems to help veterans transition from the military lifestyle to civilian financial responsibilities. Provide guidance on building credit history, securing mortgages, and managing new expenses. Female-oriented transition courses to answer questions unique to females.
- **Debt Management Services:** Establish counselling services for veterans struggling with debt, offering strategies for debt repayment and financial stability.

## **4. Family Life:**

- **Family-Oriented Financial Workshops:** Create workshops that address the unique financial challenges faced by female veterans with families. Cover topics such as managing household finances, childcare expenses, and balancing family responsibilities.
- **Childcare Support:** Advocate for additional financial support or subsidies for childcare services to alleviate the financial burden on female veterans with children.

## **5. Seeking Help:**

- **Combating Stigma:** Launch awareness campaigns to reduce the stigma around seeking financial help. Highlight success stories of female veterans who have overcome financial challenges with support. Breaking “help=weakness” mentality is key in securing better financial futures for female veterans (link to mental health).
- **Confidential Support Channels:** Create confidential and secure channels for female veterans to seek financial assistance without fear of judgment or exposure. Emphasize the importance of self-care and seeking help when needed.
- **Female-Veteran Friendly Services:** Ensure that support services are specifically tailored for female veterans, creating a safe and understanding environment that encourages trust and confidence.
- **Identity Recognition:** Improve recognition and identification of female veterans within support services to facilitate easier access to targeted resources.
- **Dedicated ‘Buddy’s’:** Having a dedicated person to discuss urgent issues with, such as buying a house, claim my pension etc. Which could help normalise spending patterns. Some felt it was essential that this ‘buddy’ would not be of higher rank as this was identified as a barrier to an honest conversation.
- **Support re-branding:** Rebranding female-oriented services as “ex-military” or “ex-service” instead of “veteran” can help make seem more approachable.



### 3. Veterans & the Law

Although most Veterans remain law-abiding citizens, a small minority enter the criminal justice system. Members of this group are often among the most vulnerable Veterans, with complex needs. There remains a need to offer them a more cohesive network of support to enhance the initiatives already in operation. Whilst this remains a challenge, there are many examples of collaborative programmes across the UK that could be expanded. There are a particular set of challenges for those Veterans affected by legacy investigations linked to their service. Pastoral and legal support is available to all those affected, and the UK Government will consider whether this should be further strengthened.

#### 3.1 Contextual information

##### The UK Veteran Strategy Statements:

The 2018 Veteran Strategy 2028 outcome:

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“Veterans leave the Armed Forces with the resilience and awareness to remain law-abiding civilians.

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##### The Veteran Strategy 2022-24:

Veterans in the criminal justice system

- We will make sure the right support is in place for those who are in the criminal justice system: reducing the risk of re offending, understanding why some veterans enter the system and doing more to prevent it. MOJ will:
- Evaluate and assess the HMP Holme House veterans’ wing pilot where ex armed service personnel can volunteer to locate and be offered tailored veteran support. We will evaluate this pilot with a view to supporting recommendations across the wider custodial estate.
- Update and maintain the veterans support map. The map details all available services to veterans in the criminal justice system and will enable ex armed service personnel and their families to access tailored support quickly and seamlessly, with or without the support of a caseworker.
- Consider the findings of research into identifying veterans within the criminal justice system and explore what more can be done to improve identification and recording of veterans in the prison and probation system, so that the right support can be put in place.
- NHSE will implement commitments made in the Armed Forces Forward View to support the healthcare needs of veterans in the Criminal Justice System.

## **Literature**

There is only a limited amount of research and information regarding the legal challenges faced by female veterans. Much of the literature believe that this is due to the unrecorded number of female veterans within the criminal system; potentially due for their reluctance to disclose veteran status.<sup>13</sup> There is currently no research which has considered the challenges female veterans have faced when seeking compensation for military injuries, an issue which was discussed at length at the workshop.

## **3.2 Workshop commentary**

For this section, the majority of answers are better suited to stay in their original format of storytelling to keep true to the experiences of those who shared. Any conglomerate points will be shared in their relevant category. We believe this format will, in this section, allow you to put yourself into the shoes of those who struggled, giving you an invaluable insight into their experiences. However, there are several key issues which arose which we will address first.

### **Issues with the RCN**

Many of the participants were nurses or medical professionals and were therefore also a part of the Royal College of Nursing (RCN). Although many felt they would not seek their help while serving, they have a separate tribunal service and dedicated lawyers which some participants had sought help from. However, there were several complaints of inefficient appointment of solicitors, lost documents and 'closed ranks'. One participant had been given a male solicitor and felt he strongly discouraged her from going to Tribunal, as a result she felt she could not get closure from the complained incident, and no apology. Another felt that there was a lack of compassion for anyone who had an incident to complain of, described as an undercurrent of caution which dissuaded many from 'causing a fuss'. One felt they would be discriminated against if she disclosed her pregnancy, with frequent deployments and forced moves across country. She further told the group how she felt the attitude was "someone else can move, so why can't you?" even though that had meant leaving her family.

### **AFCS / Claims**

The Armed Forces Compensation Scheme (AFCS) provides compensation for injury, illness or death which is caused by military service on or after 6th April 2005. Many participants had initiated claims with the scheme, either through private solicitors or services such as Veterans UK. Veterans UK is a government veterans welfare service which provide free support for veterans and their families, including advice for the AFCS claim scheme.

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<sup>13</sup> Bailey, Phillilps, R. and Morrison, z, 'Improving access to service charities for female veterans' <https://rgu-repository.worktribe.com/output/2079145>

The responses and experiences varied significantly; the main complaints were:

- **Submissions are complex**, can be refused multiple times, and are subject to strict policy guidelines. E.g., one participant had broken 2 ribs but was told she would have to break 3 before getting compensation.
- **Lack of awareness** of the scheme and how it operates, difficult to raise a claim and navigate the rules and processes. Many were never told the service existed, or that they could claim compensation for military related injuries. Some felt this was dependant on your rank and position, with those at the top better advised of their rights. Many charities are also not advertised, several were unaware of SSAFA despite being the UK's oldest national tri-service military charity.
- **Lack of impartiality** of the assigned lawyers, e.g. MOD lawyers who many felt were working against them and in the MOD's favour, to 'save them money'. The service is currently under review and many felt that they did not know where they stood until the review was conducted.
- **Gap in records** of tour and base allocations, with some records incomplete, inconsistent, or missing. Some only had proof of service from photos and their pension.
- **Inconsistent support** between charities, some were very helpful and others 'hopeless' which left many who had negatives experiences frustrated. Many too scared of large solicitor fees to access support but would feel more confident to seek legal advice if they knew the firm could understand the military and the compensation processes.
- **Archaic record keeping** with documents all kept in filing cabinets on paper.
- **Lack of accountability** in military actions had discouraged many from starting a claim, with some participants feeling that the military was merely 'ticking boxes' by allowing such a scheme.
- **Limitation dates** had excluded a large majority of veterans who had suffered injuries several years ago but were unaware of time limitations on initiating claims.

#### **Barriers to seeking legal advice or assistance.**

- **Lack of guidance / advice** on what issues can be litigated, how to navigate legal assistance and the build-up of fees. Many had just followed their husband's advice and this exposed them to vulnerabilities
- **Costs / hidden fees** which can be up-front lump sums and overwhelming financial burdens which discourages many from seeking support.
- **Internal resolutions** are encouraged, with passive discouragement of outside support which carries over into civilian life. Many felt things were pushed under the rug during service, and therefore feel unheard and reluctant to talk to others. For many, this is combined with an anxiety that only those familiar with the military will understand their situation. Some had explained they were treated worse for going to, or discussing going to, the civilian police.
- **Previous trauma** / traumatic experiences while serving discourage many from seeking help post service. One had recalled an instance where she reported unwanted male visitors in her room which were making her uncomfortable and was asked "what were you wearing?" and told she was asking for it. Another explained that the internal process placed more weight on the promiscuity of the girl involved, rather than what happened. A long discussion about the rapes at Harrogate military college left many feeling angry and frustrated that others are still experiencing the same harassment they did, with no support or justice. Some recalled having to be checked by male officers, leaving their doors unlocked for inspection, which male serving members didn't have.

### **3.3 Case Studies**

#### **Have you needed legal advice or assistance related to your military service, such as War pension/AFCS claims?**

##### **Case study 3.3.1:**

I have an AFCS claim going in. I put it in when I was in service. I left on 17 August after 21 years in the Navy. I had a baby, and I was pushed out by service. I was told 4 weeks before I was due to give birth that I wasn't returning to my position – I should have been told 15 weeks before according to policy.

I had my son, then I had to return to an empty base while I was breastfeeding. They didn't bother telling me I was getting replaced. I had conversations with career manager, they told me I had 3 options: 1) leave my son with family members in Plymouth, 2) rent a Nanny, or 3) rent my family home out.

There was a lot more to it than this. I was told I needed to take early pension. I found a job at Donnington – then told I'd got a promotion as I was the only one eligible which didn't make me feel valued. I was pushed to take a job in Scotland. Financially I would have had to have run 2 houses with no family support in Scotland, pay for childcare and my partner at the time would have been 500/600 miles away.

I was pushed to take this position in Scotland. Career manager told me to stop getting emotional. Told me to "put my big girls pants on and get on with it" – he's just got an MBE. Flew to Scotland in December to look at the married quarters – my mental health had started to dip by this point when I should be enjoying my son. I was on a Chief's wage, and it was 900 a month for childcare, plus the mortgage. Navy welfare were only giving me these 3 options.

I flew to Scotland and went to the hub and there was no one there, they were all WFH! But I was told I couldn't WFH. I was enraged. I had zero support from my career manager, so I put a service complaint in. They downgraded me due to my mental health – I was on anti-depressants and not in good place. I decided I couldn't take up the position and that was it. When my service complaint went in, they put the wrong service number on it. I was never interviewed as part of the service complaint – they didn't work according to policy.

##### **Case study 3.3.2:**

I faced discrimination due to my pregnancy, encountering a clear violation of established policies. The policy explicitly outlines the necessity for careful consideration of job roles in light of a new baby, emphasizing the prioritization of "service needs" above all else. Unfortunately, this term was frequently used to prioritize organizational requirements over the well-being of individuals. I was handed a file that seemed hastily put together—a cut-and-paste job containing inaccuracies like my purported work location in Poole, despite the fact that I did not work there, and an incorrect marital status. In response, I meticulously detailed the inaccuracies in a comprehensive 6-page reply. Despite my efforts, the complaint was only "partially upheld." Dissatisfied with this outcome, I sought recourse with the ombudsman, but regrettably, they showed reluctance to investigate the matter.

**Case study 3.3.3:**

I underwent medical discharge at the age of 21, and it had a notable impact on my pension, resulting in a medical pension. Transitioning to civilian life has proven to be an immensely challenging experience, particularly from a mental health perspective. Despite residing in England, where I should theoretically have some support, securing GP appointments has been an ongoing struggle. What added to the difficulty was the lack of contact from the branch upon my departure—they seemingly distanced themselves from my situation. Had they offered me the job in Donnington, I might have seriously considered the 5-year extension they proposed. Frustratingly, I observed inconsistencies in treatment, as a Lt Commander in Portsmouth was allowed to work from home, a privilege I was denied. The job in Donnington, an option that could have made a significant difference, was not extended to me, leaving me in a position where I was expected to care for others' mental health while my own struggles were overlooked.

**Case study 3.3.4:**

I put in an AFCS claim for anxiety and depression. I was given a solicitor but felt that the solicitor was not performing or working in my best interests. I ended up withdrawing from the Tribunal because my mental health was so bad. I left having my son so late because I saw so many other people leaving service after they'd had babies because it is difficult.

**Case study 3.3.5:**

I experienced a medical discharge, and initially, I was told there was no case to address the worsening of my condition. The Secretary of State's stance seemed to be that the military bore no responsibility until proven otherwise. It took seven years and a tribunal to finally bring resolution, a process that proved to be extremely stressful. Despite my background as a medical professional, I struggled with the requirement to substantiate what was already documented in my medical notes. Seeking assistance from the RBL, I navigated the complex process. Last autumn marked the conclusion of my final tribunal, which ruled in my favour, but the entire ordeal spanned seven long years. Sorting through 150 pages of evidence and meticulously documenting every supporting detail was a challenging task. I often wonder how individuals without a medical background manage it. The legal intricacies, compounded by the unfriendly language of the AFCS, added another layer of complexity. The adjournment of the first tribunal due to new evidence and the subsequent two-year wait for the second tribunal further underscored the prolonged nature of this legal journey.

**Case study 3.3.6.**

I have sought legal assistance for divorces in the past, and the process has been challenging. Accessibility to legal advice posed difficulties, especially during deployments, and I struggled to comprehend the associated costs and nuances of legal aid. Lack of knowledge and confidence further complicated matters, as I felt exposed and ignorant about legal proceedings. Email accessibility was limited during my deployment to Kosovo in 2003, creating obstacles in sharing documents. Despite being well-versed in military matters, navigating legal services proved to be a hopeless endeavour. Seeking help from the Army for legal advice was impractical, given the hierarchical nature of the military where the chain of command is paramount. The fear of repercussions on my spouse's career and the potential loss of home and finances further deterred me from reporting issues. Reflecting on this now, I question why I didn't challenge this mindset, but the hierarchical structure of the military instilled a strong obedience culture. The chain of command remains a significant barrier to seeking advice while in service, accompanied by a sense of shame. While some progress has been made, with certain offenses like rape now reportable to civilian police, there's still a pervasive bullying culture that lacks support. Despite the challenges, I've learned that one must persist and fight at every step of the way.

### Case study 3.3.7:

I worked in Northampton prison. There is a massive gap with family law and it's so expensive. Very common with issues around marriage – fighting for kids, social services are involved, and they don't know where to go. To get support there's got to be 3 instances of domestic abuse and evidence of it recorded to the police – this is wrong. Have heard instances of men / women who have gone back to their partner 11 times before making that break. I was a victim of it. I lived in Chester. Coming here today is the first time I have come up north in 23 years. I can talk about it now. My husband got convicted and did jail time – broke my neck and sexually abused me. He's ex-military. There's a lot of that – domestic violence. Lots of families going through abuse. We focus on women, but we're having males come through that have been abused. We have a lot of social services for child abuse. Where do the families go? For a long time, I felt shame. I don't feel it now. I didn't tell anyone at the time. I let someone do this to me. When you're feeling like that, you're just not going to get in touch with a solicitor. You just won't.

### Case study: 3.3.8

My issue is that they (in service) don't give you enough information that you need to be able to put in a WPS/ AFCS claims. People need assistance. I'm not in for a blame culture, but some people need help who have injuries. I put in a claim, I filled in the answers as basic as possible because I knew they'd have my medical records. Turns out they lost them. Husband's been out 4 years now. At no point has anyone ever come and asked him has his injury worsened.

## 3.4 Recommendations



### 1. RCN (Royal College of Nursing) Issues:

- **Review and Improve Solicitor Appointments:** Conduct a review of the solicitor appointment process within the RCN to ensure fair and efficient representation. Consider diverse solicitor options, including gender-sensitive choices, to better align with the preferences and comfort levels of female veterans. Consider non-RCN support services which can guide veterans with claim processes and complaints.
- **Pregnancy Discrimination Prevention:** Implement measures to prevent discrimination against pregnant individuals, ensuring fair treatment and support during deployments and relocations. Develop policies that accommodate the needs of pregnant service members without compromising their careers.

### 2. AFCS (Armed Forces Compensation Scheme) / Claims Issues:

- **Simplify Claim Submissions:** Streamline and simplify the AFCS claim submission process, making it more accessible and understandable. Provide clear guidelines and support to navigate complex policy requirements, ensuring that compensation is fair and reasonable for various injuries. Conduct a review into claim success rates and independent assessments to ensure claims are not unnecessarily dismissed or overlooked.
- **Increase Awareness and Education:** Launch comprehensive awareness campaigns to educate all military personnel, regardless of rank, about the existence and details of the AFCS. Ensure that veterans are well-informed about their rights to compensation for military-related injuries, irrespective of their position. This information should be included in transition.
- **Impartial Legal Representation:** Address concerns regarding impartiality by reviewing and improving the selection of lawyers involved in the AFCS process. Ensure transparency and fairness in legal proceedings, with a focus on supporting the veterans rather than working against them.
- **Modernize Record Keeping:** Update record-keeping systems to a digital format, ensuring accuracy, completeness, and accessibility of tour and base allocation information. This will prevent gaps in records and provide a reliable source for veterans to substantiate their claims.

### 3.4 Recommendations (continued)



- **Enhance Charitable Support:** Collaborate with charitable organizations to standardize and improve the quality of support provided to veterans navigating the compensation process. Ensure that veterans are aware of available charities like SSAFA and have access to reliable support networks.

### 3. Barriers to Seeking Legal Advice:

- **Legal Guidance for Veterans:** Establish clear guidelines and accessible resources informing veterans about issues that can be litigated, along with guidance on navigating legal assistance and managing potential fees. This will empower veterans to make informed decisions about seeking legal support. This should include providing information on transition of time limitations and structural barriers.
- **Financial Support for Legal Assistance:** Explore funding options to alleviate upfront costs and hidden fees associated with seeking legal advice. Implement financial support mechanisms to make legal assistance more accessible, reducing financial burdens on veterans. Improve awareness of solicitor costs.
- **Promote External Support:** Encourage a culture that supports seeking external legal assistance, breaking the stigma associated with outside involvement. Promote transparency and accountability within the military, fostering an environment where concerns are addressed rather than dismissed.
- **Address Trauma and Discrimination:** Implement training programs to educate military personnel about trauma-informed approaches and eradicate discriminatory practices. Ensure that reporting mechanisms prioritize the well-being of individuals, with a focus on empathy and understanding.
- These recommendations aim to address the challenges, discussed above, in seeking legal assistance, obtaining compensation, and navigating the complexities of military service. By fostering a supportive and inclusive environment, improving awareness, and enhancing the overall processes, the goal is to empower female veterans and ensure their rights and well-being are prioritized.



## 4. Community & Relationships

### 4.1 Contextual information

#### 2018 UK Veteran Strategy 2028 outcome:

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“Veterans are able to build healthy relationships and integrate into their communities”

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#### UK Veterans Strategy 2022-24:

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“(One of our goals is to) Add ONS measures on loneliness and social isolation to the regular Veterans Survey, in order to understand the extent to which veterans are experiencing feelings of loneliness and social isolation”

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While it is clear that the strategy acknowledges the difficulties all veterans face in building health relationships within their communities, we believe the findings presented below indicate further research and focus is needed on the experiences specifically of female veterans. Without doing so, we are failing to provide adequate community support for female veterans as their needs are not sufficiently addressed.



**Literature:**

- There are limited evidence-based research projects into the challenges faced by female veterans when re-entering the civilian community. However, similar experience-based reports have found:
- Female veterans report experiencing a sense of loss of community upon leaving<sup>14</sup>
- Female veterans face a significant period of adjustment between leaving the military and establishing new relationships<sup>15</sup>
- Female Veterans are more likely to be divorced than their male counterparts<sup>16</sup>

**4.2 Workshop Commentary**

Upon exiting the military, a complex variety of problems occur when female veterans re-enter the civilian community. These problems can be individual, such as reconnecting with existing family and friends, or collective, such as the widespread difficulty of females identifying as veterans. Many of the issues arise from navigating resettlement, with new processes becoming overwhelming when attempting to start a new life. The key challenges will be presented below.

**Marriage, intimacy, and Pregnancy:**

- **MST:** Those who had suffered military sexual trauma during service had struggled to develop healthy relationships post service; even more so with civilians. One participant had mentioned her marriage was deeply affected from an incident which occurred 20 years ago which she had never received support for and was discouraged from doing so.
- **Relationship issues** are experienced by many, for those with partners still serving or otherwise. These issues create a hostile environment where negative attitudes are perpetuated. Many feel they 'put up with' more toxic / violent behaviour from their partners due to 'being used to' abuse in military service. Many are afraid to stick up for themselves or reach out for help, still burdened by discouragement to seek independent help from service.
- **Inequality of support** is complained of from many, with some feeling that single fathers are accommodated much better than single mothers, both during and post service. Many experiences were shared that demonstrate the burden military mothers bear compared to fathers, often reflecting the expectation that they manage the majority of home responsibilities. It is assumed that childcare is primarily a female responsibility, with some asked to put up their children for foster care to leave for tour. This extended to anxieties post service that they would have to 'manage on their own' and 'do everything'. Some were forced to leave the forces so that they could follow their serving husband due to long periods of being apart and having children together.
- **Sexuality and re-entering society** became extremely difficult for those 'kicked out' of the forces for being gay. Those affected commented on how this rejection (or expulsion) has burdened them with crippling trauma, many feeling shame or that they must hide their sexuality. These issues highlight the need for better understanding and inclusivity of the LGBTQI community within all branches of the Armed Forces.

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14 Claire Hooks, Louise Morgan, Matt Fossey, Ellie Buxton and Lauren Godier-McBard. "Where are all the women?" Recognition and representation - UK female veterans' experiences of support in civilian life', September 2023

15 Claire Hooks, Louise Morgan, Matt Fossey, Ellie Buxton and Lauren Godier-McBard. "Where are all the women?" Recognition and representation - UK female veterans' experiences of support in civilian life', September 2023

16 Lauren Godier-McBard, Nicola Gillin and Matt Fossey, 'We Also Served: The Health and Well-being of Female Veterans in the UK', May 2021

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### **Identity as a veteran:**

- **Not wanting to remember service** was a common comment, with many still struggling with negative service experiences. As a result, they shied away from using the term veteran or seeking to access specific support or communities, wanting to distance themselves from their time in the military. Many did not want to be reminded of their experiences.
- **Reclaiming their lives** – some described the distancing as reclaiming their own life, their own personality, femininity, and independence of thought. Many felt they had lost their own self-identity as a serving member and felt identifying as a veteran was stepping backwards into service.
- **“The word ‘veteran’ doesn’t seem to fit”** – Coupled with the marketing personas of ‘old white male’ veterans, many female veterans struggle to relate to the term. They struggle to align themselves with what the term stands for and are reluctant to place themselves into a category they do not feel they belong, or do not feel they will be welcomed in to.
- **“From hero to zero”** – Many felt isolated and alienated by their lack of support during transition. The void of after care, resettlement or support made transition difficult and lonely, many feeling secluded and as if they had immediately lost that ‘family’ feeling they had gained in service. These experiences made it difficult for some to seek help under the veteran umbrella of support as they had lingering feelings of abandonment.
- **“I lost myself”** – Some struggled with the loss of military status, finding where they belong and described the feeling as “losing me”. Some felt ‘brainwashed’ by military norms, giving examples such as not being able to walk on grass or having to be early to be on time. Accumulated, these struggles make it difficult for female veterans to find their true selves post service, making transition an even scarier process.
- **“Different forces different service”** – Many had discovered, or were aware of, the vast disparities in ethos and culture between services. This had made it difficult to transition into the term veteran as an umbrella term. Many felt they had lost their relationship with their force.

### **Community**

- **“Fitting in is difficult”** – Many participants agreed that they had struggled to re-integrate into civilian lives and start new friendships. Some had explained that they found it difficult to understand other people’s behaviour, such as being late or not sticking into the rules. Many felt too different from those around them, such as mums on the school run, and found it difficult to relate and make conversation. It was felt that civilians held on to the perception that veterans only wanted to talk about their service.
- **“I just went into a bubble”** – Some had entered an isolated bubble after leaving, struggling to find others to relate to. Many complained of feeling like a ‘total alien’ in civilian life, hypersensitive to civilian relationships with many only making acquaintances, not friendships. However, those who had worked alongside civilians whilst serving felt they had smoother relationships with civilians’ post service, making an easier transition into civilian life.
- **“I just said yes to everything”** – Participants had explained that their inability to say no had extended into civilian life, with many struggling to turn down social events in order to build and maintain new friendships. This left them burnt out and overwhelmed, with a detriment to their mental health.

- **Lack of accommodation resettlement** was often referred to as the most important issue upon transition. Many had struggled finding a place to stay and had not received any support about renting processes or council procedures.
- **Jealousy of partners still serving** was something which was commonly felt amongst those affected, whether they were discharged medically or encouraged to leave for childcare purposes. This was described as particularly difficult if they continued to live in a military town.
- **Continuity of maternity community** was mentioned as a barrier to a smooth transition. One participant complained that if you had to leave your maternity service where you were, you were not transferred to a different area so you would stop receiving emails for pantomimes at Christmas, mothers' groups etc.
- **Seeking the military community** post service was a controversial topic. Many who had negative serving experiences were reluctant to get involved in veteran communities, but others gravitated towards military and veteran focused areas. However, those who did find communities with large veteran populations had discovered that many were older males who held activities during work hours when many younger veterans were working. Some described this longing to return as a 'trauma bond' with the military.
- **"I can never find someone like me"** - Participants who had sought help complained of a lack of representation of the female veteran community. One had explained "if the only support is from 'white men' - who do you go to?". Some had complained that any older veterans are still part of the generation where women were kicked out of the military for marriage and pregnancy; still exuding those negative stigmas.
- **"Now I have to return back to where I escaped from"** - Those who had joined the military as an escape, either from trouble at home or in their communities had struggled to return to face those issues again. Many had no choice but to return and felt trapped once again.

### 4.3 Recommendations



#### Marriage, Intimacy, and Pregnancy:

##### 1. MST Support Services:

- Establish dedicated support services for female veterans who have experienced Military Sexual Trauma (MST), ensuring they receive timely and compassionate assistance.
- More awareness of Salute Her UK (the only UK 'gender-specific' support service, to offer tri-service, trauma informed, mental health therapy and interventions for survivors of in-service sexual abuse).
- Encourage open communication and provide a safe space for veterans to share their experiences without fear of judgment or discouragement.

##### 2. Relationship Support Programs:

- Develop programs addressing relationship issues faced by veterans, particularly those with partners still serving, offering counselling and resources to improve communication and coping mechanisms.
- Raise awareness about the importance of seeking help independently, debunking stigmas associated with reaching out for support.

#### 4.3 Recommendations (continued)



### 3. Gender-Equal Support for Parents:

- Ensure gender-neutral support for both male and female veterans with children, dispelling stereotypes about childcare responsibilities.
- Promote policies that accommodate the unique challenges faced by military mothers, preventing discriminatory practices like encouraging them to put up their children for foster care during tours.

### 4. Inclusivity for LGBTQI Veterans:

- Implement comprehensive diversity and inclusion training within the Armed Forces and veteran communities to create an environment that supports LGBTQI individuals.
- Develop support networks and resources specifically tailored to the needs of LGBTQI veterans, fostering understanding and acceptance within the military community.
- Encourage more organisations to obtain the 'Pride in Veteran Status' initiated by Fighting with pride to understand more about the cohort

### Identity as a Veteran:

### 5. Reclaiming Identity Programs:

- Establish programs to help female veterans reclaim their identities post-service, focusing on personal growth, rediscovery of interests, and breaking free from negative associations with their military past.
- Provide counselling services to address the challenges of transitioning from a military identity to a civilian one.

### 6. Diverse Veteran Representation:

- Challenge stereotypes associated with the term "veteran" through targeted marketing and communication campaigns, showcasing the diversity of individuals who have served.
- Adjust the narrative and imaging of veterans as 'older white males' so those who are different are not discouraged from seeking support.
- Highlight the contributions and experiences of female veterans to create a more inclusive and welcoming perception.

### 7. Comprehensive Transition Support:

- Enhance aftercare, resettlement, and support services during the transition to civilian life, ensuring female veterans feel connected, supported, and part of a broader community.
- Address the isolation and feelings of abandonment by implementing continuous support mechanisms post-service.

### 8. Ethos and Culture Transition Programs:

- Develop programs to help veterans navigate the disparities in ethos and culture between different military services, facilitating a smoother transition into the veteran community.
- Foster connections between veterans, regardless of their service background, to create a unified and supportive community.

### 9. Veteran buddy system

- As an accompaniment to the buddy system mentioned earlier, there should be a system which connects veterans with serving members who are just about to leave, or fresh veterans.
- These systems, at the request of participants, should be rank and force dependent, so that there is an equal footing as possible. This approach will be best placed to foster honest conversation and support.

## 4.3 Recommendations (continued)



### Community:

#### 9. Community Integration Initiatives:

- Launch initiatives to facilitate the integration of female veterans into civilian communities, addressing social challenges and promoting understanding between veterans and civilians.
- Educate civilians about the diverse experiences of veterans, dispelling misconceptions and fostering empathy.

#### 10. Tailored Support for Transitioning Mothers:

- Provide targeted support for transitioning mothers, addressing concerns related to maternity communities, accommodation, and childcare.
- Develop continuity plans for maternity communities, ensuring that veterans remain connected and supported even if they have to relocate.

#### 11. Diverse Veteran Community Representation:

- Promote the creation of diverse veteran communities, ensuring representation and inclusivity for female veterans of all backgrounds.
- Encourage collaboration between veteran support organizations to provide a range of activities at different times to accommodate various schedules.

#### 12. Female / young veteran groups

- Create and maintain groups which are tailored to younger veterans, and female only groups, so that all veterans have a place to go where they feel welcome.



## 5. Employment, education & skills

### 5.1 Contextual information

#### 2018 UK Veteran Strategy 2028 outcome:

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“Veterans enter appropriate employment and can continue to enhance their careers throughout their working lives.”

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#### UK veteran strategy 2022-24:

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“Stable long-term employment opportunities after service are the foundation of positive life outcomes for veteran, and we know that veterans all over the country are leaving service equipped with skills and expertise that benefit not only themselves but our economy too”.

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## The literature:

There have recently been several reports detailing the employment, education and skills challenges faced by female veterans which have identified the following issues:

- The recognition and transferability of skills is a common concern amongst female veterans, with many 'downplaying' their skill sets.<sup>17</sup>
- Some female veterans struggle to adapt to new work structures and cultures<sup>18</sup>

There is a significant research gap on this topic which doesn't account for experience based outcomes, such as difficulty level in attaining employment post-service, happiness in current career path post-service, etc.

## 5.2 Workshop commentary

### Employers / employees

- **"Employers don't want veterans"** - Many felt burdened by their veteran status when seeking employment, believing that many employers have a negative perception of veterans. Some felt employers expected them to struggle with their mental health, have PTSD or other issues which will affect their performance.
- **The terminology is different** from military to civilian employment. As a result, many felt lost, confused, and struggled to fit in in their workplace.
- **Untransferable qualifications** were perceived as holding participants back, with many not transferable into civilian life. This was coupled with a lack of understanding from the employment sector as to the value and skills of veterans.
- **Gender pay gap and employment disparities** were still evident for many participants, with limited advice and support for specific industries, such as nursing, raises concerns about the effectiveness of existing programmes.

### Transition

- **Lack of support from CTP (Career Transition Partnership)** was complained of by 95% of those in attendance, in particular from 1971 to 2018. Despite a few positive experiences from recent departures, the majority express feeling neglected during their transition.
- **Lack of knowledge** of crucial skills such as CV writing, interview preparation and career choices. Many struggled navigating complex application processes, interview nuances and complex questions.
- **Transferable skills** were considered difficult to communicate, with many not knowing how to 'sell themselves' or their skills. This resulted in participants accepting jobs not suiting their skills, or outside of their desired professions.
- **Exclusion of education, skills and defence vetting** from ELCAS (Enhanced learning credits administration service) was complained to hinder veterans' access to necessary resources. Some felt that points should be transferrable to non-serving partners if unused.

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17 Claire Hooks, Louise Morgan, Matt Fossey, Ellie Buxton and Lauren Godier-McBard. "Where are all the women?" Recognition and representation - UK female veterans' experiences of support in civilian life', September 2023, page 9

18 Claire Hooks, Louise Morgan, Matt Fossey, Ellie Buxton and Lauren Godier-McBard. "Where are all the women?" Recognition and representation - UK female veterans' experiences of support in civilian life', September 2023, page 9

- **LGBT Ban** – Those who were ‘kicked out’ due to the ‘gay ban’ struggled to come to terms with their service and received no transition support. Some found it difficult to explain their discharge, contributing to ongoing issues of confidence and self-esteem.
- **Lack of awareness** of education opportunities or career changes. Limited support for those wishing to leave their field and start something new left many lost and feeling stuck and unhappy.

### **Employment and resettlement**

- **Regional and sector specific disparities** mean many go unsupported. The CTP’s limited support for nurses and regional voids in support services, particularly in mid Wales, reveal specific challenges faced by different groups of female veterans. The 500 resettlement fee was seen as inadequate to address the regional inequalities. Those who had to travel for courses complained of the huge financial barriers to the resettlement process.
- **Transportation barriers in Wales**, such as inadequate train schedules and lack of services was identified as a factor limiting job opportunities for those resettled in Wales. Particularly in remote areas, many complained of the lack of job opportunities and services to access more opportunistic areas. For some, this resulted in forced resettlement to unfamiliar areas.

## **5.3 Recommendations**



### **Employment:**

#### **1. Employment Support Programs:**

- Implement programs to educate employers about the value, skills, and unique strengths that female veterans bring to the workforce.
- Provide resources and workshops to help veterans translate military qualifications into civilian job requirements.
- Implement employer connection programmes between veterans and employers, such as career fairs, which can help veterans consider career changes and discuss new avenues.

#### **2. Addressing Employment Stereotypes:**

- Challenge negative perceptions of veterans in the employment sector through awareness campaigns, highlighting the diversity of skills and experiences among female veterans.
- Encourage employers to adopt inclusive hiring practices, focusing on the abilities and potential of veterans rather than stereotypes.

#### **3. Transferable Skills Recognition:**

- Work with educational institutions and employers to recognize and validate the transferable skills acquired during military service.
- Establish programs to bridge the gap between military and civilian terminology, ensuring a smoother transition into the workforce.
- Create and improve workshops and resources to assist veterans in translating their military qualifications and experiences into terms that are easily understood by civilian employers.
- Collaborate with industry experts to develop guidelines for showcasing military skills on CVs and during interviews.

### 5.3 Recommendations (continued)



#### 4. Promote inclusive hiring practices:

- Advocate for inclusive hiring practices that do not stigmatize veterans and recognize them as valuable contributors to the workforce.
- Develop partnerships with organizations that actively support veteran employment and educate employers about the benefits of hiring veterans.

#### Transition and resettlement support:

##### 1. Re-evaluate CTP support:

- Conduct a comprehensive review of the CTP to address historical support disparities, focusing on sector and region-specific issues. An independent review should consider female veterans in particular.
- Increase transparency in the services offered by CTP and ensure that the needs of female veterans are prioritized.
- Review skills and career guidance programmes to ensure that female veterans are equipped with essential skills, including CV writing, interview preparation, and navigating career choices.

##### 2. Inclusion of Education and Skills in ELCAS:

- Advocate for the inclusion of education, skills training, and defence vetting within the scope of ELCAS to provide comprehensive support to veterans.
- Explore options for transferring ELCAS points to non-serving partners if unused, ensuring accessibility for the broader veteran community.
- Consider pre-leaving preparation of skills and qualifications for a smoother transition.

##### 3. Enhance Resettlement Fee:

- Review and potentially increase the 500 resettlement fee to better address the financial barriers faced by veterans during the resettlement process.
- Establish criteria for determining the appropriate fee based on regional cost of living and career opportunities.
- Review regional disparities in transportation and job access to establish a resettlement fee framework.

##### 4. Job Placement Programmes:

- Establish job placement / connection programmes that connect veterans with employment opportunities in areas with higher demand and career potential.
- Provide relocation assistance for veterans who choose to resettle in new areas, minimizing the financial burden associated with travel for courses and job opportunities.





## 6. Making a home in civilian society

### 6.1 Contextual information

#### 2018 UK Veteran Strategy 2028 outcome:

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“Veterans have a secure place to live either through buying, renting or social housing”

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#### UK Veteran strategy 2022-24:

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“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... In this Action Plan we will commit to ending veteran rough sleeping by the end of this parliament through improved pathways of support”<sup>19</sup>

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#### Literature:

There are several studies into the statistics and experiences of US female veterans<sup>20</sup>, but not many focused on those of UK female veterans. There are experience based findings which detail stories of female veterans becoming homeless and feeling unsupported in accessing rental or social housing systems<sup>21</sup>. However, there are not any studies into the statistics of female veterans, their financial situations, housing challenges, or family support. As a result, many have gone under the radar, some having to rely on their family for somewhere to sleep; this does not exclude those with children to care for.

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<sup>19</sup> UK Veterans Strategy 2022-2024, January 2022, CP598, page 21

<sup>20</sup> Laura Josephine Hendriks, Charlotte Williamson, Julia Baumann. ‘Understanding the Mental Health Needs of a Community-Sample of UK Women Veterans’, 2021, DOI: 10.1177/10541373211070487

<sup>21</sup> Claire Hooks, Louise Morgan, Matt Fossey, Ellie Buxton and Lauren Godier-McBard. “Where are all the women?” Recognition and representation - UK female veterans’ experiences of support in civilian life’, September 2023

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## 6.2 Workshop commentary

One of the most stressful, and reoccurring, issues which arose during discussions was the difficulty in securing housing post-service. Although we have discussed many of the financial difficulties, such as securing a deposit and accessing local housing etc. (much of this is also discussed in our precious report), here the focus of discussion was on securing housing, 'veteran villages' and tailored housing support.

Here we present the main discussion points:

### Veteran communities

- **A Veteran village** is being trialled which will be "a self-sustaining community providing transitional housing, training and support for ex-service personnel and their families"<sup>22</sup>. However, many participants were concerned that these communities would inevitably be limited to those who only had a positive service experience. Many were concerned that these villages would only perpetuate negative service attitudes and would therefore not appeal to female veterans.
- **Existing services are not bespoke** for female veterans, resulting in many being placed into housing facilities with older men. Some are limited with age restrictions (e.g., over 65) which ignores the needs of an overwhelming amount of those seeking support. Many veteran housing support services which have age restrictions (only over 50s) result in a large proportion of veterans being overlooked.
- **Military nursing homes** and communities are exclusive to the elderly, meaning many feel they have been abandoned to fend for themselves. Concerns and questions are raised about diverse housing options for younger veterans.

### Securing housing

- **Significant housing prices** was a concern, and a struggle, for the majority of participants. Some participants had not been able to save for a deposit while serving and were pushed into a cycle of paying rent, others who were 'kicked out' had no warning to secure a smooth housing transition. The spike in price increases had forced some onto the street.
- **Special accommodations** for injuries or disability affected-family members were difficult and expensive to secure. Many have called for an additional needs assessment for transition for families, or service members, who require additional home facilities. There could be delays and waiting months for adaptations, so it was felt that foundations need to be set and families need stability. A veteran said she left with an injury and a disabled son to cope with, and she didn't know how she would have managed if she hadn't had support from her family.
- **Local authority housing** is encumbered by long waiting lists and strict requirements, meaning many have nowhere to turn and face homelessness. This builds upon concerns that once you leave, all of the support and 'back up' you once relied on disappeared. One veteran said she presented as homeless when she left the Armed Forces and initially, her experience of dealing with a Local Authority in England wasn't a positive one. Some had been acknowledged as a veteran by their local authority, but no houses were available to locate.
- **Rank protection** is a common concern, where many feel that those who leave as a higher rank are offered significantly improved support, advice, and transition support. Some felt that senior and junior ranks received a better quality presentation and advice when leaving and that the military had not 'kept up with the times'.

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<sup>22</sup> 'Hull 4 Heroes Veterans Village Project', information found here <https://veteransvillage.org.uk/#:~:text=The%20Veterans%20Village%20will%20be,service%20personnel%20and%20their%20families>

- **‘Kicked out’** individuals, such as those removed due to the gay ban, had struggled to secure housing, and were left without a safety net. These issues also accumulated from the ensuing financial and employment struggles which stem from being suddenly removed from the military. One participant reported that she had to sleep in their car following a hysterectomy as she had no where to go.
- **Guarantor requirements** are strict and usually require a private homeowner. This introduces a significant barrier to those securing housing who may not know anyone who could step up as their guarantor. Many complained that this resulted in homelessness or forced families to stay with relatives. This disproportionately affects those female veterans who may come from lower-socio-economic backgrounds and only perpetuate their financial difficulties.
- **Council tax** was a common concern, with many never having paid it before. There was a general lack of understanding of how the council tax system works, some were previously caught out and suffered financial punishments as a result.
- **Resettlement choices** were made mostly on cost and location, with some having to move far from their families to find affordable housing. Most find the process daunting and stressful, finding it difficult to identify the important factors and prioritise efficiently, such as schooling for children, job opportunities, average house prices, family location etc.
- **Resetting roots** was a common struggle, especially for those based in super garrison towns, such as Aldershot, as they may have been stationed there for 8-10 years and established their lives there but could not afford to rent in the area once they had exited the forces. For many, this meant another uprooting of their lives, especially difficult with children, and navigating a new area.
- **Re-purposing existing buildings** was complained of as an obvious solution to which many do not understand why it is not followed. Many could recall empty office blocks and housing quarters where the military has shrunk in numbers and held on to empty space. There is an opinion that these should be repurposed for veteran housing.

### **Support and preparation**

- **Disparity of preparation** made an enormous difference for post-transition housing outcomes. Those who had been prepared by other serving members, friends or family faced less difficulties in securing housing. Those who were pro-active in their planning had managed to secure a property before they had left. Many outcomes were influenced by individual situations, such as securing a divorce settlement, or a unit suddenly disbanding.
- **Reluctancy to access support** was common, with many participants not aware, or willing, to disclose their veteran status in order to access housing support. Some faced emotional barriers, such as pride and embarrassment, and therefore felt ashamed to go through scrutiny or seek help.
- **Divorce outcomes** significantly affected the housing situation for some participants, some were lucky and had a generous settlement, whereas for others it caused financial instability or single parenthood.
- **A credit history void** was a significant issue for some who had never paid any external bills or built up any credit during service. Some had to make complaints in order to be reconsidered on other grounds.
- **Childcare costs** can take up a significant amount of income, with many struggling to keep working and pay for childcare. Those with children explained the anxiety of having to find a new home and play for their children to attend school, access GPs and dentists etc.
- **Support options** are generic, and mostly tailored towards male veterans. There was nothing recalled bespoke to female veterans which meant many felt lost and alone.
- **‘Too little too late’** was a phrase repeatedly used to describe the support offered around resettlement advice. Many felt that topics such as buying a house, pensions, liabilities for utilities in civilian life, mortgages etc. should be covered in basic training.

- **Furniture and other expenses** was an issue many did not realize they would have to face, with one participant accessing her pension early in order to afford to buy furniture after buying a property.
- **Signposting / community information** was something seen as readily available and easily accessible in the military, but very difficult to access in civvie street. Many complained that they were having to address multiple issues, navigate overwhelmingly complex processes, and manage their own finances and household with no support.

## Conclusion

The challenges faced by female veterans in accessing housing post-transition reveal a complex landscape, marked by significant gaps in support and structural barriers. As policy changes are considered, these real-world experiences should be taken into account in the assessment of existing support programmes. What can be taken from these issues, is that the majority of female veterans feel unsupported, isolated, and overwhelmed by the complex nature of such an important decision. Many are unprepared for buying a house upon exit, especially those who have not served enough to receive a lump sum, and as a result are threatened with homelessness or reliance on friends and family. What is clear is that the support in place is fragmented, subject to conditions which explicitly, and implicitly, exclude female veterans from their net of safety and therefore many are left out in the cold.

## 6.3 Recommendations



### Veteran Communities:

#### 1. Inclusive Veteran Villages:

- Ensure that Veteran villages are inclusive and considerate of all service experiences, avoiding limitations based on the nature of service.
- Implement measures to counteract negative service attitudes, making these communities appealing and supportive for female veterans.
- 2. Bespoke Services for Female Veterans:
- Develop and enhance housing support services specifically tailored for female veterans, addressing their unique needs.
- This includes age-appropriate accommodations and avoiding placements with older men, acknowledging the diversity among female veterans.

#### 3. Diverse Housing Options:

- Address concerns about the exclusivity of military nursing homes and communities for the elderly.
- Explore and implement diverse housing options suitable for younger veterans, ensuring a range of choices that accommodate various life stages.
- Consider repurposing empty military buildings / homes for veterans.

## 6.3 Recommendations (continued)



### Securing Housing:

#### 1. Financial Support Programs:

- Establish financial support programs to assist veterans in saving for housing deposits during their service.
- Provide proactive financial education to help them navigate the complexities of securing affordable housing post-service.

#### 2. Special Accommodations for Injuries:

- Streamline and expedite the process for securing special accommodations for injuries or disabilities affecting veterans and their families.
- Implement a needs assessment framework to ensure timely adaptations, preventing unnecessary delays and instability.

#### 3. Local Authority Housing Overhaul:

- Collaborate with local authorities to address long waiting lists and strict requirements for housing.
- Establish dedicated veteran liaisons within local authorities to facilitate smoother transitions and ensure timely access to available housing options.

#### 4. Rank-Neutral Transition Support:

- Ensure that transition support is provided equally regardless of rank. Address concerns about preferential treatment for higher-ranking individuals and update support mechanisms to align with contemporary needs.

#### 5. Safety Net for 'Kicked Out' Individuals:

- Develop safety net programs to assist individuals facing sudden removal from the military, such as those affected by policy changes. Provide emergency housing solutions and financial support to prevent homelessness in critical situations.

#### 6. Flexible Guarantor Requirements:

- Advocate for and implement more flexible guarantor requirements to eliminate barriers for veterans with limited networks.
- Consider alternative models or government-backed schemes to ensure housing security without relying on private homeowners.

#### 7. Educational Initiatives on Council Tax:

- Introduce educational programs to inform veterans about council tax and its implications. Offer guidance on managing financial responsibilities post-service to prevent unexpected financial burdens and legal consequences.

#### 8. Comprehensive Resettlement Support:

- Enhance resettlement support programs to address multifaceted challenges, such as prioritizing factors like family needs, job opportunities, and affordable housing. Provide personalized guidance to ease the process of resetting roots in civilian life.

#### 9. Repurposing Military Spaces:

- Collaborate with relevant authorities to explore and implement repurposing of existing military buildings for veteran housing. This cost-effective solution can address the shortage of housing options and make optimal use of available resources.

## 6.3 Recommendations (continued)



### Support and Preparation:

#### 1. Comprehensive Preparation Programs:

- Develop comprehensive and gender-specific preparation programs for veterans. Include topics such as housing, finances, and post-service life in basic training to ensure a smoother transition.

#### 2. Addressing Reluctance:

- Implement outreach programs to address reluctance in accessing support. Emphasize the importance of seeking assistance, assuring confidentiality, and dismantling emotional barriers such as pride and embarrassment.

#### 3. Credit History Building Programs:

- Develop initiatives to help veterans build credit history during their service. Offer guidance on managing external bills and facilitate partnerships with financial institutions to reconsider credit assessments based on alternative criteria.

#### 4. Affordable Childcare Programs:

- Collaborate with childcare providers and offer subsidies or discounts to alleviate the financial burden of childcare costs.
- Ensure that veterans with children have the necessary support to balance work and family life during the housing transition.

#### 5. Gender-Specific Support Services:

- Expand and tailor support services to address the unique needs of female veterans. Ensure that support options are inclusive and considerate of the challenges faced by women during the housing transition.

#### 6. Early and Comprehensive Resettlement Advice:

- Revise and expand resettlement advice programs to cover essential topics like buying a house, pensions, and civilian life responsibilities. Provide this information early in the transition process to empower veterans with the knowledge needed for successful reintegration.

#### 7. Financial Assistance for Furniture:

- Introduce financial assistance programs or grants to help veterans cover expenses related to furniture and other necessities when establishing a new household. This will alleviate unexpected financial burdens during the housing transition.

#### 8. Accessible Community Information:

- Establish centralized platforms or services to provide accessible community information for veterans. Facilitate easy access to resources, support networks, and relevant information to assist veterans in navigating civilian life more efficiently.



## Final recommendations

At the end of our workshop, we asked our participants for one suggestion they wish they could implement to improve the lives of other female veterans. Here are some their comments which have not been covered above:

1. To introduce a similar workshop combing both veterans and those who are serving and are due to leave. This could also be the basis of a buddy system.
2. To remove restrictions to career transition support regardless of terms of engagement
3. "Termination was traumatic. It really shouldn't be".
4. Female empowerment - we must take back our femininity.
5. Health and wellbeing should be prioritised in resettlement / medical discharge.
6. Recognition for past hurt - especially for those discharged on marriage, pregnancy, homosexuality, etc.
7. Removal of pressure on forcing new mothers to employ childcare in order to deploy on operation. Also, non-deployable 'postings' for new mothers.
8. To have one solidified 'port of call' for all veteran services instead of 'bits here and there'.
9. Access to full medical records before leaving. Full medical and dental records upon discharge.
- 10 Financial information before and during transition - benefits, council tax, NI, HMRC and pensions.

**These suggestions cover both serving and veteran experiences and demonstrate that re-evaluation of support should not be limited to post-transition services. It is clear that many believe the support for transition into civilian life should start at the beginning of your career, not the end. Please take into consideration, these recommendations stem from past personal experiences which have detrimentally affected participants' lives. These recommendations, and their experiences shared today, should be validated and acted upon.**

## REPORT CONCLUSIONS



**In conclusion, this report collates and presents the findings from the workshop on the experiences of UK Female Veterans, held by the FVA in October 2023. The stories shared by participants shed light on systemic issues ranging from discriminatory practices, inadequate support structures, and a pervasive lack of consideration for the unique needs of female veterans. Both the first-hand accounts, and commentary notes, emphasize the necessity for a comprehensive re-evaluation of existing policies, support services, and transition programs. It is evident that a one-size-fits-all approach falls short in addressing the diverse challenges faced by female veterans, and their needs are not adequately being met. To truly honour and appreciate the contributions of these servicewomen, concerted efforts are required to reshape support frameworks, rectify existing gaps, and foster an environment that prioritizes gender equality and inclusivity within the military and post-service sectors. This report serves as a poignant call to action, urging policymakers, support organizations, and society at large to actively engage in a transformative process that ensures the well-being and equitable treatment of UK female veterans.**

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